

ENABLING HEALTH:

Enhancing Harm Reduction Services in Massachusetts

Grant Application

Contact Information

Date: _____ Name of Lead Organization: _____

Address: _____

Contact name for grant submission: _____

Title: _____

Phone number: _____ Contact email: _____

Program manager for program's management: _____

Title: _____

Program manager's phone number: _____ Program manager's email: _____

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.



Enabling Health: Enhancing Harm Reduction Services in Massachusetts

1. Describe your organization. **(250 words)**

2. Describe the harm reduction services your organization provides. **(500 words)**

Enabling Health: Enhancing Harm Reduction Services in Massachusetts

3. Describe the target population you will serve, including your best estimate of the number of patients/clients in this population. Please also describe the region you will cover, and the estimated volume of patients you will treat in your program. **(200 words)**

4. What is your current model for offering harm reduction services with immediate access to effective opioid use disorder treatment? **(300 words)**

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5. What are the goals of your program? How will you have enhanced harm reduction services to your target population in one year? In two years? **(300 words)**

6. **(A)** Who are your clinical partners?

(B) What is the capacity for your clinical partners to prescribe medication for opioid use disorder? (For example: How many waived providers will be involved in this program?)

(C) Describe your respective roles and how, together, you will support access to low threshold addiction treatment for the population you serve. **(300 words)**

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7. Describe any potential obstacles during implementation of harm reduction services with access to treatment that may occur, and how you plan to overcome them? **(300 words)**

8. How do you currently track and/or evaluate your program? **(300 words)**

Enabling Health: Enhancing Harm Reduction Services in Massachusetts

9. Are you able to offer case management services to clients who want them? Are you able to track clients who have referrals to treatment or other services? **(150 words)**

PLEASE ALSO COMPLETE AND SUBMIT WITH YOUR APPLICATION:

- The attached Budget Worksheet