

Syringe Services and Community-Based Harm Reduction Program Spring 2026

Comer Family Foundation

Organization Specific Questions

Organization Type*

Choices

- Community Based Organization
- Medical Clinic
- Health Department
- Tribal
- Faith Based
- Other

Payee Name as it should appear on your check*

If you have a fiscal sponsor, please indicate your fiscal sponsors payment name

Character Limit: 50

Payment Address - Street*

Character Limit: 50

Payment Address - City*

Character Limit: 50

Payment Address - State*

Two letter state abbreviation

Character Limit: 2

Payment Address - Zip Code*

Character Limit: 10

Fiscal Sponsor?*

Are you applying under a Fiscal Sponsor? If Yes, please complete Fiscal Sponsor information. If No, you may skip this section.

**A Fiscal Sponsor is a 501(c)(3) organization that may be acting as your financial agent if you do not have 501(c)(3) designation. Please upload a letter from your fiscal sponsor indicating approval to apply for grant funding in the appendix.*

Choices

- Yes

No

Fiscal Sponsor Organization Name

Character Limit: 50

Fiscal Sponsor EIN

Character Limit: 9

Fiscal Sponsor Check Mailing Address

Character Limit: 50

Fiscal Sponsor Check Mailing City

Character Limit: 50

Fiscal Sponsor Check Mailing State

Character Limit: 2

Fiscal Sponsor Check Mailing Zip Code

Character Limit: 10

Fiscal Sponsor Contact Name and Title

Please list your contact's first name, last name and title

Character Limit: 50

Fiscal Sponsor Contact Phone Number

Character Limit: 10

Fiscal Sponsor Contact Email Address

Character Limit: 254

Gift Request Summary

Project Name*

Name of project for this grant request *(Example: General Operating Support for Syringe Services and Community-Based Harm Reduction Program)*

Character Limit: 100

Amount Requested*

Maximum \$20,000

Character Limit: 20

Gift Request Summary*

Provide a summary of this gift request in 2-3 sentences. *(Note: 300 word / 1800 character limit)*

Character Limit: 1800

Program Profile

Program Operation Date*

Enter the date your Syringe Services and Community-Based Harm Reduction Program opened
(Note: you must be in operation a full year prior to application)

Character Limit: 10

Total ACTUAL and Current Budget (not projected)*

Enter the organizational budget for the **current year**, please include in-kind donations *(Round to nearest dollar)*

Character Limit: 20

Total ACTUAL and Current Program Budget (not projected)*

Enter the actual, program budget for your Syringe Services and Community-Based Harm Reduction Program for the **current year** *(Note: This amount may be the same amount as your total organizational budget)*

Character Limit: 20

Geographic Area Served*

Choices

- Region
- Rural
- Statewide
- Suburban
- Urban
- Tribal

Paid Full Time Staff*

Enter the number of staff for your Syringe Services and Community-Based Harm Reduction Program only

Character Limit: 4

Paid Part Time Staff*

Enter the number of staff for your Syringe Services and Community-Based Harm Reduction Program only

Character Limit: 4

Volunteers*

Enter number of volunteers supporting your Syringe Services and Community-Based Harm Reduction Program only *(Note: An estimate will be accepted)*

Character Limit: 5

Operating Profile

TRANSPARENCY & USE OF YOUR DATA

Comer Family Foundation is committed to seeding organizations rooted in the ethos of harm reduction. We will prioritize funding for organizations who are led by and for the communities that are disproportionately impacted by HIV, HCV, and overdose which includes people who use drugs and Black, Indigenous, and people of color. We will consider supporting organizations who are committed to reviewing and revising your strategies to meet this objective.

We value your trust and take your organizations data safety and anonymity seriously. If you have questions, please contact us.

Character Limit: 1

A Note of Confidentiality

We recognize some of this information you may not feel comfortable placing in writing. If you would prefer a brief call to discuss your operating profile responses, please check here and place "0" in the responses below.

Character Limit: 1

Unique Number of Participants that visit your program annually*

Enter the number of unique participants that visited your Syringe Services and Community-Based Harm Reduction Program for the previous calendar year. *(Note: If you do not have an exact number, please estimate)*

Character Limit: 10

Total Number of Encounters at your program annually*

Enter the number of encounters at your Syringe Services and Community-Based Harm Reduction Program *(Example: If you see the same participant 25 times a year, enter 25 encounters. Note: If you do not have an exact number, please estimate)*

Character Limit: 10

Number of Syringes Dispensed from your program annually*

Enter the number of syringes dispensed from your Syringe Services and Community-Based Harm Reduction Program during the previous calendar year

Character Limit: 10

Number of Safer Smoking Glassware Dispensed from your program annually*

Enter the number of safer smoking glassware dispensed from your Syringe Services and Community-Based Harm Reduction Program for the previous calendar year

Character Limit: 10

Number of Safer Snorting Kits Dispensed from your program annually*

Enter the number of safer snorting kits dispensed from your Syringe Services and Community-Based Harm Reduction Program during the previous calendar year

Character Limit: 10

Number Naloxone Doses Dispensed from your program annually*

Enter the number of naloxone doses dispensed from your Syringe Services and Community-Based Harm Reduction Program for the previous calendar year

Character Limit: 10

Program Office Hours*

Approximately how many hours per week does your Syringe Services and Community-Based Harm Reduction Program provide services?

