

➤ ARIZONA
harm
reduction

FUNDING RESOURCE



This resource was created as a resource I wish I had had when I first started out on my journey of finding funding and writing grants. The funding landscape in Arizona is robust though complex to navigate. There are many institutions in Arizona and nation-wide that are passionate supporters of harm reduction, understand the barriers to accessing 501c3 status/writing grants, and authentically want to support you and your work. Part of the hope with this resource is to “demystify” finding funding and writing grants. Please feel free to take anything out of this resource: this resource was created with anti-copyright, pro-mutual aid and collaborative values.

Lu Funk

Founder of Cochise Harm Reduction

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NATIONAL FUNDERS

FUNDER	POC	REGION	PRIORITIES/FOCUS	CYCLES	TIPS	LINK
Comer Family Foundation	Mary Pounder; mpounder@comerfamilyfoundation.org	US	Community-based Harm Reduction / Syringe Services	Applications accepted twice per year: Nov 1 and May 1; up to \$20,000/annually	Comer prioritizes organizations grounded in the values of the harm reduction movement. Their focus is on "seed grants", so grants to programs that are just starting up and do not have much support yet. They do require your program to be running for at least 12 months before applying. Their goal is to "graduate" you and provide the seed support so that your program can grow and build more sustainable support. Orgs led by bipoc and pwud are always prioritized. Mary Pounder is incredible resource and support for community-based harm reduction.	Syringe Service Program : Grant Applicants - Comer Family Foundation
AIDS United	Angel Gomez; agomez@aidsunited.org	US	Community-based Harm Reduction / Syringe Services	Applications are accepted once per year every Fall; up to \$25,000/annually	Like Comer, AIDS United Harm Reduction offers low-barrier, unrestricted funds to community-based harm reduction organizations rooted in the values of the harm reduction movement. This fund called the Harm Reduction Futures Fund opens up every Fall for applications. The application is a two-step process: a letter of intent is required first and then if you are approved, you can submit a full application.	Harm Reduction - AIDS United
NASTAD	Sharday Lewis; slewis@nastad.org	US	Community-based Harm Reduction / Syringe Services	Current grant cycles are closed.	NASTAD has been building a relationship with the CDC to secure federal funds to support the expansion of harm reduction services. NASTAD sub-contracts federal dollars out to community based harm reduction organizations. Grant cycles are closed but keep an eye out for more funding opporunties as they arise.	Harm Reduction NASTAD
Elton John AIDS Foundation		US	HIV/AIDS, LGBTQ+ Services	Current grant cycles are closed.	EJAF has no current grant cycles and is focused on building capacity for their current/former grantees. Keep your eyes open for new opportunities though as they arise.	Funding Opportunities Elton John AIDS Foundation
Elizabeth Taylor AIDS Foundation	Jake Arman; jarman@etaf.org	US	HIV services/ AIDS service organizations	Current grant cycles are closed.	Working tirelessly on the AIDS crisis throughout the 1980s, Elizabeth Taylor established The Elizabeth Taylor AIDS Foundation (ETAF) in 1991 to carry out her vision for an AIDS-free world. ETAF works to provide the direct care needed for people living with and affected by HIV and AIDS.	Grant Policy - The Elizabeth Taylor AIDS Foundation
Broadway Cares	Brian O'Donnell; odonnell@broadwaycares.org	US	HIV/AIDS, LGBTQ+, Food Service and Meal Delivery Services	Current grant cycles are closed.	Broadway Cares/Equity Fights AIDS will extend invitations to apply for our National Grants Programs in 2025 only to those organizations receiving grants previously.	National Grants – Broadway Cares/Equity Fights AIDS
Pharmaceutical Companies: Gilead, Viiv, Abbvie	Varied	US; though Southern focused	HIV/HCV testing and linkage to care	Rolling	The pharmaceutical companies that manufacture HIV and HCV medications offer fund HIV/HCV testing and linkage to care activities. Gilead's COMPASS iniative focuses specifically on the Southern US.	
CDC-Foundation	Varied	US	Health Equity / Overdose Prevention	No RFPs open at this time.		
National Council of Mental Wellbeing	Emma Hayes; emmah@thenationalcouncil.org	US	Community-based Harm Reduction	No RFPs open at this time.	The National Council is a newer fund of harm reduction, and similar to NASTAD, is applying for federal dollars to subcontract out to community-based harm reduction organizations. Current grant cycles are focused on building capacity for rural harm reduction services.	


