



Harm Reduction Futures Fund

Round 14 Grant Cycle – Phase 1

Request for Pre-Application Survey

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Executive Summary

The Harm Reduction Futures Fund (formerly the Syringe Access Fund) is a collaborative grantmaking initiative that seeks to reduce the health, psychosocial, and socioeconomic disparities experienced by people who use drugs (PWUD). The Harm Reduction Futures Fund invests in evidence-based and community-driven approaches to prevent the transmission of both HIV and viral hepatitis, reduce injection-related injuries, increase overdose prevention and reversal efforts, and connect people who use drugs to comprehensive prevention, treatment, and support services.

The Harm Reduction Futures Fund will award grants this Round to three kinds of organizations: 1) syringe services programs providing direct services, 2) harm reduction organizations supporting multiple syringe service programs providing direct services, and 3) harm reduction organizations conducting community advocacy activities focused on legalizing or strengthening syringe services programs and other health interventions for PWUD at the local, state, or federal levels.

Harm Reduction in the United States

Provisional data from the CDC shows that overdose mortality reached a staggering milestone of over 105,000 deaths in the most recent 12-month period.¹ Between 2014 and 2018, HIV diagnoses due to injection drug use increased for the first time in 20 years. Today, 10% of new HIV diagnoses are attributed to injection drug use,² and the CDC estimates that 60% of HCV cases in the U.S. are directly or indirectly related to injection

¹ Centers for Disease Control and Prevention, National Center for Health Statistics. *Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts*. Accessed on June 15, 2023 at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

² Centers for Disease Control and Prevention (CDC). *Diagnoses of HIV infection in the United States and dependent areas, 2017. HIV Surveillance Report 2018;29*. <https://www.cdc.gov/hiv/group/hiv-idu.html>.

drug use.³ Harm reduction services have proven to be vital for the health and wellbeing of people who use drugs.

A 2021 Centers for Disease Control and Prevention (CDC) study found that 18.2% of respondents increased or initiated substance use during the COVID-19 pandemic. Increased substance use prevalence was especially higher among Hispanic/Latinx respondents at 36.9 percent.⁴ According to a 2021 study by the National Institute on Drug Abuse (NIDA), methamphetamine-involved overdose deaths tripled from 2015-2019 in the United States.⁵ Another 2021 NIDA study indicates that deaths involving methamphetamine more than quadrupled among American Indians and Alaska Natives.⁶ These trends are not surprising given our nation's history of racist drug policies and focus on criminalization. Black people make up 13.6% of the U.S. population⁷ and use drugs at similar rates to people of other races,⁸ yet the highest increase in rates of overdose death in 2020 were among Black individuals.⁹ Further, organizations led by people of color are less equipped to respond to historical and emergent needs.¹⁰ Since it was founded in 2004 as the Syringe Access Fund, the Harm Reduction Futures Fund has always been committed to supporting harm reduction, which has proven to lower rates of substance use around the world.¹¹

The most effective example of harm reduction interventions are syringe services programs (SSPs). The United States government has historically limited its support for syringe services. There is a partial ban on federal funding being used for syringe services, which prohibits the purchase of syringes, cookers, and pipes. Syringe services are legislated at the state level, with some states where syringe services are not legal, others where they are legal but not budgeted, and others where public money can be used for program staff, infrastructure, and related services, but not to purchase certain supplies, like syringes, cookers, and pipes. Regardless of legality, SSPs also often face significant stigma and community opposition.

Decades of research demonstrate the effectiveness of syringe services programs. SSPs are associated with an estimated 50% reduction in HIV and hepatitis C.¹² Access to an SSP, combined with medication for opioid use

³ Centers for Disease Control and Prevention (CDC). Diagnoses of HIV infection in the United States and dependent areas, 2017. *HIV Surveillance Report* 2018;29. <https://www.cdc.gov/hiv/group/hiv-idu.html>.

