**Northwest HIDTA 2023 Prevention Funding Proposal Template**

**Instructions**

Thank you for applying for a Northwest High Intensity Drug Trafficking Area (HIDTA) 2023 substance use prevention grant. Created by Congress in 1988, the HIDTA program is a grant program out of the Office of National Drug Control Policy (ONDCP), designed to coordinate and assist federal, state, local, and tribal law enforcement as well as prevention and treatment organizations. As such, HIDTA funding must support ONDCP drug policy [priorities](https://www.whitehouse.gov/wp-content/uploads/2021/03/BidenHarris-Statement-of-Drug-Policy-Priorities-April-1.pdf). The mission of the HIDTA program is to disrupt the market for illegal drugs. Further information regarding HIDTA can be found [here](https://www.hidtaprogram.org).

Northwest HIDTA prevention funding is designed to address gaps in substance use prevention in the state of Washington that cannot be funded through other existing resources. It is not designed to serve as an organization’s sole source of funding; rather, it exists to elevate existing efforts. As this is a competitive application process, no organization is guaranteed 2023 Northwest HIDTA funding.

The purpose of this document is to provide instructions regarding proposal development and submission. Applicants are encouraged to use this document as a template, removing italicized guidance and inserting information specific to the applicant organization. All further questions may be directed to the Northwest HIDTA [prevention and treatment manager](#_Eliza_Powell).

All prevention grant proposals must include the following sections:

1. [Executive Summary](#_Executive_Summary_(1)
2. [Goals and Objectives](#_Logic_Model)
3. [Logic Model](#_Logic_Model_1)
4. [Strategy Descriptions](#_Activity_Description)
5. [Evaluation Plan](#_Evaluation_Plan)
6. [Itemized Budget Proposal](#_Itemized_Budget_Proposal)

The required contents of these sections will be addressed in this document.

**Proposal Limit**

Prevention funding applicants may request up to $50,000.00 in their 2023 proposal. Applicants are strongly encouraged to only apply for the amount of funding needed to achieve the proposed project goals.

**Funding Period**

The Northwest HIDTA 2023 funding period begins on July 1, 2023 and ends on June 30, 2024. Grantees are expected to spend all funding within this timeframe. Any funds left unspent after this deadline will be repossessed by Northwest HIDTA. Grantees must submit all billings no later than 45 days after the conclusion of the funding period (August 15, 2024).

**Format**

All submissions must be made by Word document using 12-point Times New Roman font. Please refrain from using abbreviations or acronyms without first providing the full name or term.

**Allowable Costs**

The following guidelines are presented in the HIDTA Program Policy and Budget Guidance handbook:

ONDCP will not reimburse funds expended for the following items or purposes:

* Clothing or clothing allowances;
* Food and beverage items;
* Personal hygiene or medication items, except for: (1) items such as toilet paper, hand soap, and other items that are standard supplies for an office; and (2) special hygiene products for the mitigation of risks from contact with communicable pathogens or hazardous substances that arise from tasks performed by HIDTA participants (e.g., disinfectant wipes and liquids used after handling persons, evidence, seized materials, or executing a search warrant), first aid kits, cleaning products for office, facial tissue, tactical gloves;
* Promotional or representational items (e.g., hats, pins, T-shirts, or other memorabilia);
* Real property;
* Professional association or bar dues; and
* Funeral expenses.

Additionally, Northwest HIDTA funding may not be used towards the following expenses:

* Furniture,
* Gifts,
* Liability insurance, and
* County auditor fees for payroll and accounts payable processing.

Northwest HIDTA funds must be used to supplement existing activities and must not replace (supplant) funds that have been appropriated for the same purpose.

Dissemination of Northwest HIDTA funds is contingent upon following the approved billing process. Grantees shall submit monthly electronic billing invoices, including supporting documentation, to Julie Christine at [JChristine@nw.hidta.org](mailto:JChristine@nw.hidta.org).Grantees must also provide any additional documentation requested by the NW HIDTA within two weeks of the request or payment will be withheld until the documentation is received.

**All applicants must submit proposals electronically by no later than 11:59 p.m. on March 15, 2023, to:**

# Eliza Powell

# Northwest HIDTA Prevention & Treatment Manager

# epowell@nw.hidta.org

(206) 697-2485

**2023 Northwest HIDTA Prevention Grant Proposal**

# **Executive Summary (1 page)**

**Organization Name:**

**Point of Contact**

**Name:**

**Phone:**

**Email:**

**Address:**

**Requested Budget Amount:**

**Organization Background**

*This section should contain the following elements:*

1. *A brief description of the organization location and history as well as the target population served (2-4 sentences).*
2. *If the organization has previously received Northwest HIDTA funding: A short summary of the organization’s relationship with Northwest HIDTA**, including the year in which funding began, the amounts received, and notable successes achieved as a result (3-5 sentences).*

