

## Request for Proposal Announcement

Strengthening Public Health Systems and Services in Indian Country Overdose Prevention Program (ODP)  
Supplemental Funding

### APPENDIX A – Cover Page

#### Organization Information

<b>Organization Name:</b>	
<b>Signature Authority:</b>	
<b>Mailing Address:</b>	
<b>City/State/Zip:</b>	

#### Primary Staff Contact Information

<b>Name</b>	
<b>Phone</b>	
<b>Email</b>	

#### Secondary Staff Contact Information

<b>Name</b>	
<b>Phone</b>	
<b>Email</b>	

#### Accountant Contact Information

<b>Name</b>	
<b>Phone</b>	
<b>Email</b>	

<b>Amount requested:</b>	
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**APPENDIX B – Application Form**

<b>Name of Proposed Project</b>	
<b>Type of Applicant</b>	<input type="checkbox"/> Federally recognized Native American Tribe located in Michigan, Minnesota, or Wisconsin.  <input type="checkbox"/> Urban Indian program receiving Indian Health Service funding under Title V of the Indian Health Care Improvement Act, PL 94-437, located in Chicago, Illinois; Detroit, Michigan; Milwaukee, Wisconsin; Minneapolis, Minnesota; or St. Paul, Minnesota.
<b>Brief Description of population served by the applicant</b>	
<b>Anticipated number of individuals who will be served</b>	

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<b>Please briefly describe your organization's experience implementing substance use and overdose prevention programming. Please include any past, current, or pending activities, including data and surveillance. (500 words or less)</b>

<b>Please describe your capacity to implement substance use and overdose prevention activities, including project management, staffing, or other available resources. (300 words or less)</b>

<b>Please describe the need for funds to support efforts around overdose prevention. (300 words or less)</b>

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**Please describe your proposed project. Please include how the project will meet your identified needs, the selected component strategies, measurable goals and objectives.  
(750 words or less)**

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### APPENDIX C

#### ODP Work Plan Template Project Period: 2/2/26 – 8/30/26

#### Instructions:

- Applicants should use this template to document their detailed work plan.
- The applicant's work plan should include work in at least two strategy component areas. The template is pre-populated with the strategy components.
- All activities must be related to substance use, overdose prevention, and/or recovery.

#### **For each strategy listed on the template, complete the following information:**

- **GOALS/OBJECTIVES:** Specify the project goal/objective for each strategy you choose. These goals and objectives should align with the goals and objectives proposed within the application form.
- **LONG-TERM OUTCOMES:** Please list what outcomes you expect to see at the end of the project period as a result of your project.
  - **Examples:** Reduction in fatal (or non-fatal) overdoses, improved capacity to develop public health programs and services to address overdose, improved capacity to implement public health programs and services to address overdose, improved capacity to evaluate public health programs and services to address overdose, etc.

**ACTIVITIES:** Please list key activities that you will do to address substance use and overdose prevention, including related health disparities and social determinants of health.

- **Examples:** Programs or events promoting community and family connectedness, supporting retention in care, improving data collection and surveillance systems, enhancing linkage to care/harm reduction, etc.
- **SHORT-TERM OUTCOMES:** Please list the outcomes you expect to see at the end of the first project year as a result of your activities.
  - **Examples:** Increase in knowledge, skills, or beliefs; increase in people receiving linkage to care; increase in the proportion of partners engaged in data sharing, etc.

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- **PERFORMANCE MEASURE:** Please list how you will measure the short-term outcomes for each activity.
  - **Examples:** Percentage of people who can recognize and reverse an overdose; percentage of people who received linkage to care services; percentage of partners entered into data sharing agreements
- **LEAD PERSON, SUPPORTING PARTIES:** Include the names of lead personnel at your organization in charge of activities, as well as any key contributing outside partners and contractors.
- **TIMEFRAME:** Include the approximate period of time in which the activity will take place.
  - **Example:** May 1 – July 1, 2026

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<b>STRATEGY COMPONENT 1</b>	<b><u>Community-Based Cultural Interventions to Address Protective and Risk Factors</u></b>			
GOAL(S)/ OBJECTIVE(S)				
LONG-TERM OUTCOMES (one-year period of performance)				
Activities	Short-term outcomes	Performance Measure	Lead Person, Supporting Parties (List one or more)	Timeframe

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<b>STRATEGY COMPONENT 2</b>	<b><u>Improve Overdose Data and Surveillance</u></b>			
GOAL(S)/ OBJECTIVE(S)				
LONG-TERM OUTCOMES (one-year period of performance)				
<b>Activities</b>	<b>Short-term outcomes</b>	<b>Performance Measure</b>	<b>Lead Person, Supporting Parties (List one or more)</b>	<b>Timeframe</b>

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<b>STRATEGY COMPONENT 3</b>	<u><b>Health Systems Interventions</b></u>			
GOAL(S)/ OBJECTIVE(S)				
LONG-TERM OUTCOMES (one-year period of performance)				
<b>Activities</b>	<b>Short-term outcomes</b>	<b>Performance Measure</b>	<b>Lead Person, Supporting Parties (List one or more)</b>	<b>Timeframe</b>

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<b>STRATEGY COMPONENT 4</b>	<b><u>Public Safety Partnerships and Interventions</u></b>			
GOAL(S)/ OBJECTIVE(S)				
LONG-TERM OUTCOMES (one-year period of performance)				
<b>Activities</b>	<b>Short-term outcomes</b>	<b>Performance Measure</b>	<b>Lead Person, Supporting Parties (List one or more)</b>	<b>Timeframe</b>

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<b>STRATEGY COMPONENT 5</b>	<b><u>Other Innovative Community-Based Strategies</u></b>			
GOAL(S)/ OBJECTIVE(S)				
LONG-TERM OUTCOMES (one-year period of performance)				
<b>Activities</b>	<b>Short-term outcomes</b>	<b>Performance Measure</b>	<b>Lead Person, Supporting Parties (List one or more)</b>	<b>Timeframe</b>

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**APPENDIX D – Budget Template**

Tribal Community: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Period: \_\_\_\_\_

<b>Budget Line Items</b>	<b>Description Detail</b>	<b>Amount</b>
<b>Personnel/Salary</b>		
<b>Fringe Benefits</b>		
<b>Travel</b>		
<b>Supplies</b>		
<b>Contractual</b>		
<b>Other</b>		
<b>IDC (If requesting IDC, attach a copy of your community's current IDC agreement to this proposal.)</b>		
<b>Total Project Cost:</b>		<b>\$</b>