

Innovations in Anti-Racism to Address the Overdose Crisis

Application for Six-month Design Grant

CONTACT INFORMATION

Date: _____ Name of lead organization: _____

Address: _____

Contact name for grant submission: _____

Title: _____

Phone number: _____ Contact email: _____

Program manager for management of grant scope of work:

Title: _____

Project manager
phone number: _____

Project
manager email: _____

PLEASE ALSO COMPLETE AND SUBMIT WITH YOUR APPLICATION:

- A PDF copy of your organization's IRS Designation letter
- Up to one attachment that is relevant and support this Design Phase application

Also note that after the Design Phase, if your organization is invited to apply for the Implementation Phase, RIZE will require:

- The most recent Audited Financial Statements
- The most recent 990 IRS statements

Email completed application to: info@rizema.org by Friday, September 11th, 2020.



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Written Responses

Instructions: All responses should be typewritten and adhere to word limit indicated for each question. Failure to comply with the word limits could result in a proposal being rejected.

1. Project description: Please describe your project and how it is innovative, its goals, the population and community(ies) you are serving. **(500 words)**

2. How will this innovation address racism and the health of Black, Latinx, and/or Indigenous people who use drugs? **(250 words)**

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3. How will you engage people in the community(ies) where your efforts will be focused?(**200 words**)

4. Method/Approach: Please explain how the program will be implemented, your timeline and how its outcomes will be measured? (**300 words**)

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5. Team: Who will be on your design team? Please provide name, title and brief summary of the team's members and their related expertise. Please list no more than three individuals. **(300 words)**

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DESIGN GRANT BUDGET SHEET

Please complete the line items relevant to your request.

	RIZE Funds	Budget Explanation
Personnel		
Program Director/Manager		
Admin. Staff		
Other Staff:		
Fringe Benefits %:___		
Sub-total		
Other Direct Costs		
Project Operations		
Equipment		
Meeting Expenses		
Marketing/Communications/Outreach		
Travel		
Surveys		
Program Space		
Evaluation		
Other:		
1)		
2)		
Sub-total		
Purchased Services		
Consultants:		
1)		
2)		
Contracts:		
1)		
2)		
Sub-total		
Other Funding Sources for this Project		
1)		
2)		
3)		
Sub-total		
Indirect Costs (Up to 15%)		
TOTAL		