

**Welcome to the  
Opioid Use and Stimulant Use  
Prevention and Recovery Services  
in the LGBTQ2S+ Community  
Funding Overview Webinar**

**January 10, 2022**



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*at Sierra Health Foundation*

# Agenda

- Background
- The Funding Opportunity
- How to Apply





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- Launched in 2012
- Brings people, ideas and infrastructure together to create positive change in California
- Managing entity of the MAT Access Points Project
- Dedicated to health and racial equity

## MAT Access Points Project Program Goal

To fund a network of organizations throughout California to address the opioid and stimulant use crisis by supporting and expanding prevention, education, stigma reduction, harm reduction, treatment and recovery services for people with opioid use disorder (OUD), stimulant use disorder, and substance use disorder (SUD), and by increasing access to Medication Assisted Treatment (MAT).



# Opioid and Stimulant Use Prevention and Recovery Funding Program Scope

- Activities implemented through this funding opportunity must be related to opioid use, stimulant use, and/or co-occurring substance use prevention and education and recovery and should be primarily focused on increasing access to and community awareness of prevention and recovery services and programs for and within the LGBTQ2S+ community in California. As well as increase access to opioid use, stimulant use and/or co-occurring substance use treatment services through referrals and partnerships.
- Each organization may apply up to \$250,000.00.
- Project Period: **March 1, 2022 – February 28, 2023**



# Types of Activities

- Prevention and education
- Recovery services



# Eligibility

- Organizations must be licensed/registered in the State of California.
- Organizations must be located in the State of California.
- Organizations must provide services in the State of California.
- Organizations must be a public entity or a 501(c)(3) entity.
- Organizations must be mission focused on providing services to the LGBTQ2S+ community in their area.

Organizations who are CenterLink LGBTQ Community Member Centers and fit the funding opportunity are encouraged to apply.



# Funding Amounts

Organizations may apply up to \$250,000.00





## If Awarded: Payment Schedule

- 50% of total award upon execution of the contract
- 40% of total contract award with submission and approval of initial progress reports deliverables, and
- 10% of total award with submission and approval of final cumulative report, demonstrating completion of all deliverables.



# If Awarded: Compliance Requirements

- Pre-award Risk Assessment
- DUNS/SAM Registration
- Insurance



# If Awarded: Reporting and Data Requirements

- GPRA
- Progress reports via SurveyMonkey
- Intermittent financial reports
- Final report



## If Awarded: Scope of Services

- High level
- Included in the contract agreement



# Questions?



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# *Application Process*



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# Grants Portal

## Use Internet Explorer

[https://www.grantrequest.com/SID\\_5509?SA=SNA&FID=35166](https://www.grantrequest.com/SID_5509?SA=SNA&FID=35166)

### *Create an Account*

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**Please Sign In**

**Welcome to our Online Grant Application and Reporting System**

**You may use this system to:**

- Start a new application
- Access and continue work on a saved application
- View applications you have submitted
- Submit post-grant summaries or other reports

If you've never used our system, click the New Applicant Link shown below.  
If your organization has used this system before and you have the log in information please enter it below.  
If you have trouble logging in, please change your password by clicking the "Forgot Password" link.

Thank you!

E-mail  Password

[New Applicant?](#) [Forgot Password?](#)

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# Grants Portal



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**Instructions** | Applicant Information | Project Information | Project Narrative | Attachments | Review My Application

Save & Finish Later | Next

**Instructions**

[Printer Friendly Version](#) | [E-mail Draft](#)

\* *Required before final submission*

## Application Instructions

Be sure to read the request for applications carefully before beginning your application. Required fields and attachment uploads are marked with \*.

You may save your in-progress application at any time and return to it later [using the link you will receive in an automated e-mail.](#)

Should you have questions, send an e-mail to [mataccesspoints@shfcenter.org](mailto:mataccesspoints@shfcenter.org) with the subject line: LGBTQ2S+ Application Online Help.

