

Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation's Health (CDC-RFA-OT18-1802):  
Supplemental Funding for Expanding SSP Capacity to Respond to COVID-19  
Request for Proposals

**Overview Information**

**Funding Opportunity Title**

Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation's Health: Supplemental Funding for Expanding SSP Capacity to Respond to COVID-19

**Funding Agency**

Center for State, Tribal, Local, and Territorial Support (OSTLTS)

**Catalog of Federal Domestic Assistance (CFDA) Number**

93.488 -- National Harm Reduction Technical Assistance and Syringe Services Program (SSP) Monitoring and Evaluation Funding Opportunity

**Federal Award Identification Number**

CDC-RFA-OT18-1802  
6NU38OT000285-03-02

**Number of Awards**

50-70

**Award Amount**

Up to \$100,000.00 per award

**Dates of Importance** *(please see full timeline on page 11)*

RFP Technical Assistance Webinar One (Full project overview): November 12, 2021, 3:30-5:00pm ET

RFP Technical Assistance Webinar Two (Tier 1 TA only): November 18, 2021, 4:00-5:00pm ET

Technical Assistance Office Hours:

- Tuesday, November 16, 3:00-5:00pm ET
- Friday, November 19, 3:00-5:00pm ET
- Tuesday, November 23, 3:00-5:00pm ET

Due Date of Application: November 29, 2021, 5:00pm ET

Notification Date: January 17, 2022

Award Date: February 1, 2022

## Executive Summary

The COVID-19 pandemic has had substantial impacts on the health of many people who experienced increased health disparities pre-pandemic, particularly people who use drugs (PWUDs) and those who are unstably housed. Syringe Services Programs (SSPs) are a proven effective component of community-based efforts preventing the spread of infectious disease from injection drug use. They have remained a vital frontline health service during the pandemic and provided essential services to PWUDs and other populations made highly vulnerable or experiencing health disparities.

In 2021, as part of the COVID-19 response under the American Rescue Plan Act (ARPA) and in partnership with collaborative Centers within the Centers for Disease Control and Prevention (CDC), resources to support SSPs and expand their overall capacity to provide COVID-19 vaccination, education, testing, and expanded services for additional adult vaccination were awarded to NASTAD and partner, AIDS United. This one-year demonstration project, with expanded authority to extend its impact beyond the first year, aims to strengthen the capacity of SSPs to serve as critically essential access points for COVID-19 vaccination services, general COVID-19 response interventions, and broadened adult vaccination services for people who use drugs. This project will support the development and implementation of best practices for COVID-19 and other adult vaccination, either onsite or by increasing navigation to community-based vaccination. These strategies and activities will assist SSPs to implement comprehensive, sustainable COVID-19 vaccination and other vaccination services within SSPs, improve services provided, and enhance national understanding of how to successfully reach PWUDs and offer diversified health services.

Overall project aims:

1. Engage SSPs in COVID-19 vaccination planning, outreach, and delivery efforts within jurisdictions.
  - Enable SSPs to educate their clients/communities about COVID-19 vaccines, promote vaccination, and address vaccine hesitancy issues.
  - Support SSPs to partner with existing vaccination providers to effectively reach PWUD or to become vaccination providers themselves, to receive vaccine supply from jurisdictions, and to offer co-located COVID-19 vaccination.
2. Build SSP capacity and infrastructure that supports COVID-19 vaccination efforts while delivering effective harm reduction and infectious disease prevention services for people who use drugs
  - Assist in development of long-term capability of SSPs to serve as vaccination providers for COVID-19, hepatitis A/B, seasonal influenza, and other vaccines.
  - Support core SSP operations related to infectious disease prevention and control through supporting space, staff, and supply needs (as permissible under federal law) without which reaching this population to provide immunization services would not be possible.

