

All applicants must complete the online grant application form, which is available on our website.

Comer Family Foundation will prioritize support for syringe access programs in geographic areas in which access to sterile syringes can be dramatically improved. In the review process, HIV/AIDS and HCV prevalence, injection drug use prevalence, overdose incidence, and areas in which policy improvements can have local, state, and/or national impact will also be considered as funding decisions are made. Organizations actively developing local and community financial support are prioritized, and strategic partnerships are encouraged.

GRANT APPLICATION BASIC INFORMATION AND PROGRAM PROFILE

Organization-Specific Questions

If your organization is not recognized by the IRS as a 501(c)(3), please list your Fiscal Sponsor's* information.

*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.

- Organization type (CBO/medical clinic/health department/faith-based/other)
- Organization name
- Contact person at your fiscalsponsor
- Contact telephone number
- Contact e-mail address
- Fiscal sponsor EIN
- Fiscal Sponsor Address
- Fiscal SponsorCity/State/Zip
- Organization URL
- Payee name as it should appear on check
- Percentage of Board Members that are clients of your SAP or PWID

Grant application information:

- Project title
- Total amount requested (maximum \$20,000)
- Total organizational budget, rounded to the nearest dollar (current fiscal year)
- Annual syringe access program budget (This amount may be the same amount as your total organizational budget above if your organization is a stand-aloneSAP.)
- Summarize the organization's mission (two to three sentences /300 word limit)
- Summary of project or grant request (two to three sentences / 300 word limit)

Program Access Program Profile

- Syringe access program in operation since(month/Day/Year)
- Geographic area served (urban, suburban, rural, reservation-based, statewide, region, etc.)
- Staffing: For some applicants, these numbers will be the same. For others, however, there will be fewer staff working at the SAP.
 - o # of paid full-time staff (your SAP only)
 - o # of paid part-time staff (your SAPonly)
 - o # of volunteers (your SAP only)
 - o # of paid full-time staff (your organization as a whole)
 - o # of paid part-time staff (your organization as a whole)
 - o # of volunteers (your organization as a whole)

Syringe Access Program Operating Profile

- Total # of unique syringe access clients served weekly (last calendar year):
- Total # of unique syringe access clients served annually (last calendar year):
- Total # of syringes dispensed weekly (last calendar year):
- Total # of syringes dispensed annually (last calendar year):
- Total # of naloxone vials/kits dispensed (annually)
- Approximately how many hours per week does your program provide syringe access services?
- Which days of the week does your program provide syringe access services? (check box)
- Outreach methods used (check box): street based, mobile, single fixed site, multiple sites, clinic based, secondary exchange, home visits, other sites, clinic based, secondary exchange, home visits, other

GENERAL CLIENT PROFILE

Gender:

Check all that apply

Male, Female, Transgender, Gender Non-Conforming, Unknown

Age:

Check all that apply

Under 18, 19-24, 25-34, 35-44, 45-54, 55-64, 65 and older, unknown

Race/Ethnicity:

Check all that apply

- **White**
- **Hispanic/Latino**
- **Black or African American**
- **Asian**
- **American Indian or Alaskan Native**
- **Native Hawaiian or other Pacific Islander**
- **Multiracial**
- **Unknown**

Housing status of clients are primarily:

- **Stably housed**
- **Unstably housed**
- **Unknown**

Socioeconomic Status: Check all that apply:

- **Under \$19,000**
- **\$20,000-\$40,000**
- **\$41,000-\$60,000**
- **\$61,000+**

Epidemiologic data: Prevalence of drug-related HIV infection HCV infection in your community, rates of overdose reversals, and hormone or silicone injectors for the community you serve. 500 word limit

NARRATIVE AND DESCRIPTION OF REQUEST

Briefly describe your current operation including recent major accomplishments and specific challenges faced. Please do not tell us the value of syringe programs in general; instead describe your specific program. Please summarize any public health data that is specific to your geographic program area to help demonstrate the severity of need for your services. 500 word limit

Please describe how you plan to use the requested funds. Include specific goals, activities, and outcomes stated in measurable terms. Explain why this funding is critical to your program and what the additional value added will be if you receive funding. This includes details on how many clients will be served and how many sterile syringes will be exchanged or distributed using funds. 500 word limit

Please tell us about your constituency (be specific about demographics such as race, class, gender, ethnicity, age, sexual orientation and disability status). Are consumers actively involved in your work? If so, how? 500 word limit

Describe project partners and their role in the implementation of this project. Please do not merely list organizational mission statements, but describe how each major partner will be involved in implementation. 500 word limit

How are you engaging your community and allies on syringe access issues? How might you be working to shape public opinion and/or public policy in your community? If working as a consortium, describe why this collaboration is strategic. 500 word limit

EVALUATION PLAN

Briefly describe your plan for evaluating the success of the work for which you are requesting funding. 500 word limit

RETURNING APPLICANTS

Have you received funding from Comer Family Foundation, via the Comer Foundation Fund in the last year?

If so, please complete these additional questions to serve as your final report. You will NOT be required to submit an additional report if completed. YES / NO UNSURE (please write us)

1. Describe any fundamental changes to the Comer Foundation funded project since your last report (such as service cuts or expansion, major staffing changes, etc.)
2. How has the budget of your syringe access program changed compared to when you submitted your application for this round of funding? Please provide a line item accounting of your expenditures to date. (Form provided if you do not have one)
3. Describe your organizations accomplishments in this period that you credit in part or in full to the support you received from the Comer Family Foundation.

FINALIZING YOUR APPLICATION

Submitting Financial Data and Other Attachments

To complete your application, you must submit all requested and financial data and documentation immediately. Please check which method you will used to submit additional documentation.

All documents listed below are required for your application to be considered.

- Project budget, including income and expenses, The SAF standard template is provided on the [applicants page](#) if you do not have one.
- Organization's current annual operating budget, including income and expenses
- Most recent, audited financial statements. If your organization does not have audited financial statements, a letter of explanation and copies of internally prepared statements are required.
- A recent copy of your IRS 501(c)(3) determination letter
- If your organization is not a 501(c)(3), please include a signed letter of agreement from your fiscal sponsor and a copy of its 501(c)(3) letter.
- A list of the organization's Board of Directors including professional/community affiliations
- For strategic partnerships, please provide any letters of support describing the proposed partnership, with specific roles of partners outlined in the letter.

Method you will use to submit required documentation:

- ___ via file upload (please create a .zip archive folder containing multiple documents)
- ___ via email to grants@comerfamilyfoundation.org

If your organization is awarded a grant, may we have permission to list your organization on the Comer Family Foundation website as an awardee with a link to your website? YES / NO