**Oklahoma Medical Sharps Collection Infrastructure Expansion Project**

FY25 Stipend Application

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| **Basic Information:** |
| This project will provide five organizations with a $2000 stipend to create or support medical sharps collection and disposal opportunities for their communities. Stipends may be used for materials and activities related to medical sharps disposal and collection. Examples include distributing sharps collection containers; installing a new collection kiosk; hosting collection events; sharps disposal services; education and outreach materials.  Stipends may be utilized in the following ways:   1. Stipend recipients can submit proof of payment and invoices to PSI for reimbursement, *or* 2. PSI can directly pay vendors on behalf of stipend recipients.    * Recipients can submit invoices to PSI, and PSI can pay vendors directly for materials/services, *or*    * PSI staff can assist by ordering materials/services directly. In this case, stipend recipients will work with PSI staff to select materials and preferred vendors.   Stipend recipients will be asked to provide project updates during bi-monthly Oklahoma Meds and Sharps Disposal Committee (OMSDC) meetings, and monthly updates and invoices to PSI via email. |

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| **Process for Receiving Funds:** |
| 1. Submit application. 2. PSI reviews application with Oklahoma Department of Environmental Quality. Discussion between PSI and applicant may occur at this time. 3. PSI sends applicant formal agreement to sign and return, electronically. 4. Applicant may now begin to spend funds intended for reimbursement. PSI staff are available to assist with purchasing, planning, and identifying vendors and service providers. 5. PSI reimburses purchased materials within 45 days. Both an invoice and proof of payment must be provided to receive reimbursement. |

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| **Important Dates:** |
| * **September 3, 2024:** Evaluation and selection will begin and continue on a rolling basis until all stipends are distributed. * **May 31, 2025**: Stipends must be utilized, and all awarded funding must be spent.   + Final invoices and proof of payment are due to PSI via email by May 31, 2025. * Reimbursement for purchased materials will be sent within 45 days of submission. * FY25 OMSDC meeting schedule (via zoom):   + Wednesday, August 21st, 2024, at 10am CT.   + Wednesday, October 16th, 2024, at 10am CT.   + Wednesday, December 18th, 2024, at 10am CT.   + Wednesday, February 19th, 2025, at 10am CT.   + Wednesday, April 16th, 2025, at 10am CT.   + Wednesday, June 18th, 2025, at 10am CT. |

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| **Application Submission Instructions:** |
| Please fill out the below information and return by email to [hanz@productstewardship.us](mailto:hanz@productstewardship.us) with the subject line, “[Organization Name] FY25 Sharps Collection Stipend Application” (e.g., Oklahoma County FY25 Sharps Collection Stipend Application) |
| **Stipend Application:** |
| **Date:** 8/19/2024 |

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| **Organization name:** | [Organization] |
| **Organization website:** | [Please link your organization’s website, if available.] |
| **Organization description:** | [e.g., non-profit, health clinic; Please briefly describe the type of work your organization does.] |
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| Contact information | |
| **Name:** | [First, Last] |
| **Title:** | [Title at your organization] |
| **Phone number:** | [xxx-xxx-xxxx] |
| **Email:** | [Please provide the best email to reach you.] |
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| Address information | |
| **Organization address:** | [Please provide your organization’s address] |
| **Mailing address for reimbursements (if different from organization address):** | [Leave blank if same as organization address.] |

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| Project Proposal Information |
| **How do you plan on utilizing the stipend?** (e.g., “We plan to host two collection events. We expect it will cost $X for disposal costs, and $X for collection containers”) |
| [e.g., “We plan to host two collection events. We expect it will cost $X for disposal costs, $X for collection containers, etc.”] |
| **Where will you provide services?** |
| [e.g., City, County, etc.] |
| **If hosting collection events, when do you anticipate holding the event(s)?** |
| [If you have planned future events, please list approximate dates] |
| **Who will be served by the program?** (e.g., general public, clinic patients, etc.) |
| [e.g.,: individuals using HHW facilities; community members; etc.] |
| **Do you have previous experience providing take-back services and/or public outreach and education?** |
| [We’re happy to provide assistance if you have no prior experience!] |
| **Is there any other information you would like to share?** |
| [Questions, comments, additional information?] |