There are three tiers to this funding opportunity, described broadly below; SSPs are encouraged to apply to one service tier only. Organizations applying for multiple tiers will only receive an award under one of the following:

1. **Tier 1 – Vaccination Low Threshold Capacity Projects:** Fifty (50) to seventy (70) SSPs will be selected to successfully integrate or expand COVID-19 services, other adult vaccination services, and/or implement vaccination navigation programs. Funded subawardees will link clients of SSPs to other community-based programs or services, effectively track implementation work

and outcomes, and/or develop guidance and best practices that are replicable for other SSPs across the country.

2. **Tier 2 – COVID-19 Vaccination Demonstration Projects:** Six (6) subawardees will be selected to expand SSP services to scale-up COVID-19 and general vaccination services and maintain infectious disease prevention services. Participating SSPs should have the capacity to start an expanded COVID-19 vaccination program and increase other COVID-19 and adult vaccination services quickly once resources have been made available.
3. **Tier 3 – Enhanced COVID-19 and Expanded Adult Vaccination Demonstration Projects COVID-19:** Two (2) SSPs will be selected to facilitate long-term education and technical assistance, develop evidence-based best practices, and generate replicable models of creating comprehensive vaccination services in SSPs. By creating Enhanced Vaccination Services Development Sites, these projects will design meaningful avenues for sustainability in the creation of increased vaccination services and opportunities for initial and long-term evaluation mechanisms related to this project overall.

**This Request for Proposals addresses Tier 1: COVID-19 Vaccination Low Threshold Capacity Projects.**

**NASTAD, in partnership with AIDS United, was selected to manage this grantmaking and technical assistance initiative. In coordination with CDC, NASTAD and AIDS United are charged with soliciting, selecting, issuing, and monitoring subawards of \$100,000 each to fifty (50) to seventy (70) sites to successfully integrate or expand COVID-19 services, other adult vaccination service, and/or implement vaccination navigation programs. Funded subawardees will link clients of SSPs to other community-based programs or services, effectively track implementation work and outcomes, and/or develop guidance and best practices that are replicable for other SSPs across the country.**

**We are pleased to invite you to apply for a one-year grant from the *Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation’s Health: Supplemental Funding for Expanding SSP Capacity to Respond to COVID-19* funding opportunity.**

## **Background**

The increases in injection drug use and polysubstance use over the past two decades have led to increases in overdose,<sup>1</sup> hepatitis C,<sup>2</sup> hepatitis A,<sup>3</sup> and hepatitis B incidence in people who inject drugs (PWID),<sup>4,5</sup> and the COVID-19 pandemic has further increased overdose rates and increased health disparities among PWUDs and people who are unstably housed. Steep declines in HIV infection resulting from injection drug use (IDU) have stagnated,<sup>6</sup> and increases in endocarditis<sup>7,8</sup> indicate the need to

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<sup>1</sup> CDC. Drug Overdose Death Data, 2016. 2017; Available from: <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

<sup>2</sup> CDC. Surveillance for Viral Hepatitis – United States, 2016. 2019; Available from: <https://www.cdc.gov/hepatitis/statistics/2016surveillance/commentary.html>.

<sup>3</sup> Foster, et al., *Hepatitis A Virus Outbreaks Associated with Drug Use and Homelessness – California, Kentucky, Michigan, and Utah, 2017*. MMWR, 2018. **67**(43): p. 1208-1210.

<sup>4</sup> Harris, et al. *Increases in Acute Hepatitis B Virus Infections – Kentucky, Tennessee, and West Virginia, 2006-2013*. MMWR, 2016. **65**(3): p. 47-50.

<sup>5</sup> Comer, et al., *Notes from the Field: Increase in Acute Hepatitis B Infections – Pasco County, Florida, 2011 – 2016*. MMWR, 2018. **67**(7): p. 230-231.

<sup>6</sup> CDC *Vital Signs: HIV and injection drug use*. 2016.

<sup>7</sup> Collier, et al. *Using Population Based Hospitalization Data to Monitor Increases in Conditions Causing Morbidity Among Persons Who Inject Drugs*. J Community Health, 2018. **43**(3): p. 598-603.