STATE FUNDERS

ENTITY	FUNDER	POC	REGION	PRIORITIES/FOCUS	CYCLES	TIPS	LINK
Public Health	State and Local Health Departments	Varied		Public Health	Health Departments are often recipients of federal grants, such as State Opioid Response (SOR), Overdose Data to Action (OD2A), and SUBG/SABG (Substance Use Block Grants). HDs are also recipients of Marijuana Justice Reinvestment Funds and Opioid Settlement Funds in AZ. HDs often sub-contract out these funds to smaller HDs or CBOs. Additionally, HDs are often recipients of federal HIV and HCV (few) dollars and subcontract these out for HIV/HCV prevention, testing, and linkage to care activities.	Having an advocate for your organization/program at health departments is incredibly vital. For a couple reasons: (1) It adds legitimacy to our work for other funders/partners; (2) They are wells of resources, such as funding, naloxone, and other supplies. There is a lot of potential for meaningful collaboration. In my experience, AZ health departments house some of the strongest advocates of harm reduction services.	
Foundations	Vitalyst Health Foundation	David Martinez; dmartinez@vitalysthealth.org	Entire state	Health Equity; Systems Change; Coalition Building	Vitalyst generally steers partners through 3 tiers of grants: (1) technical assistance grants, (2) Spark grants, (3) Systems Change Grants. Vitalyst partners with you through the natural development of your systems change work: from identifying problems towards systemic change. Vitalyst has also been selected to administer state Marijuana Justice Reinvestment dollars over the next five years. The first grant cycle is closed, but this is probably something that will open up again in subsequent years.	Vitalyst steers all potential partners through a "Discovery Process" which connects nonprofits and coalitions to the best resources that Vitalyst can offer. Vitalyst awards collaborative projects that promote change on a systems-level. They do not fund operations/programmatic needs.	Grants Archive - Vitalyst Health
	Arizona Community Foundation	Varies by region; 6 regions in AZ that all have a different rep; reach out to get in touch with your region's rep	Entire state	Arts & Culture, Community Improvement & Development, Health Innovations, Environment & Sustainability, Quality Education	ACF has many different grant cycles throughout the year, and also offering loans and training/capacity building opportunities for AZ non profits. ACF administers competitive, discretionary, and donor-advised grants.	It's good to make contact with the different foundations in AZ and apply for one of their competitive cycles so you are on their radar. They have lots of diverse funds across the state that have different priorities. CHR had been chosen for a donor-advised grant because we had applied for a competitive grant in the past and they were aware of us. Keep an eye on their portal as grants open.	Grant Opportunities - Arizona Community Foundation
	Community Foundation of Southern Arizona	Varies	Southern AZ (defined as "south of the Gila River"); Pima and Santa Cruz primarily, though also Cochise, Yuma, Graham, Greenlee, Pinal	Vibrant, thriving communities in Southern AZ	CFSA's main competitive grant cycles are the CORE and Comunidad grants. CORE are for larger organizations (\$100K - \$2M) and Comunidad is for orgs/projects under \$100K annual budget. These competitive cycles are for general operating expenses and do not include capital expenses. They also have a series of more specific competitive grant cycles, as well as house a diverse number of donor-advised funds at their foundation.	Similar to ACF, CFSA is the largest grant maker in Southern Arizona. CHR has also been chosen for donor-advised grants through them. These foundations will often give donors a list of websites of non-profits under the donor's priorities: so it's great to make contact with CFSA so they are aware that you exist and the work that you do. CFSA also has a non-profit technical assistance/capacity-building initiative, called the Center for Healthy Nonprofits. This center offers capacity building workshops and trainings.	Grant Programs - Community Foundation of Southern Arizona
	Legacy Foundation of SE Arizona	Barbara Nichols; bnichols@lfsaz.org	Cochise, Santa Cruz	Population health and wellness in SE Arizona	Legacy Foundation has a regular series of competitive annual grants	Legacy Foundation is an incredible funder and resource but unfortunately have a very small focus region.	Grants Legacy Foundation of Southeast Arizona
	Women's Foundation of Arizona	Chloe Silva; csilva@womensgiving.org	Entire state	social change and gender equity; economic advancement of women and girls	Grant cycles are currently closed.	The Women's Foundation of Arizona has an annual grants process where nonprofit can request up to \$65,000 in unrestricted operating funding.	FORGE Grant
	501c3s	Community Food Bank of Southern Arizona	Partner Grants; partnergrants@communityfoodbank.org	Cochise, Santa Cruz, Pima, Graham, Greenlee	Food security, community health, social justice, root causes of hunger	Thriving Communities Grant is an annual competitive grant cycle for organizations with annual budgets of less than \$1M. It is currently closed, but opens up every Fall. Up to \$20,000 for individual orgs and \$50,000 for collaborative projects.	
Aunt Ritas			Entire state, but focused on Phoenix area	HIV/AIDS services, LGBTQ+ services	Aunt Ritas Foundation fundraises for its partner agencies who provide HIV services in Arizona. Grants open up on an annual basis.		