Character Limit: 3

Housing Status*

What best describes the housing status of your participants?

Choices

- Stably housed
- Unstably housed
- About half/half
- Unknown

Equity Profile

Meaningful Involvement of People Who Use Drugs (PWUD) in your program*

How do you ensure meaningful involvement of people who use drugs (PWUD) and those with lived/living experience in your program?

(Example: What roles do PWUD hold within all levels of your organization, such as staff, board, volunteers? How do you elicit feedback on program implementation, operations and process improvement from participants? Note: 500 word limit)

Character Limit: 3000

Percent of Board Member Who Use Drugs*

Does 51% or more of your board identifies as a person who use drugs?

Choices

- Yes
- No

Percent of Staff Members Who Use Drugs*

Does 51% or more of your staff identifies as a person who use drugs?

Choices

Yes

No

Meaningful Involvement of Black, Indigenous, and people of color in your program*

How do you ensure meaningful involvement of Black, Indigenous, and people of color that use drugs? What are you doing to build cultural awareness and create an inclusive and supportive environment for staff and community? (Note: *500 word limit*)

Character Limit: 3000

Percent of Board Who Are Black, Indigenous, or a person of color*

Does 51% or more of your board identify as Black, Indigenous, or a person of color?

Choices

Yes

No

Percent of Staff Who Are Black, Indigenous, or a person of color*

Does 51% or more of your staff identify as Black, Indigenous, or a person of color?

Choices

Yes

No

Narrative and Description of Request**Tell Us About Your Program***

1. Briefly describe your organization.
2. Share with us an overview of who you are, what you do, your history and your role in community. You do not need to tell us the value of Syringe Services and Community-Based Harm Reduction Programs.
3. If your Syringe Services and Community-Based Harm Reduction Program is embedded within a larger organization, tell us about your relationship and support within.

(Note: 3000 characters/500 word limit)

Character Limit: 3000

Planned Use of Funds*

Please describe how you plan to use the requested funds to support your Syringe Services and Community-Based Harm Reduction Program. Include a general itemization on how the funds will be used.

(Note: 500 word limit)

Character Limit: 3000

Intersections of Overdose and Infectious Disease*

Please share any public health data and drug related information for your region specifically. This can include:

- Participant demographics you serve (race, ethnicity, gender determination, disability status, people engaged in sex work, formerly incarcerated, LGBTQIA2S+)
- If your participants prefer to inject, smoke or snort substances
- Drug-related HIV infection and HCV infection in your community, rates of overdose
- Emerging drug trends

(Note: 500 word limit)

Character Limit: 3000

Your program's social media accounts

Please share your website, Facebook, Instagram or other social media accounts here

Character Limit: 250

Harm Reduction Reference*

It is important to us that you are connected with the existing community-based harm reduction movement. Please provide the name of an individual and their harm reduction program that you currently work with in the United States.

Character Limit: 100

Optional: Anything else you'd like to share?

300 word limit

Character Limit: 2000

Optional: Local, state, and federal impacts

Please describe current local, state, and federal impacts that your organization is experiencing as a result of the recent Executive Orders or changes in your state. Examples include but are not limited to program funds, loss of agency staff, or the loss or win of Opioid Settlement Funds.

Character Limit: 1000

Supporting Document Uploads

Program Budget and Funding Sources*

To complete your application, you must submit your Syringe Services and Community-Based Harm Reduction program:

1. budget including income and expenses

2. funding sources of your program with name and amount

Download our **Applicant Budget and Funding Sources Workbook** if you would like a sample template

(Note: If you are using an Apple .numbers spreadsheet, please convert your file to PDF)

File Size Limit: 1 MB

Optional - Letters of Support for your program

Please make sure letters are current (within 1-2 years)

File Size Limit: 2 MB

Board of Directors*

Include a list of your organizations Board of Directors, including professional and community relations.

File Size Limit: 2 MB

IRS 501(c)(3) Determination letter*

Include your organizations 501(c)(3) determination letter.

If you are not a 501(c)(3) please include an updated signed letter of agreement from your fiscal sponsor including their tax ID number.

File Size Limit: 2 MB

If your organization is awarded a grant, may we list you on our website?*

Choices

Yes

No

We would like to stay in touch!*

We would like to stay in touch by sharing occasional stories of inspiration about the non profits we work with, which may be YOU! *(6 stories a year and we never share your information)* Click YES and you'll be added to our mailing list or click [HERE](#) to sign up directly.

Choices

Yes, I would like to join your mailing list!

No thank you

May we share your organization's name, state, and supply volume?*

We work with national partners such as Remedy Alliance, SmokeWorks, Points of Distribution, and AIDS United to maximize opportunities for syringe services programs such as money and supplies. We value your trust and take your organization's data safety and anonymity seriously. If you have questions, please contact us at info@comerfamilyfoundation.org.

Choices

Yes

Yes, deidentified

No

Let's talk