



REQUEST FOR PROPOSAL (RFP): FY26 REGION 3 SUBSTANCE MISUSE PREVENTION APPLICATION

To respond to this RFP*, please provide the following information and submit to c.chandler@nvrh.org no later than 5 p.m. on April 18, 2025. Resources that may be helpful in preparing your application may be found at <https://nvrh.org/nvpc-pl/>

- Cover sheet (Section A)
- Narrative as a separate word or PDF document (Section B)
- Logic Model (Section C)
- Budget as a separate excel document - use provided Budget Template (Section D)
- Risk Assessment & Attachments as Follows (Section E)
 - W-9 that has been hand signed and dated within the last three months
 - Federally-negotiated indirect cost rate (only if requesting rate different than 10% de minimis rate)
 - Organizations conflict of interest policies and procedures
 - Risk Assessment attachments
 - Most recent audit
- Signature(s) of Official Authorized to Bind the Organization and Fiscal Agent Representative (if applicable)
- Check here if you are a current FY25 subgrantee and this is a continuation of your FY25 project.
- If selected for funding, our organization acknowledges that a workplan will be required within 30 days of the award notification.

*For accessibility assistance with this application, contact Carolyn Towne at c.towne@nvrh.org or call (802) 748-7551.

SECTION A COVER SHEET FY26 Region 3 Substance Misuse Prevention Request for Proposals

Organization/Entity Name (must match IRS Form W-9, Request for Taxpayer ID):	
Organization: Address: Town/City: Primary Point of Contact: Email: Phone:	
Fiscal agent if different than above: Address: Town/City: Primary Point of Contact: Email: Phone:	
Fiscal year end date:	
UEI Number	EIN
Single Point of Contact: First Name: Last Name: Title: Email: Work Phone: Cell Phone:	Individual Authorized to Bind the Organization: First Name: Last Name: Title: Email: Work Phone: Cell Phone:

Organization Mission and Brief Description (1250 Character Max):

Project Name (provide a brief title for your project):

Project Timeline*:

Start date:

End date:

*If awarded, a detailed workplan must be submitted within 30 days of the award notification.

Please indicate which priority area(s) for which you are applying:

Priority 1: Reduce underage substance use

Priority 2: Reduce underage tobacco and electronic vaping product (EVP) use

Priority 3: Reduce adult high risk substance use.

Priority 4: Create a community where youth and adults feel valued, connected, and supported

Requested Funding Amount (Minimum Award: \$7,500/Maximum Award: \$20,000). Provide the TOTAL amount of funding that is being requested for this project. _____

If a non-competitive continuation option were available, what would be the ideal length of your project (1 to 3 years)

This project involves work directly with children / youth: Yes No

If you checked that your project works directly with children/youth, please describe the process you have/will use for background checks for staff and/or volunteers*

**By signing the submitted application, your organization attests that it will follow the procedures described above in relation to background checks for all work related to this application.*

SECTION B NARRATIVE (60 points total):

The narrative is limited to 3 pages/12 point font and should be submitted along with the word document or pdf.

Please describe the proposed project. Be sure to include:

- How this project will address the chosen priority **(10 points)**
- If the project is evidence-based, a promising practice, or innovative in its approach and describe the approach **(10 points)**
- How this project will address [risk and protective factors](#) for substance misuse, including which of the [Seven Strategies for Community Change](#) will be implemented **(20 points)**
- A brief description of the target population and the town(s) in which activities or services will be offered, and any defining characteristics of this population **(10 points)**
- How this project impacts or advances equity **(10 points)**

SECTION C LOGIC MODEL (5 points - Example Provided Below)

Goal Statement What do we want to achieve?		Expand coalition prevention services to include older adults	
Inputs What do I need?	Activities What do I want done?	Outputs What will we measure?	Outcomes What are the desired results?
<p>Funding for staff to complete identified activities.</p> <p>Staff time to create & deliver educational presentations, including mileage reimbursement.</p> <p>Funding & staff time to create media materials.</p> <p>Funding for media outlets to share campaign materials.</p>	<p>Media campaign targeting elderly and aging population needs as it relates to the use of alcohol.</p> <p>Provide presentations about risks alcohol and prescription medication use pose as a person ages to elderly and aging population within catchment area.</p> <p>Provide information and resources about alcohol use, prescription drug use, safe prescription storage prescription disposal to elderly and aging population.</p>	<p>Number of community members potentially reached by media campaign</p> <p>Number and demographics of elderly and aging adults attending education presentations.</p> <p>Number of elderly and aging adults requesting prescription lock bags and/or prescription mailback envelopes.</p> <p>Number of informational brochures disseminated.</p>	<p>Increase knowledge of risks alcohol and prescription drug use poses to elderly and aging population.</p> <p>Prevent high-risk use of alcohol and prescription drug use in elderly and aging populations.</p> <p>Increase safe storage and disposal of prescription medications by elderly and aging population.</p>

Goal Statement

What do we want to achieve?

Inputs

What do I need?

Activities

What do I want done?

Outputs

What will we measure?

Outcomes

What are the desired results?

SECTION D EVALUATION PLAN (15 points)

Please provide a summary of how you plan to evaluate your project. Strategies should directly relate to the priority area for which you are applying and must include data collection on population served, including demographic information. This grant project seeks to use the Results Based Accountability (RBA) method for determining program success. This framework posits that success can be effectively measured by using three guiding questions; How much did you do?; How well did you do it?; Is anybody better off?

SECTION E BUDGET (20 points)

Complete PL_RFP_FY26_Budget_Template Form and upload with application.

Note: Funds must be used to supplement existing state and local funds for project activities and must not replace funds that have been appropriated for the same purpose.

SECTION F RISK ASSESSMENT

Complete PL_RFP_FY26_Risk Assessment Form and upload with application. Be sure to include all required attachments.

Attestation:

Prevention funds are granted to NVRH through the Vermont Agency of Human Services (AHS), which requires that costs are incurred up front and then reimbursed at the end of a period, usually monthly or quarterly. *This sub-award opportunity allows for monthly invoicing.*

By signing below, your organization understands that these grants are required to comply with the AHS cost reimbursement model and you will need to incur costs up-front. NVRH will reimburse error free invoices for allowable expenditures, submitted by the due date specified in the award document, within 30 days.

Signature of applicant official authorized to bind the organization:

By:

Name (please print): _____

Signature _____

Title _____

Date: _____

Signature of fiscal agent representative (if applicable):

By:

Name (please print): _____

Signature _____

Title _____

Date: _____