Save & Finish Later | Next




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# Application

## Applicant Information

  
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**Applicant Information** [Printer Friendly Version](#) | [E-mail Draft](#)

*\* Required before final submission*

**Applicant Information**

**\* Organization Name**  
*Enter the organization's legal name.*

**\* Is the applicant organization a fiscal sponsor for this proposal?**  
*A fiscal sponsor is an organization that applies on behalf of an entity or group that does not have legal nonprofit standing with the IRS.*  
 No  Yes

**Name of fiscally sponsored organization, if applicable.**  
*Enter the name of the organization who will be implementing the project, otherwise known as the fiscally sponsored organization.*

**\* Address**

**\* City**  **\* State**  **\* Zip Code**  **\* County**



# Application

## *Applicant Information*

- Applicant organization information
- Applicant organization CEO/Director information
- Application contact information – for questions related to the proposal



# Application

## *Project Information*

- Project Name and Brief Purpose
- Project Start and End Dates
- Total Requested Amount
- Geography
- Focus Populations



# Application

## *Question for Project Narrative*

- 1) Organization Description
- 2) Fiscal Sponsor Description\*
- 3) Track Record with Proposed Project Activities
- 4) Population Description
- 5) Track Record with Proposed Focus Population
- 6) Use of Funds
- 7) Expected Outcomes
- 8) Evaluation Process
- 9) Partnerships
- 10) Organizational Capacity
- 11) Sustainability
- 12) Technical Assistance\*



# Attachments



# Application

## Required Application Attachments

- Proposed Budget
- Proposed Budget Narrative
- Applicant Organization's W-9



# Proposed Budget



**ATTACHMENT  
Budget  
MAT SOR 2**

Organization Name: \_\_\_\_\_

End Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

**Requested Budget  
from  
The Center**

**I. Personnel**

	FTE	
Salaries		
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____
Payroll Taxes and Benefits		
Consultant Fees		
1 _____		_____
2 _____		_____
3 _____		_____
4 _____		_____
<b>Total Personnel</b>		\$ _____

**II. Other Expenses**

Office Supplies	_____
Postage	_____
Printing/Duplicating Information/Materials	_____
Equipment	_____
Travel	_____
Miscellaneous (List)	_____
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
<b>Total Other Expenses</b>	\$ _____

**III. Direct Admin/Clerical Salaries (up to 5% of total award)\***

	FTE	
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
<b>Total Direct Admin</b>		\$ _____

**Data Collection and Reporting (up to 2% of total award)\***  
**Indirect (up to 10% of direct costs)\***

**Total Expenses**      \$ \_\_\_\_\_







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[Save & Finish Later](#) | [Review & Submit](#)

## Attachments

[Printer Friendly Version](#) | [E-mail Draft](#)

\* *Required before final submission*

### Budget

#### \* Proposed Budget

*Download The Center budget template form [here](#) fill it in and upload it in Excel format.*

Browse...

#### \* Proposed Budget Justification

*Applicants may use the provided budget narrative/justification template to describe expense line items and what they will support. Download the form [here](#). Upload your budget narrative/justification in word or PDF format.*

Browse...



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# Budget Narrative/Justification

- List each line item and describe the purpose and details of each
- Include full-time equivalents (FTE) for staff

For Personnel specifically, in addition to descriptive information in paragraph form, please provide the data points from the table below for each position partially or fully funded.

Position Title	Staff Name	Annual Salary/Rate	FTE (level of effort)	Number of Months	Cost to Project



# Questions?



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# Application Submission Tips

- Click the “Save and Return Later” button if you will not be active in the application for a few minutes
- Submit application before the deadline date
- Write response to the narrative question outside of the grants portal, then cut and paste your response in the appropriate field
- As you write responses, track your word count



# Checklist

- ✓ Review Application and Funding Overview
- ✓ Complete the application in the online portal:
  - ✓ Completed application questions
  - ✓ Project Budget
  - ✓ Project Budget Justification
  - ✓ W-9



# Timeline

- Application deadline → January 28 at 1 p.m.
- Contract Announcement → March 2022
- Funds Available → April 2022



## Contact Us

If your question wasn't answered, e-mail questions to [mataccesspoints@shfcenter.org](mailto:mataccesspoints@shfcenter.org)

## Additional Resources

<https://mataccesspoints.org/resources/tools/>



# Thank you!



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