ENTITY	FUNDER	POC	REGION	PRIORITIES/FOCUS	CYCLES	TIPS	LINK
RBHAs	AHCCCS		Entire state	Mental Health, Behavioral Health, Substance Use		AHCCCS is Arizona's Medicaid provider and administers many SAMSHA grants, specifically SUBG and SOR grants. AHCCCS subcontracts with other state agencies, RBHAs, and other organizations to carry out the grant activities.	Current Grants
	Individual RBHAs: Arizona Complete Health/Banner/Mercy Care/Care 1st	Varied	South: Arizona Complete Health/Banner; Central: Mercy Care; North: Care 1st health Plan	Mental Health, Behavioral Health		Arizona's RBHAs (Regional Behavioral Health Authorities) often administer SUBG and SOR subcontracts for AHCCCS. It's important to build relationships with your RBHAs staff in your region, as they can provide resources, subcontract opportunities, and networking connections. We interact with their staff largely through attending coalition meetings and have been able to build a relationship with them through those types of meetings.	
Insurance Companies - Reinvestment Funds	Blue Cross Blue Shield - AZ Blue Foundation	Cherie Hoffman; cherie.hoffman@azblue.com ; info@azbluefoundation.org	Entire state	Chronic Health Conditions, Health Equity, Mental Health, Substance Use Disorder	AZ Blue has switched to invitation-only grants that open up bi-annually. They also have a larger annual grant, Thiru Family Trust Momentum Maker Grant, up to \$100,000. AZ Blue also funds charitable events.	AZ Blue works with ACF's grant portal.	Grants Overview AZ Blue Foundation
	Arizona Complete Health - Community Giving	vVaries by region; Statewide: Melissa Dye jubia.m.dye@azcompletehealth.com	Entire state	Health and Wellness Initiatives	Two types of reinvestments: Outcomes-Based Partnerships and Capital Grants. These both open up on an annual basis.	AZCH, as well as other insurance companies in AZ, are required by statute to reinvest a certain amount of their corporate profit into community health and wellness initiatives. These are called "Community Reinvestment Funds" and are also disseminated by Banner and Mercy Care. The Community Affairs team at AZCH has different representatives for each region: always get in touch with your region's representative before applying for a grant. Your region's representative will be the person who goes to bat for you when the decisions over funds dispersal is made. AZCH's Capital Grant is unique because it's one of the only specific grant cycles in the state for capital investments/infrastructure.	Active Local Involvement
	Banner - Community Reinvestment			Social Determinants of Health	Banner's Community Reinvestment Program opens up every Fall on an annual basis.	Similar to AZCH, Banner also has a community reinvestment program that focuses on Central and Southern Arizona.	Community Reinvestment Program Banner - University Family Care/ACC
	Mercy Care - Community Reinvestment	mercycare@mercycareaz.org	Entire state	Chronic Health Conditions, Mental Health, Housing, Substance Use	Mercy CARES grant opens up in the Fall on an annual basis.		