**Proposal Overview**

*Provide a brief overview of the prevention activities and services proposed in this document and the anticipated outcomes of these activities and services (3-6 sentences).*

# **Goals and Objectives**

*Please use this page to present the goals and objectives your organization intends to achieve using Northwest HIDTA funding. All goals and objectives must relate to the HIDTA mission of reducing or preventing substance use.*

*Goals: Provide a broad statement that conveys, in general terms, the program’s intended short and long-term results for the anticipated funding period.*

*Objectives: Objectives are specific,* ***measurable*** *statements of the project’s desired results. They should include the target level of achievement, thereby further defining goals and providing the means to measure project performance.*

*Please ensure that all objectives that fit within the upcoming grant time period correspond to an evaluation measure in* [*section V*](#_Evaluation_Plan)*.*

# **Logic Model**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***[Insert Name of Organization]*** | | | | | | |
| **Inputs** | | **Outputs** | | **Outcomes** | | **Impacts** |
| **Northwest HIDTA-Specific Inputs** | **Supplementary Inputs** | **What We Do (Activities, Products, and Services)** | **Who We Reach** | **Short-Term** | **Medium-Term** |
| *Enter inputs that would be funded by Northwest HIDTA. These items should correspond with those in your itemized budget proposal (*[*section VI*](#_Itemized_Budget_Proposal)*).*  *Examples:*   * *Staff* * *Materials* | *Enter inputs funded by sources outside of Northwest HIDTA that would be used in conjunction with HIDTA funding and are necessary to understand activities, outputs, outcomes, and impacts in this logic model.*  *Examples:*   * *Partners* * *Non-HIDTA funding sources* * *Inputs funded by non-HIDTA funding sources* | *Enter the key strategies* ***that Northwest HIDTA funding would support****. These should correspond with your strategies described in* [*section IV*](#_Strategy_Descriptions)*.*  *Examples:*   * *Workshops/training* * *Educational campaigns* * *Services* * *Products/resources* * *Events* | *Enter the population your program currently serves or intends to impact:*  *Examples:*   * *Target demographics* * *Communities involved* | *Enter changes you expect to see directly after the implemented activities reach the population of interest.*  *Examples:*   * *Increase in awareness* * *Development of knowledge or skills* * *Short-term change in attitudes* | *Enter the expected intermediate effects of your planned activities and outputs.*  *Examples:*   * *Changes in behavior* * *Policies influenced* * *Implementation of knowledge or skills in participants’ lives* | *Enter the long-term vision of your program, as reflected by the expected impacts of HIDTA-supported inputs, outputs, and outcomes. Focus on those that you can monitor and that are directly relevant to your set of program objectives.*  *Examples:*   * *Improved health status of participants and the target population (e.g., rates of drug use)* * *Decrease in criminal justice system involvement of participants and the target population (e.g., incarceration rates)* * *Societal change* |

# **Strategy Descriptions**

*Please describe the specific activities and services that would receive proposed Northwest HIDTA funding, organized by each goal stated in* [*section II*](#_Logic_Model)*. The format below can be recreated for each relevant service.*

1. **Strategy 1:**
2. **Associated objective:**
3. **Description:** *Please provide a brief description of the activity, service, or product provided (2-5 sentences).*
4. **Correlated cost:** *Please reference the budget item(s) that would support this activity.*
5. **Evidence Base:** *Please provide a brief justification of the evidence base that supports* ***each individual service*** *as specifically implemented by the applicant organization (3-10 sentences).* *Applicants are expected to cite well-established toolkits, registries, peer-reviewed research, or established substance use prevention authorities (e.g., SAMHSA, CDC, Washington State Department of Health) to justify an evidence base.*

*You may find the following resources useful in doing so:*

* *[Prevention Tools: What Works, What Doesn’t](https://theathenaforum.org/best-practices-toolkit-prevention-tools-what-works-what-doesnt) (Washington State Department of Social & Health Services)*
* [*What Works Clearinghouse*](https://ies.ed.gov/ncee/wwc/FWW) *(Institute of Education Sciences)*
* [*Washington’s Best Practices for Substance Abuse Prevention and Mental Health Promotion Guide*](https://theathenaforum.org/best_practices_toolkit) *(Athena Forum)*
* [*Experimentally Proven Programs*](https://www.blueprintsprograms.org/) *(Blueprints for Health Youth Development)*
* [*Evidence-based Practices*](https://nicic.gov/projects/evidence-based-practices-ebp) *(National Institute of Corrections)*
* [*Evidence-Based Practices Resource Center*](https://www.samhsa.gov/resource-search/ebp#collapse-samhsa_uswds_base_resourcecenter) *(Substance Abuse and Mental Health Services Administration)*
* [*Benefit-Cost Results*](https://www.wsipp.wa.gov/BenefitCost?topicId=9) *(Washington State Institute for Public Policy)*
* [*Substance Use Prevention Communications Toolkit*](https://www.hidta.org/adapt-projects/substance-use-prevention-communications-toolkit/) *(HIDTA- A Division for Advancing Prevention & Treatment)*
* [*County Health Rankings & Roadmaps*](https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies?items_per_page=10&sort_by=title)