<sup>8</sup> Jackson, et al., *Invasive Methicillin-Resistant Staphylococcus aureus Infections Among Persons Who Inject Drugs – Six Sites, 2005-2016*. MMWR, 2018. **67**(22): p. 625-628.

strengthen interventions that can prevent transmission of infectious disease. During the COVID-19 pandemic, overdose mortality reached a staggering milestone of 93,000 deaths<sup>9</sup> in 2020 alone and continue to negatively affect health outcomes for people who use drugs. Shelter-in-place orders, curfews, and physical distancing recommendations complicate prevention education and materials distribution and have created barriers for PWUDs to prevent overdose and infectious disease transmission and to address related conditions.<sup>10</sup> Physical distancing recommendations also make PWUD's ability to implement critical overdose prevention recommendations, such as never using alone, more difficult.

COVID-19 infection is also a particular risk to PWUDs, who may have conditions that exacerbate disease severity or progression, such as compromised lungs or cardiovascular systems, or who may be at higher risk of infection due to living in congregate settings, such as shelters, transitional housing, or homeless encampments.<sup>11</sup> Recently, a National Institutes of Health study found that those living with a substance use disorder diagnosis are more likely to acquire COVID-19 and are more likely to experience worse outcomes like hospitalization and death.<sup>12</sup> Additionally, researchers at the National Institute of Health and the National Institute on Drug Abuse (NIDA) have found that the risk of breakthrough COVID-19 infections among vaccinated persons with a substance use disorder was higher than among vaccinated persons without a substance use disorder.<sup>13</sup> In August 2020, the CDC released a study showing that US adults reported considerably elevated adverse mental health conditions associated with COVID-19.<sup>14</sup> In particular, 13.3% of respondents reported having started or increased substance use to cope with stress or emotions related to COVID-19.<sup>15</sup>

SSPs can provide a range of health and social services that address the comprehensive needs of PWUD, including access to sterile syringes, naloxone, testing and treatment for infectious disease, and medication-assisted treatment (MAT) for substance use disorder. The coverage of SSPs in the US is insufficient,<sup>16</sup> and many SSPs are under-resourced and cannot offer comprehensive vaccination and expanded care services.<sup>17</sup> As such, the *Expanding SSP Capacity to Respond to COVID-19* funding opportunity seeks to support these harm reduction efforts, which serve as vital, frontline public health lifelines to PWUDs, especially in COVID vaccination and response activities.

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<sup>9</sup> Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021.

<sup>10</sup> NIDA. *COVID-19 & Substance Use*. 2021; Available from: <https://www.drugabuse.gov/drug-topics/comorbidity/covid-19-substance-use>

<sup>11</sup> CDC. COVID-19 and People at Increased Risk. 2021; Available from: <https://www.cdc.gov/drugoverdose/resources/covid-drugs-QA.html>

<sup>12</sup> NIDA. *COVID-19 & Substance Use*. 2021; Available from: <https://www.drugabuse.gov/drug-topics/comorbidity/covid-19-substance-use>

<sup>13</sup> NIDA. 2021, October 6. People with substance use disorders may be at higher risk for SARS-CoV-2 breakthrough infections. Retrieved from <https://www.drugabuse.gov/news-events/news-releases/2021/10/people-with-substance-use-disorders-may-be-at-higher-risk-for-sars-cov-2-breakthrough-infections> on 2021, October 27

<sup>14</sup> Ibid.

<sup>15</sup> Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>

<sup>16</sup> Foundation for AIDS Research (amfAR), *Getting to Services: Far, Far Away*. 2018.

<sup>17</sup> Des Jarlais, et al., *Syringe Service Programs for Persons Who Inject Drugs in Urban, Suburban, and Rural Areas – United States, 2013*. *MMWR*, 2015. **64**(48): p. 1337-41.

## Purpose

SSPs play a critical role in linkage to care for a wide array of services, including COVID-19 health services and vaccination. SSPs have become even more critical during the COVID-19 pandemic, especially considering the unique vulnerabilities experienced by their participants and the devastating increases in overdose mortality. Many SSPs already offer referrals to COVID-19 testing and vaccination services, and many offer these services onsite or in close partnership with community-based COVID-19 response services. While SSPs have remained essential and reliable touchpoints for PWUDs, they often have limited capacity, especially given the increased demand for services during the pandemic.