SAMPLE GRANT PROPOSAL

OVERVIEW OF ORGANIZATION'S HISTORY AND PROGRAMS

PRO TIP: This is a great opportunity in grants to present the culture and essence of your organization. It's important to lead with vulnerability and honesty - even if you are a newer org who hasn't accomplished a lot yet, lead with that. And lead with the values and history that have brought you to this point. 

This may be your only opportunity in the grant proposal to share about WHO you are and your WHY for being here. In general in harm reduction, we are often filling gaps. Serving people who have historically not had services available and accessible to them. It's important to highlight that in your impacts.

Founded in 2019, Cochise Harm Reduction (CHR) is a grassroots, mutual-aid-based, nonprofit delivering harm reduction services in the underserved and rural areas of Cochise County, Arizona, along the US-Mexico border.

The organization began as a fixed-site program providing harm reduction supplies, education, treatment referrals, wound care services, and free naloxone at Healthy Bisbee Inc.'s Goar Park Lunches program in Old Bisbee. In 2020, in response to the changing needs of the community, a mobile outreach program was launched, doubling the number of people reached each year. To meet growing requests from community members and participants, the organization expanded to Sierra Vista and surrounding areas in 2021 and then to Benson in 2022. In 2024, we built an in-house meals on wheels program to supplement our mobile harm reduction services and delivered over 8,800 meals by the end of the year. Additionally, in 2024, we opened our Old Bisbee Resource Center: a completely low-barrier, brick and mortar center for accessing peer support and harm reduction services in Bisbee.


Today, we continue to support people who use drugs at the individual, community, and policy levels through services including the Mobile Outreach Program (MOP) that meets people where

they are by delivering harm reduction and safe-use supplies, food, services, and education via a mobile unit that covers five geographic areas.

The MOP and Peer Distribution Programs (PDP) at CHR are exclusively staffed by peers with lived experience and trained in harm reduction. Their effectiveness in these rural areas is significantly attributed to their deep understanding of the challenges faced by the communities they support.

Beyond the mobile outreach and delivery model, participation in CHR's SSP is also available through peer distribution (PDP) and harm reduction-by-mail (HRBM) services. Providing a comprehensive and varied service delivery model enhances access to rural populations in Cochise County.

IMPACT OF YOUR ORGANIZATION

PRO TIP: When writing about impact, you want to focus on data. Data can be either qualitative or quantitative - whatever you have that translates the impacts of your organization. If you aren't tracking quantitative data, then use quotes from your participants or staff that capture the impacts you've had. 

CHR is the only organization offering harm reduction resources and services to People Who Use Drugs (PWUD) who are unhoused in Cochise County and surrounding areas. Harm reduction focuses on meeting people "where they are" and supporting any positive change.

This approach prevents deaths, injuries, diseases, overdoses, and reduces ER visits among PWUD. The foundation of CHR's work is operating a peer-led model that ensures all staff have personal experience related to drug use, involvement with the justice system, or homelessness. Annually, CHR distributes about 17,000 meals, 160,000 syringes, and 11,300 Narcan doses.

Organizational impact is achieved through a comprehensive blend of services, including

- Conducting outreach and deliveries to homeless encampments, personal residences, or other sites of high use.
- Syringe access and disposal program
- Naloxone distribution
- Dispensation of wound care and hygiene material as well as other essential supplies such as socks
- Providing camping supplies to protect from the environment
- Food and meal programming including electrolyte beverages
- Fentanyl and Xylazine test strips, socks
- Rapid HIV and HCV testing in the field
- Harm reduction education
- Peer support to assist participants in navigating social services in their area.

CHR also works at the systems level to improve drug laws and policies, to reduce or eliminate the detrimental effects on the well-being of people who use drugs and their communities.

Project Name: Mobile Harm Reduction Delivery Program

Amount of Grant Request: Align with funder’s requirements

Pro Tip: Always read the fine print of RFPs. Know the minimum and maximum amounts you can request. I generally always ask for the maximum amount, and that gives the funder the opportunity to offer less if they need too.

Project Start Date: Align with the funder’s requirements, in this case, we outline a one-year project

Project End Date: Align with funder’s requirements

Pro Tip: Again, this is something that’s garnered through the RFP and writing it thoroughly. Do the funders want a project that has a start and end date? Or are they wanting to support capacity for ongoing operations? Even if you are applying for an ongoing program, you can write a grant that focuses on a specific time period and what you can accomplish/how you can grow within that time period.