*If the activity in question has already been implemented within your organization, please demonstrate effectiveness by providing a clear description of previous activity impacts.*

# **Evaluation Plan**

*Please use this section to acknowledge acceptance of required evaluation measures, to propose organization-specific evaluation measures (as determined by the goals and objectives stated in* [*section II*](#_Logic_Model)*), and to detail evaluation methodology.*

*Applicants may find the following resources beneficial in developing or enhancing evaluation plans:*

* *[American Evaluation Association](https://www.eval.org/)*
* [*Evaluation Primer: Setting the Context for a Community Coalition Evaluation*](https://www.cadca.org/resources/evaluation-primer-setting-context-community-coalition-evaluation) *(CADCA)*
* [*CDC Evaluation Resources*](https://www.cdc.gov/evaluation/resources/index.htm)
* [*Evaluation Toolkit*](http://toolkit.pellinstitute.org/evaluation-101/) *(Pell Institute)*
* [*Webinar Series: Evaluation for Substance Use Prevention Professionals*](https://pttcnetwork.org/centers/new-england-pttc/event/part-1-introduction-evaluation-substance-use-prevention#:~:text=Part%201%3A%20Introduction%20t) *(Prevention Technology Transfer Center Network)*
* [*The Program Manager’s Guide to Evaluation*](https://www.acf.hhs.gov/opre/report/program-managers-guide-evaluation-second-edition) *(US Department of Health & Human Services)*
* [*Evaluation Checklists*](https://wmich.edu/evaluation/checklists) *(Western Michigan University)*

1. **Required Performance Measures**

*[Insert organization name]* agrees to provide the following evaluation measures to Northwest HIDTA on a quarterly basis. These measures will be collected through an online survey administered by the Northwest HIDTA prevention and treatment manager. They must be submitted no later than two weeks (14 calendar days) after the end of each quarter. These quarterly measures are:

1. Educational activities conducted
   1. Number of educational activity participants
   2. Number of educational activities specific to priority populations
2. Number of behavior modification/skill development activities
   1. Number of behavior modification/skill development activity participants
   2. Number of behavior modification/skill development activities specific to priority populations
3. In the case of HIDTA-funded training attendance, grantees will be required to complete a [post-training feedback form](#_Appendix_B:_Training) (to be completed no later than 30 days after returning from travel) and an implementation follow-up form (to be completed no later than six months after returning from travel).

Further guidance regarding the above performance measures can be found in the [Appendix.](#_Appendix_A:_Required)

1. **Organization-Specific Measures**

In addition to the above evaluation measures, *[insert organization name]* will provide the following measurements on a quarterly (unless otherwise noted) basis:

*Please provide a bulleted list of organization-specific evaluation measures related to your specified goals and objectives. All measures should correspond with a goal or objective included in* [*section II*](#_Logic_Model)*. Please note that Northwest HIDTA will not fund any items not associated with one or more evaluation measures.*

*Measures will be finalized upon discussion between the applicant and the Northwest HIDTA prevention and treatment manager.*

***Northwest HIDTA strongly encourages applicants to prioritize outcome and impact evaluation over process evaluation wherever possible.***

1. **Methodology and Implementation**

*Please provide an overview of the following evaluation components:*

**Data Collection and Analysis**

*Please provide a description of how you would collect and analyze data for key measures of program success.*

**Implementation of Results**

*Please provide a description of how the analyzed data would inform program performance.*

**Site Visit**

*Please provide 1-3 optimal months in which the prevention and treatment manager can conduct a site visit to assess the needs and successes of your organization.*

# **Itemized Budget Proposal**

*Please provide a detailed budget for your proposed projects. Budgets must be clear, specific, and tie directly to program goals and objectives.* *Please use the “Comments” field to justify your dollar amount.*

*All fields must be rounded to the nearest whole dollar. Please add or delete rows as needed within each given category.* *Do not use acronyms (even if previously defined) in this section.*

*In the field entitled “prioritization,” you may indicate whether each item is of highest priority (1), medium priority (2), or lowest priority (3).*