The primary goal of Tier 1 of this initiative is to provide core support for programs that demonstrate: (a) an ability to serve as vaccine promoters/educators, liaisons to established vaccine providers, and/or to function as vaccination providers; (b) an ability to provide high quality syringe services to one or more identified communities; and (c) an ability to provide data collection and reporting on COVID-19 vaccination efforts during implementation (as well as other vaccination efforts, if applicable).

*Expanding SSP Capacity to Respond to COVID-19* Tier 1 funding prioritizes identifying and supporting organizations across intersecting movements to enhance and coordinate services for people who use drugs. The funding opportunity also funds and provides technical assistance to organizations that are led by and serving networks of people who use drugs, including in the design, delivery, and evaluation of services (for information on meaningful involvement, please find on the AIDS United website "[Meaningful Involvement of People Who Use Drugs](#)"). A priority is also placed on organizations that are led by and serving trans-identified and gender non-conforming people; Black and Latinx/Latine communities; other people of color; people who experience oppressive policing and mass incarceration; and gay, lesbian, bisexual, and queer people.

A community-based volunteer review committee and an internal committee of AIDS United and NASTAD staff will evaluate all applications and determine a select number of organizations that will be awarded grants. For this grant opportunity, AIDS United expects to provide one-year fixed cost grants to a total cohort of fifty (50) to seventy (70) organizations.

## Eligibility Requirements

To be eligible for funding through this initiative, the following criteria must be met.

- **Vaccination Access** – All SSPs must be located in areas where accessing COVID-19 vaccination and other adult vaccination services is possible.
- **Determination of Need** – Programs must be located in a jurisdiction that has a determination of need concurrence from CDC (see more information and determination of need map here: <https://www.cdc.gov/ssp/determination-of-need-for-ssp.html>). There are currently 44 states and DC, 1 tribal nation, and 1 territory with a determination of need in place.
- **Non-Profit Status** – Applicants must be non-profit, tax-exempt organizations, per the guidelines set forth by the Internal Revenue Service (IRS) with proper 501(c)(3) status. Appropriate verification of this federal status will be undertaken by AIDS United before final grant decisions are made. Organizations or coalitions that do not hold 501(c)(3) status must have a fiscal sponsor.

- **Financial Stability** – Organizations should be fiscally stable and viable prior to submission of the funding application. These funds are not intended to serve as a replacement for discontinued funding.
- **Funding Priorities** – Proposed efforts must focus on 1) COVID-19 vaccination efforts for people who use drugs, and 2) syringe access direct services.
- **Grant Period** – Applicant must be able to utilize the funds within a 12-month period beginning February 1, 2022 and ending January 31, 2023 (with expanded authority to extend its impact beyond the first year).

### Grant Considerations

Tier 1 of this initiative offers grant funding for SSP support and COVID-19 vaccination activities including, but not limited to, the following:

- Increasing education related primarily to COVID-19 vaccination and COVID-19 prevention and testing where it will support vaccine uptake.
- Increasing access and linkage to COVID-19 vaccination providers and/or on-site vaccination.
- Increasing onsite education and awareness of other types of vaccination, including hepatitis A and B, flu, and others
- Implementing best practices for providing services during the COVID-19 pandemic, including ensuring sufficient facility space for physical distancing and adequate ventilation.
- Providing personal protective gear for clients, staff, and volunteers to ensure safe appointments when care providers and clients have face-to-face interactions.
  - Includes, but is not limited to, providing access to potable water and hygiene supplies such as soap, hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, face masks or cloth coverings, gloves, and other cleaning supplies.
- Providing other harm reduction supplies for longer periods of time to maximize ability to social distance (e.g., 30-day supply instead of a 7-day supply), requiring SSPs to maintain a large supply on-hand.
  - In cases where policy barriers prohibit provision of supplies to sustain clients for longer periods time, working with local decision makers to allow needs-based access as part of the COVID-19 response.
- Providing supplies through mobile services, delivery, or mail-order services to allow for optimal social distancing.
- Purchasing general program supplies\* to reduce the harms associated with drug use.
- Offering services and referrals to care via telehealth appointments and/or using online tools for clients with the ability to use these services, including:
  - Offering referrals for substance use treatment
  - Working with clients living with HIV, viral hepatitis, and other comorbidities to ensure continuity of care and adherence to prescribed medications.
- Hiring staff to increase community outreach to provide services, including to people who are homeless and who inject drugs, who may struggle to access the physical location of the program.
- Developing a system to ensure staff are safe, and if they become ill, having a compensation package to ensure no loss of wages and access to health care, similar to other essential workers.