Project: Population Served

Pro Tip: Funders want to see who your program serves. In harm reduction, we generally want to survey people to the littlest degree, to promote participant safety, confidentiality, and trust. CHR chooses to capture most of our data in an annual PIT (point in time) survey of our participants. This allows our staff to focus on supporting participants, not constantly tracking data. It also ensures that we have data to show our funders, and data to internally analyze for our own evaluation goals. This survey is compensated for participants and we’ve found a handful of funders who have been interested in supporting this data collection method.

CHR serves an average of 150 individuals weekly across five regions within Cochise County, including Sierra Vista, Bisbee, Douglas, Benson, and Willcox. While there are no eligibility requirements, people who use opioids, inject drugs, or are unhoused are prioritized.

Cochise County is a predominantly rural county in Southeast Arizona and shares an 85-mile border with Mexico, adding to the existing challenges around employment opportunities, access to affordable housing, transportation, and availability of healthy, affordable food. This area is also an Arizona-designated High-Intensity Drug Trafficking Area (HIDTA) Drug Trafficking Corridor. (HIDTA, 2024).

According to CHR’s annual Point-in-Time Survey in April 2024, 43% of participants are in the Sierra Vista region, 23% in the Bisbee region, 18% in the Douglas region, and 16% in the Benson region. Our participant base consisted of 59% white, 22% Latinx, 5% Black, 4% Native, and 10% other. 18% have been between the ages of 18-30, 40% between 31-45, 26% between 46-60, and 15% above the age of 65. 53% were male, 40% female, and 7% transgender, non-binary, or gender-non-conforming. 71% identified as experiencing homelessness in the past 12 months. 72% of participants identified methamphetamine as a “drug of choice”, whereas 29% identified opioids/opiates as a “drug of choice”.

PROJECT NARRATIVE/PROGRAM DESCRIPTION

CHR's Mission is "improving the lives of people who use drugs in rural communities," and its vision is "building thriving communities with people who use drugs." As a requirement for employment, all staff have lived/living experience as PWUD, experience being unhoused, or justice system involvement.


CHR's primary strategy is a Mobile Outreach Program (MOP) which meets people where they are, delivering harm reduction and safe-use supplies, services, and education through a mobile harm reduction unit. This unit is staffed with harm-reduction trained peers, harm-reduction supplies, a mobile food pantry, and meals-on-wheels.

Services are offered on weekly schedules in Bisbee and Sierra Vista, bi-weekly schedules in Benson and Douglas, and a monthly schedule in Willcox, primarily through "fixed delivery routes," a unique combination of fixed site, delivery, and mobile outreach service model that has been highly effective in our rural county.

MOP provides syringe access and disposal, naloxone, wound care, hygiene, camping supplies, fentanyl and xylazine test strips, food, socks, and more. MOP addresses gaps in services to unhoused individuals and PWUD – two populations historically excluded from health and social services due to stigma, transportation issues, and limited resources.

Peer Navigators accompany MOP staff and are trained and certified to facilitate criminal justice diversion program enrollment, linkage to MOUD, conduct rapid HIV/HCV tests, and refer people to healthcare partners. Community partners, such as MAT and treatment providers, HIV/HCV treatment providers, and other Peer Support agencies regularly accompany CHR's Outreach Team to provide additional, low barrier services to CHR's participants.

IMPLEMENTATION TIMELINE FOR THIS PROJECT



Pro Tip: Implementation timelines can be divided into 3 general stages: (1) Research, Planning, and Development, (2) Implementation, and (3) Monitoring/Evaluation. Even if you're writing the proposal for an ongoing, sustained project, you can still have planning/development activities and gear them towards the ways you want to expand your programming during the grant period. In general, I've always underestimated how long planning activities can take before you're ready for implementation.

