

## **Grant(s) to Increase Syringe Service Programs Geographic Distribution RFP**

1) Name of organization:\*

2) Name and title of person completing the RFP:\*

3) Email of person completing the RFP:\*

4) Physical address of organization:\*

5) I am attesting to having reviewed the following as part of the development of this RFP response, and that the proposal provided is in compliance with each\*:

- [Vermont Operating Guidelines for Syringe Services Programs](#)
- Standard grant terms and conditions

( ) I am attesting to having reviewed these materials.

( ) I have not reviewed these materials.

6) I am attesting that I understand my organization must have an approved application by the Commissioner of Health to operate syringe service programs prior to beginning services if my organization's proposal is selected from this RFP process:\*

[ ] I understand and have an approved application by the Commissioner of Health

[ ] I understand and have an application submitted to the Commissioner of Health

[ ] I understand and will be submitting an application to the Commissioner of Health

7) Describe your organization's work in reducing overdose deaths in Vermont. Include, at a minimum, the following\*: (10 points)

- The number of unique people at risk of overdose your organization served in 2024;
- The types of services provided by your organization;
- The geographic location (counties and/or towns) in which your organization currently provides overdose prevention services;
- Population served or intended to serve, prioritizing populations most at risk for overdose and blood-borne infectious diseases;
- Describe the organization's work with individuals from diverse social, economic, religious, racial, ethnic, gender, and language backgrounds; and
- Program and/or project highlights and accomplishments from the last three years related to overdose prevention services that demonstrate successful program implementation and/or project completion.

**8) Describe the location(s) proposed for providing the SSP services\*: (25 points)**

This narrative must include:

- Description of the location(s) where SSP services will be delivered and the process utilized by the organization to identify the location(s);
- Description of the population(s) to be served by the SSP. Included should be a description of how the population(s) was identified by the organization and the estimated number of unique people to be served during the proposed grant term; and,
- The approach and intended representation on the advisory committee as described in Section II.D. in the [Vermont Operating Guidelines for Syringe Services Programs](#).

**9) Describe the SSP services and approach to providing services proposed, including at a minimum the following\*: (25 points)**

- Describe the method of delivery of syringes and supplies, as outlined in Sections II.A. and II.B.i. of the [Vermont Operating Guidelines for Syringe Services Programs](#);
  - If the described services include Partnership Delivery, being co-located with other organizations, or contracting with other organizations to provide services described in this proposal, list any partners involved with a description of the partners' roles.
    - Describe how the SSP and other services will be operated to minimize the impact on the population served by both services.
  - Letters of Commitment from any organizations described in this section are required to be submitted as part of this proposal.
- Describe the services to be provided ensuring alignment with the required services as outlined in Section II.b.ii-xii. of the [Vermont Operating Guidelines for Syringe Services Programs](#);
- Describe how a focus on the identified population(s) utilizing the proposed services will address health equity, reduce overdose risk factors, and increase protective factors for the identified population(s); and,
- Describe how the organization will advertise or promote the SSP services proposed to potential participants.

This narrative must also include how these services will be provided in compliance with [42 CFR Part 2 Confidentiality of Records](#) and [45 CFR Part 164 HIPAA Privacy Regulations](#).

**10) Describe the staffing model needed to perform the proposed services, including the number of positions and full time equivalency (FTE) needed, and of those if applicable, the number of and FTE of new positions needing to be added to the organization to support this work. (10 points)\***

**11) Describe the anticipated implementation timeline for your program including major milestone completion dates including at a minimum the following: (15 points)**

- A description of start-up, implementation, and service provision activities;

- Timeline for the start and completion of described activities; and,
- Staff position(s) responsible for completion of each described activity.

Additionally, describe the project management plan for monitoring progress of the anticipated timeline to ensure timely completion of each described activity.

The proposed timeline, including planning and program implementation phases, can be up to 24 months.\*

**12)** Regular progress reports and data submission will be required as part of an executed grant agreement. Payment of invoices will be contingent on the receipt, review, and approval of required reporting, completion and submission of data, and meeting and/or exceeding of required performance measures.

Describe the data collection and maintenance methods for the following\*: (15 points)

- Participant identifier;
- Record of unique people served; and,
- Record of service provided and referrals made for each participant.

**13)** Provide an itemized budget and budget narrative for the proposal. Applicants must identify any other sources of funding, both in-kind and monetary, that will be used to support the SSP during the grant term. Grant funds may only be used to support services that are specific to this award; grant funding may not be used to supplant or duplicate existing funding streams. Personnel expenses included in the budget must relate to client services to receive funding as a personnel line item. Staff positions not related to direct service delivery must be included in the organization's allocated indirect rate (i.e., 15% de minimus). (25 points)\*

**14)** Describe the plan for sustainability following the funding allocated through this grant award. (10 points)\*

**15)** If your organization is unable to adhere to all terms and conditions outlined in Attachments C, D, E and F, please indicate which provision(s) the organization is unable to accept and why.