*\*Please note that the funds provided by through this CDC-funded initiative may **not** be utilized for the purchase of syringes and/or cookers.*

**Organizations are invited to submit proposals for up to \$100,000 for one year, with expanded authority to extend its impact beyond the first year.**

### **Program Expectations**

Sites funded through this initiative will be required to work collaboratively with NASTAD and AIDS United throughout the project period. Sites are expected to participate in the site evaluation process and collect data on vaccination activities. It is understood that SSPs may be able to collect and report information at different levels, based on their size and the size of the community in which they are located. All programs are expected to track barriers and facilitators to implementing expanded vaccination services and are welcome to propose metrics that would be useful for their unique proposals. Examples of data to be collected and reported, where and when reasonable and aligned with proposed projects, are listed below:

#### **In aggregate:**

- Number, demographics of SSP clients receiving distributed materials
- Number of COVID-19 vaccine educational materials created for participants or community members
- Number of COVID-19 educational materials distributed to participants or community members
- Number of COVID-19 risk reduction counseling sessions conducted (i.e., addressing vaccine hesitancy, advising on social distancing, quarantining, care/vaccination services, etc.)
- Number of SSP clients engaging in COVID-19 risk reduction counseling
- Number, demographics of SSP clients who received referral to COVID-19 testing, vaccination, and/or care and treatment
- SSP-developed specific metrics developed to track site-specific work
- Number, demographics of SSP clients who received SSP navigation to COVID-19 testing, vaccination, and/or care and treatment
- Number, demographics of SSP clients who received onsite COVID-19 testing, vaccination, and/or care and treatment
- Other types of navigation (a) requested and (b) received

#### **Success Stories and Lessons Learned**

Selected sites will be in regular communication with NASTAD and AIDS United project staff, who are responsible for providing technical assistance. In addition to providing monthly data and tracking outcomes, selected organizations should be prepared to share success stories, which will be included in quarterly reports developed by AU. Please note that intensive technical assistance will be provided where necessary to assist sites in developing and refining data collection tools and practices related to COVID-19 and other adult vaccination services.

#### **Deadline and Submission Information**

Applications for this funding opportunity must be submitted via AIDS United's online Grantee Community and are due by 5:00pm ET on November 29, 2021. All components of your application must be submitted by this time. *If the application is submitted with any components missing, it will be deemed incomplete and will not be considered for a grant award.* **Applications submitted after November 29, 2021, at 5:00 pm ET will NOT be reviewed.**

Late, incomplete, mailed, express-delivered, or faxed proposals will not be accepted. **All applicants will be notified of a funding decision on January 17, 2022.** *We request that applicants not ask for notification before this date.*

**Questions** about the application process or about the content of the initiative are preferred by email, sent to Christine Rodriguez, Senior Program Manager for Harm Reduction, at [crodriguez@aidsunited.org](mailto:crodriguez@aidsunited.org). Applicants should send questions about navigating the Grantee Community to Shannon Wyss, Senior Grants Manager, at [swyss@aidsunited.org](mailto:swyss@aidsunited.org).