Planning and Development Phase

- Define Goals & Objectives related to
 - » Numbers served
 - » Amount and type of harm reduction services, health education, and basic needs provided
- Identify baseline metrics related to:
 - » Overdoses/ER visits
 - » Disease rates
- Conduct a needs assessment
 - » Identify target communities and their specific needs
 - » Consult local stakeholders
 - » Gather data on drug use patterns and gaps in services and resources
- Design the Program
 - » Identify services that will be provided (syringe exchange, Narcan distribution, meal/snack service, health screenings, drug testing, referrals)
- Develop Staffing Plan
 - » Provide staff onboarding and training
- Outline Logistics & Resources
 - » Develop schedules and routes based on community feedback
- Solidify partnerships and collaborations

Launch Program

- Develop and implement a marketing and outreach plan

- » Promote the program via flyers, social media, local events

Implementation Phase

- Complete weekly outreach

Monitoring/ Evaluation

- Collect client feedback and track usage metrics
 - » Regularly review program impact
 - » Adjust services based on findings

COLLABORATION PLAN

Pro Tip: Funders want to see that your program(s) have funding from other foundations/ organizations but needs to also understand how additional funding will help you grow. It's always important to highlight the ongoing funders you have, as it brings legitimacy to our work in providing harm reduction services.

CHR's Mobile Harm Reduction Delivery Program is sustained through regular funding from Cochise County Health & Social Services and NASTAD. Due to expansions into new geographic regions within Cochise County and the influx of new participants on a weekly basis, we are always looking for additional funders to support this program and it's expansion.

Because of the grassroots, responsive, and collaborative culture of the organization, **CHR has established partnerships across multiple sectors***, including housing and homeless services, medical and mental health care, animal welfare, and food security. Some of CHR's closest local partners include: Community Food Bank of Southern Arizona, VEN Centers/Arizona Liver, Southern Arizona AIDS Foundation, Chiricahua Community Health Centers, Cochise Addiction & Recovery Partnership, Community Medical Services, HOPE Inc and the local shelters: Bisbee Coalition for the Homeless and Good Neighbor Alliance.

Pro Tip: Funders want to highlight and support ongoing collaboration efforts because it reduces duplication and increases services. Many grants will require collaboration partners, or award more funds if a collaboration plan is included. Many organizations are going to want to partner with harm reduction programs because of the highly participated in nature of our services and the ways in which pwud can be difficult for traditional social services to reach. It's up to your organization to consider partnerships, as trust is a cornerstone of our work. Ask participants what kind of additional services they would want to see on your routes/sites. Don't invite people to your sites/routes that have not been properly vetted and could promote more harm.

Other essential partnerships include:

Cochise County Health & Social Services (CCHSS): CHR receives large shipments of free nasal Narcan from CCHSS's Overdose Prevention Program. CCHSS also offers free syringe disposal services. CHR's Executive Director, Lu Funk, and one of CCHSS's staff co-chair a local coalition called Cochise Addiction and Recovery Partnership, that works towards increased collaboration in the SUD field and systems change in our local communities.

Through our partnerships, CHR encourages collaborators to use a harm reduction lens that reduces the negative consequences associated with drug use through respect for the rights and dignity of people who use drugs. This involves destigmatizing drug use, homelessness, and mental illness. By working with partners to reframe the issue as a public health need rather than a moral failing, CHR strengthens partnerships and increases safety for people who use drugs

EVALUATION DESCRIPTION

Pro Tip: Funders want to see that you are collecting data about your program and evaluating it for impact, reach, etc. Many funders, especially specific to harm reduction, will have a strong equity lenses and understand the nuances of collecting data. CHR always has strong boundaries around the type of data that we can collect, how fast we can collect, and which methods we can use to collect it. If funders are asking for data that you are not interested in collecting for equity concerns, voice that. Many times funders appreciate our critical lenses and how serious we take the trust and confidentiality we ensure for our program participants

CHR's primary evaluation strategy is a Point-in-Time Survey that is administered directly to MOP participants. The benefits of this survey methodology include an immediate snapshot of the circumstances

of those affected so that resources and policies to address the issue can be deployed responsively.

For example, in response to its 2024 Point in Time participant survey, which revealed that 81% of CHR's participants were experiencing food insecurity, CHR expanded its mobile food pantry and built out a meals-on-wheels program to supplement its Mobile Outreach Program's delivery service.

The information collected to guide the organization's mission includes emerging drug trends, necessary supplies for safe usage, changes in locations for individuals experiencing homelessness, resources requested for fulfilling basic needs, safety concerns, and evaluations of the effectiveness and impact of the services offered.

