

1. Summary Page

This form provides summary information about the applicant and the proposed project with the Injury and Violence Prevention Branch. This form is one of the application’s cover pages. Please follow the instructions below.

**Department of Health and Human Services, Division of Public Health
RFA A409 Summary Page**

Applicant Information –

- 1. LEGAL NAME OF APPLICANT:
- 2. APPLICANT AGENCY’S FEDERAL TAX ID NUMBER:
- 3. APPLICANT AGENCY’S UEI NUMBER:
- 4. AGENCY DETAILS: (select all that apply)

*Evidence of this work must be outlined in the project proposal.

- My agency/organization works with historically marginalized populations that are at particular risk of overdose including people that are:
 - Experiencing homelessness and housing instability,
 - Black, Indigenous and People of Color (BIPOC),
 - Tribal communities in NC, and/or
 - Transitioning from correctional settings to the community.
- My agency/organization is based in a county that has higher overdose burden according to the county-level DHHS poisoning data (<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>).
- My agency/organization has limited or a low existing resources.
- My agency/organization focuses on linkages to care as part of our organizational mission.

Proposal Information –

- 1. WHICH ARE THE FOLLOWING STRATEGIES YOUR PROPOSAL WILL BE ADDRESSING?

(select all that apply)

- Support efforts for drug checking and prevention of overdose from multiple substances
- Establish or expand substance use-related wound care services and protocol
- Establish or strengthen post-overdose response teams
- Support and expand syringe services programs
- Expand services to justice-involved populations
- Expand harm reduction services with organizations serving historically marginalized populations

- 2. NC COUNTIES TO BE SERVED BY THE PROPOSED PROJECT:

The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.

Signature of Authorized Representative:

Date:

Click or tap to enter a date.