## Application

### Organization-Specific Questions

- Organization type (CBO/ASO/faith-based/human rights/clinic or medical provider/legal aid/health department/other)
- Total organizational budget, rounded to the nearest dollar (current fiscal year)
- Summarize the organization's mission (two to three sentences)
- Geographic area served (urban, suburban, rural, reservation-based, statewide, region, etc.)
- General Client Profile
  - Age
  - Gender
  - Race and ethnicity
  - Socio-economic status
  - Self-identified sexual orientation
  - Self-identified HIV status

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 agent if you do not have 501(c)(3) designation.*

- Organization name
- Contact person at your fiscal sponsor
- Contact telephone number
- Contact email address
- Fiscal sponsor EIN
- Fiscal sponsor Address
- Fiscal sponsor City/State/Zip

### Project-Specific Questions:

1. Project title
2. Total amount requested (up to \$100,000)
3. Summary of project or grant request (**two to three sentences MAXIMUM**)

### Program Profile:

1. When did your program begin operations?
2. Annual syringe access services program budget (This amount may be the same amount as your total organizational budget above if your organization is a stand-alone SSP.)

3. Staffing: The questions below ask about staffing levels at your organization. Please indicate the number of staff who work on your syringe access services program and the number who work in your organization as a whole. For some applicants, these numbers will be the same.
  - a. # of paid full-time staff (your SSP only)
  - b. # of paid part-time staff (your SSP only)
  - c. # of volunteers (your SSP only)
  - d. # of paid full-time staff (your organization as a whole)
  - e. # of paid part-time staff (your organization as a whole)
  - f. # of volunteers (your organization as a whole)

**Service Delivery:**

1. Total # of syringe access clients served weekly (last calendar year):
2. Total # of syringe access clients served annually (last calendar year):
3. Type of client data represented above (If your data represent both types of clients, please choose the one that covers the majority of your clients in this category): Duplicated or Unduplicated
4. Total # of syringes provided weekly (last calendar year):
5. Total # of syringes provided annually (last calendar year):
6. Did you provide COVID-19 education and/or prevention materials over the past calendar year (Y/N)?
7. Did you provide COVID-19 vaccination referrals over the past calendar year (Y/N)?
8. Did you provide COVID-19 vaccination navigation over the past calendar year (Y/N)?
9. Did you provide COVID-19 vaccination on site over the past calendar year (Y/N)?
10. Did you provide services related to hepatitis A, hepatitis B, or seasonal influenza over the past calendar year (Y/N)?

**Narrative and Description of Request - 5 pages maximum for all questions.**

1. Briefly describe your current operation, particularly any existing COVID-19 related activities and/or modifications of service delivery due to COVID-19, recent accomplishments, and specific challenges. Please do not tell us the value of syringe services programs or COVID-19 prevention in general; instead describe your specific program. Please summarize any public health data (e.g., HIV, viral hepatitis, overdose, and COVID-19) that is specific to your geographic program area. (Points Value: 15)
2. Please describe how you plan to use the requested funds, including goals, activities, and outcomes. This includes details on how many clients you anticipate serving and through which specific COVID-19 services (e.g., outreach and education, vaccination referral, navigation services). (Points Value: 15)
3. Please describe how your organization would implement the selected intervention(s) described above, based on level of requested funding. This should include a proposal of how the project might be adapted to fit your organization and/or your ability to incorporate a new role within your program. (Points Value: 15)
4. Please describe how your program employs and/or involves people who use drugs. (Points Value: 15)

5. Describe any 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. *(Points Value: 10)*

**Evaluation – 1 page maximum.**

1. Briefly describe your plan for evaluating the success of the work for which you are requesting funding. *(Points Value: 15)*

**Financial and Other Attachments** - *If you do not have components 3–5 below, please attach separate document(s) explaining each to ensure that we do not miss your explanations in the review process.*