Additional assessment is conducted by gathering anecdotal information. Since CHR staff are members of the community they serve, participants are more inclined to share their feedback and insights regarding the services offered and their needs due to the trust and rapport established

Goal #1: Reducing overdose occurrence and fatality in Cochise County.

Pro Tip: Funders will often ask for 2-4 goals; these are project-specific goals, and not necessarily organizational goals. Next is an example of a "logic model". This is a commonly used conceptual model to explain your program, its impacts, and how you will measure those impacts. Not every grant will have a logic model embedded into a proposal, but many will, and it's useful to have a logic model for your program in your back pocket for more ease completing proposals. This also allows you to complete proposals with ease for each of your programs.

Goal #1 - Inputs

Pro Tip: Inputs are the resources required to effectively run your program (partners, funding, research and best practices).

- Staff: Outreach Program Manager, Outreach Coordinator, Peer Distributors (Bisbee, Sierra Vista, Benson, Willcox, Douglas)
- Supplies: Nasal Narcan, Intramuscular Naloxone, Fentanyl Test Strips, Safer Use Supplies, Wound Care, Hygiene

- Staff Training: Drug User Health 101, Overdose Prevention Training
- Research: Board member Dr. Melody Glenn, an addictions doctor in Tucson, offers programmatic feedback to ensure our Overdose Prevention Programming is evidence-based and relevant.
- Partners: CCHSS (supplies Nasal Narcan), SPW (supplies IM Naloxone), MAT service providers (CMS, CCHCI)
- Mobile Unit
- Office: supply storage and staff operations
- Funding to pay staff, run mobile unit, purchase overdose prevention supplies, pay for office expenses

Goal #1 - Activities

Pro Tip: These are the activities you've chosen to work towards your goal, with the inputs that you have.

- Primary Distribution of naloxone, Nasal Narcan, fentanyl test strip kits, safer smoking kits
- Secondary distribution of Naloxone/Narcan by peer distributors
- Training of Peer Distributors in harm reduction outreach and overdose prevention
- Training of Outreach Coordinator in harm reduction outreach and overdose prevention
- Naloxone and overdose prevention trainings for participants while conducting outreach
- Peer-to-peer trainings conducted by peer distributors
- Record reports of overdose reversals from participants
- Educate participants about overdose myths and truths
- Letting participants know when we hear reports of overdose

in the area

Goal #1 - Outputs

Pro Tip: Outputs are the tangible activities that allow you to measure results. These are often, but not always, quantitative measures (i.e. # of participants, # of sessions held, # of courses offered).

- # of naloxone/narcan distributed, # of FTS kits distributed, number of naloxone trainings
- # of peer distributors trained and hired
- # of staff trainings facilitated by outside agencies
- # of internal staff trainings
- # of safer smoking kits distributed

Goal #1 - Outcomes

Pro Tip: Outcomes are the benefits, impact or changes in behavior, knowledge, skills or attitudes after project activities are completed. These can be both short and/or long term outcomes.

- Increased access to naloxone/narcan among general public
- Increased access to naloxone/narcan among PWUD
- Increased knowledge of contaminants in illicit drug supply
- Increased access to testing tools to determine presence of fentanyl in illicit drug supply
- Increased secondary distribution of naloxone/narcan among PWUD through incentivized employment opportunities
- Increased awareness and education of opioid overdose among non-opioid drug users
- Increased awareness of overdose prevention, recognition, and response among general public
- Decreased rates of injection drug use among opioid users

Goal #1 - Performance Measures

Pro Tip: Performance Measures are the types of data or information that will be collected and how it will be collected (i.e. surveys, test scores, awards, studies). These illustrate that you have achieved your outcomes.

- # of reported overdose reversals from participants
- # of participants receiving naloxone/narcan trainings
- # of naloxone/narcan distributed
- # of new secondary distributors of naloxone/narcan

Outputs, Outcomes, and Performance Measures can be quite confusing to differentiate between. Not all grants will ask for all of them, but I wanted to show the most common ways grants will ask you to illustrate that the project is achieving its goals. Don't get too hung up on the difference between all of them.