***[Insert Organization Name]* 2023 Budget Request**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personnel Category** | **Quantity** | **Dollar Amount** | **Comments** | **Prioritization (Optional)** |
| *Salaries* | *E.g., 1 FTE* |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Personnel** | -- |  |  |  |
|  |  |  |  |  |
| **Fringe Category** | **Quantity** | **Dollar Amount** | **Comments** |  |
| *Benefits* | *E.g., 1 FTE* |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Fringe** | -- |  |  |  |
|  |  |  |  |  |
| **Travel Category** | **Quantity** | **Dollar Amount** | **Comments** |  |
| *E.g., administrative travel, training* |  |  | *Please include anticipated dates for trainings.* |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Travel** | -- |  |  |  |
|  |  |  |  |  |
| **Facilities Category** | **Quantity** | **Dollar Amount** | **Comments** |  |
| *E.g., rent* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Facilities** | -- |  |  |  |
|  |  |  |  |  |
| **Services Category** | **Quantity** | **Dollar Amount** | **Comments** |  |
| *E.g., consultation, contractor services* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Services** | -- |  |  |  |
|  |  |  |  |  |
| **Equipment Category** | **Quantity** | **Dollar Amount** | **Comments** |  |
| *E.g., computers, printers* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Equipment** | **--** |  |  |  |
|  |  |  |  |  |
| **Supplies Category** | **Quantity** | **Dollar Amount** | **Comments** |  |
| *E.g., office supplies* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Supplies** | **--** |  |  |  |
|  |  |  |  |  |
| **Other Category** | **Quantity** | **Dollar Amount** | **Comments** |  |
| *E.g., fiduciary fees* |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Other** | **--** |  |  |  |

**TOTAL BUDGET REQUEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Appendix A: Required Evaluation Measures**

This appendix provides further guidance regarding evaluation measures required quarterly by Northwest HIDTA. Any questions may be directed to the Northwest HIDTA [prevention and treatment manager.](#_Eliza_Powell)

|  |  |
| --- | --- |
| **Measure** | **Additional Guidance** |
| **Educational Activities** | *Educational activities are activities designed with the purpose of increasing awareness and understanding. This includes activities such as awareness programs, presentations, and educational community events.*  *For questions regarding classification of specific activities, contact the Northwest HIDTA prevention and treatment manager.* |
| Number of educational activities conducted | *Provide the number of educational activities executed during the given quarter as defined above. Do not include events that also include skills training or behavior modification elements (as defined on the following page).*  *The development of a pamphlet or other educational product should be counted as one educational activity, regardless of how many people it is disseminated to.* |
| Number of educational activity participants | *Provide the total number of people that participated in the educational activity and/or received the disseminated product. An individual who participated in multiple activities may be counted multiple times.* |
| Number of educational activities specific to priority populations | *Activities counted in this measure must include at least one element* ***tailored specifically to*** *a priority population. The following represent Northwest HIDTA 2023 prevention priority populations:*   1. *Incarcerated or previously incarcerated individuals* 2. *Racial or ethnic minorities* 3. *Members of the LGBTQ+ community* 4. *Young adults*   *Activities which include a tailored element but also served other populations may be counted.* |
| **Behavior Modification/Skill Development Activities** | *Behavior modification/skill development activities are activities in which participants are actively engaged in developing skills. This includes events such as workshops, trainings, and mentorship sessions.*  *For questions regarding classification of specific activities, contact the Northwest HIDTA prevention and treatment manager.* |
| Number of behavior modification/skill development activities | *Activities or events that contain both an educational and behavior modification element should be counted solely as behavior modification/skill development activities.* |
| Number of behavior modification/skill development activity participants | *Provide the total number of people that participated in the behavior modification/skill development activity. An individual who participated in multiple activities may be counted multiple times.* |
| Number of behavior modification/skill development activities specific to priority populations | *Activities counted in this measure must include at least one element* ***tailored specifically to*** *a priority population. The following represent Northwest HIDTA 2023 prevention priority populations:*   1. *Incarcerated or previously incarcerated individuals* 2. *Racial or ethnic minorities* 3. *Members of the LGBTQ+ community* 4. *Young adults*   *Activities which include a tailored element but also served other populations may be counted.* |

# **Appendix B: Training Feedback Form**

This form will be sent to you immediately following the training attended and must be submitted within 30 days. If multiple members of your organization attended the given training, only one member of your organization should submit this form on behalf of all attendees.

**Please note that this form exists not to assess your performance but rather the quality and relevance of the training (or conference, event, etc.) itself.**

Name of training attended:

Did you find the training to be useful to the mission of your organization?

Not useful

Somewhat useful

Moderately useful

Very useful

Which elements (if any) of the training do you anticipate incorporating into your organization functions?

|  |
| --- |
|  |

Please provide a brief (2-5 sentences) description of the next steps in incorporating the elements listed above, including goals for when each step will occur.

|  |
| --- |
|  |

\*Reminder: You will receive another feedback form no later than 6 months after submission of this survey, in which you will be asked to report regarding strategy implementation.