1. **One-year project budget**, including expenses and income, as well as any additional funds/resources, for activities beginning February 1, 2022. Please follow the detailed instructions in the workbook. Do not use any budget form other than the one provided by AIDS United. *(Points Value: 15)*
2. Organization’s **current annual operating budget**, including expenses and income. Budgets that do not include expenses and income will be deemed incomplete.
3. Most recent **audited financial statements**, including cover page and the auditor’s notes/findings. If the organization does not have audited financial statements, please send your fiscal sponsor’s audit. If your organization does not have an audit or a fiscal sponsor, please submit your IRS Form 990 for last calendar year. If you do not have either document, you must provide a detailed letter of explanation. Please note that letters of explanation will not be accepted if you have an audit or a 990; in that case, you *must* submit one of those two documents. Audit or 990 must be submitted as a PDF.
4. **A list of your or your Fiscal Sponsor’s Board of Directors with professional or community affiliations**. If the organization does not have a Board of Directors, please send your fiscal sponsor’s Board of Directors list. If neither is available, a letter of explanation is required.
5. For strategic partnerships, please provide any **letters of support** describing the proposed partnership, with specific roles of partners outlined in the letter.
6. A **completed Representation Table** (use the form available for download here). Please fill out the table and answer the questions (as indicated by the light purple fields) located on the second tab of the workbook. The Representation Table must be submitted in its original Excel format.

**Assistance Throughout the Application Process**

AIDS United is committed to assisting eligible applicants with the preparation of a complete and responsive application to the SSPs and COVID-19 Response Special Projects Fund. Our staff are available to answer any questions and to provide technical support. We prefer that you submit questions and requests for assistance via email to Christine Rodriguez, Senior Program Manager for Harm Reduction, at [crodriguez@aidsunited.org](mailto:crodriguez@aidsunited.org).

Optional technical assistance (TA) office hours will be held at the following times during the open application period, during which AIDS United staff will be available to assist with any questions you might have. If interested, please sign up for a 20-minute slot at <https://calendly.com/crodriguez-au/covid-ssps-rfp-office-hours>.

- Tuesday, November 16<sup>th</sup>, 3:00-5:00pm ET
- Friday, November 19<sup>th</sup>, 3:00-5:00pm ET

- Tuesday, November 23<sup>rd</sup>, 3:00-5:00pm ET

Additionally, two technical assistance webinars will be held on the following dates for the purpose of providing clarification about the grant announcement and key application submission tips. Please note that the Tier 1 TA webinar on November 18<sup>th</sup> includes information about submitting the proposal online. All application submissions must be sent via AIDS United’s online Grantee Community.

- Full Opportunity Launch / Overview with NASTAD and AIDS United
  - Friday, November 12<sup>th</sup>, 3:30-5pm ET
  - Register here: <https://attendee.gotowebinar.com/register/3640988094033101324>
- Tier 1 TA Webinar with AIDS United
  - Thursday, November 18<sup>th</sup>, 4:00-5:00pm ET
  - Register here: [https://zoom.us/webinar/register/WN\\_Jtnspho4QuWmXa3ZR3FxcQ](https://zoom.us/webinar/register/WN_Jtnspho4QuWmXa3ZR3FxcQ)

### Timeline

The following outlines key benchmarks for the initiative:

<b>November 5, 2021</b>	Request for Proposals Released
<b>November 12, 2021</b>	Project Kickoff / Full Application TA Webinar
<b>November 18, 2021</b>	Tier 1 Full Application TA Webinar
<b>November 29, 2021</b>	Completed Application Due to AIDS United
<b>January 17, 2022</b>	Notification of Funding Decision
<b>February 1, 2022</b>	Grant Period Begins
<b>Throughout Grant Period</b>	Monthly/Quarterly Reporting
<b>January 31, 2023</b>	Grant Period Ends
<b>February 28, 2023</b>	Final Report Due

### Questions?

- If you have any questions regarding the content of the application, please reach out to **Christine Rodriguez**, Senior Program Manager for Harm Reduction, at [crodriguez@aidsunited.org](mailto:crodriguez@aidsunited.org).
- If you have any questions regarding navigating the online application or our Grantee Community, please reach out to **Shannon Wyss**, Senior Grants Manager, at [swyss@aidsunited.org](mailto:swyss@aidsunited.org).

**Thank you for your interest in the *Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation’s Health: Supplemental Funding for Expanding SSP Capacity to Respond to COVID-19* funding opportunity and for your work in addressing substance use and health in your community.**