SUPPORTIVE DATA

Pro Tip: Grants will often ask for supporting data and research to go along with your proposal. There may be a specific section to share that data, or else, it's good practice to include embedded into your entire proposal. This data can be public health data, data you've collected internally, or research. We have a document of research and data where we keep relevant information to pull into our proposals to make them stronger.

According to the Centers for Disease Control, people living in rural areas are now at greater risk of death from drug overdose than those living in urban areas, and the rates are rising. Overdoses that happen in rural areas differ in a few key ways from those in urban environments:

- A higher percentage of rural overdose deaths occur in homes, where rescue efforts may be less successful because family members may be less informed about strategies
- There is decreased access to naloxone and overdose prevention education
- Rural residences, where most rural overdoses occur, usually require longer emergency medical services wait-time and can be more difficult to access (ie, unpaved roads, etc).

Overall, Arizona's overdose rate is nearly 14% higher than the rest of

Sample Grant Proposal

the US, and as of 2022, in Cochise County, the overdose deaths per 100,000 people is 36.6, or 6th in the state (USAFacts. (n.d.)). Select findings from the 2021 Overdose Review Fatality Board include:

- 95.2% of overdoses were accidental
- Deaths of people White/Non-Hispanic or Latino accounted for 51.2% of deaths
- 46.4% of overdose deaths were of people who are 45 years or older
- 41.5% of decedents had contributing factors most often associated with the cardiovascular system
- 38.7% had at least one mental health diagnosis
- 35.5% had a history of incarceration
- 54.3% were attributed to Methamphetamines
- In mixed-drug or “polysubstance” overdose deaths 51.5% are attributed to Fentanyl.

Overall, a significant social determinant of overdose deaths is that 75.6% of people who died by overdose had low enough incomes to qualify for the state’s Medicaid program, AHCCCS and 22.6% were homeless at some point within their lifetime.

It’s difficult to track non-fatal overdoses since many individuals will not alert emergency medical services in the case of an overdose. The Arizona Department of Health Services Opioid Prevention Dashboard states 10 non-fatal overdoses in Cochise County in 2023, yet Cochise Harm Reduction’s internal data paints a very different picture. CHR’s Mobile Outreach Program and Peer Distribution Program both track reported overdose revivals, where the naloxone distributed by CHR was administered in response to the overdose by non-medical individuals at the scene. 134 overdose reversals were reported back to CHR staff in 2023; 109 so far in 2024.

According to the Drug Enforcement Agency (DEA), over half of the country’s illicit fentanyl is smuggled across the Arizona border. Cochise County is formed by the US-Mexico border to the south,

and drug smuggling through our county is commonplace. This heightens our unique overdose crisis in Cochise County, as fentanyl is incredibly cheap and accessible.

Emerging trends: Between 2022 and 2024, CHR continued to see a prominent trend of people who use opioids transitioning away from injecting and towards smoking. The cheapest and most accessible form of illicit opioids continues to be pressed fentanyl pills, which most users prefer to smoke. Among people who use stimulants, we estimate that 33% prefer injecting over smoking. Methamphetamine is the most available and commonly used drug among our participants.

Drug-related HIV and/or HCV infection: According to the AZ Department of Health Services (ADHS), there are an estimated 120,000 people with Hepatitis C in Arizona, with 10,000 new cases acquired annually, according to the ADHS. Since 2009, infections in Arizona have been rising every year. There is very little data on the rates of infection in CC. Arizona had an active Hepatitis A outbreak in 2019-2020. Cochise County was one of 9 counties with a localized outbreak, with nearly 80% of cases occurring among PWUD.

Food Insecurity: Across Cochise County, residents have experienced growing food insecurity as inflationary food costs have significantly increased following the COVID-19 pandemic. According to the Cochise County Community Health Needs Assessment Final Report, December 2023, 39% of Cochise County respondents listed “affordable food” among their Top 5 “Hard to Get” items, while 23% of respondents listed “healthy food.” (LeCroy & Milligan Associates, Inc., 2023) In contrast, 66% of CHR’s participants listed food among their Top 3 sought after items, with 72% of CHR reportedly agreeing with the statement “I need more access to food.”(Funk, 2024)

BUDGET

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