⁴ McKnight-Eily LR, Okoro CA, Strine TW, et al. Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic — United States, April and May 2020. *MMWR Morb Mortal Wkly Rep* 2021;70:162–166. DOI: [http://dx.doi.org/10.15585/mmwr.mm7005a3external icon](http://dx.doi.org/10.15585/mmwr.mm7005a3external%20icon).

⁵ National Institutes on Drug Abuse. News Release: *Methamphetamine-involved overdose deaths nearly tripled between 2015 to 2019, NIH study finds*. Sept. 22, 2021. Accessed on June 15, 2023 at <https://www.drugabuse.gov/news-events/news-releases/2021/09/methamphetamine-involved-overdose-deaths-nearly-tripled-between-2015-to-2019-nih-study-finds>

⁶ National Institutes of Health. News Release: *Methamphetamine overdose deaths rise sharply nationwide*. Jan 21, 2021. Accessed on June 15, 2023 at <https://www.nih.gov/news-events/news-releases/methamphetamine-overdose-deaths-rise-sharply-nationwide>

⁷ U.S. Census Bureau, Quick Facts (2021) <https://www.census.gov/quickfacts/fact/table/US/RHI225221>

⁸ Substance Abuse and Mental Health Services Administration, “Highlights by Race/Ethnicity for the 2021 National Survey on Drug Use and Health.” (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2022).

<https://www.samhsa.gov/data/sites/default/files/2022-12/2021NSDUHFRHighlightsRE123022.pdf>

⁹ Centers for Disease Control and Prevention (CDC). Vital Signs: Drug Overdose Deaths Rise, Disparities Widen. July 19, 2022. Accessed June 15, 2023 at <https://www.cdc.gov/vitalsigns/overdose-death-disparities/index.html>

¹⁰ The Building Movement Project. *Nonprofit Executives and the Racial Leadership Gap: A Race to Lead Brief*. 2016. https://racetolead.org/wp-content/uploads/2020/07/RTL_Revisited_National-Report_Final.pdf

¹¹ Logan DE, Marlatt GA. Harm reduction therapy: a practice-friendly review of research. *J Clin Psychol*. 2010;66(2):201-214. doi:10.1002/jclp.20669

¹² Platt L, Minozzi S, Reed J, et al. Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. *Cochrane Database Syst Rev*. 2017; 9: CD012021. Doi: 10.1002/14651858.CD012021.pub2.

disorder (MOUD), can reduce HIV and hepatitis C transmission by over two-thirds.^{13,14} The Harm Reduction Futures Fund is proud to support the lifesaving work of SSPs who serve those among our most marginalized.

Purpose

The primary goal of the Harm Reduction Futures Fund is to provide core support for programs that demonstrate: (a) an ability to provide high quality syringe and other drug user health services to one or more identified communities, and/or (b) an ability to conduct local-, statewide-, or national-level policy advocacy initiatives that demonstrate concrete objectives and activities to expand access to community-based syringe distribution.

The Harm Reduction Futures Fund seeks to identify and support organizations across intersecting movements to enhance and coordinate services for people who use drugs. It supports and funds organizations that are led by and/or meaningfully involve and serve 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](#)"). In Round 14, the Harm Reduction Futures Fund will prioritize support for programs that are led by and serve Black, Indigenous, and other People of Color (BIPOC), as well as those in jurisdictions of high need and low resources. Other compelling factors may include the leadership of current or former sex workers; prevalence of HIV, viral hepatitis, and other blood-borne pathogens in a community; injection drug use prevalence; opioid use; overdose incidence; availability of local funding; and areas in which policy improvement can have local, state, and/or national impact.

A community-based review committee will evaluate all Pre-Application Survey submissions and invite up to 40 applicants to submit a full proposal, based on the eligibility requirements below and the factors above. Ultimately, for this grant cycle, AIDS United expects to provide one-year cash grants to a total cohort of 12 to 19 organizations, selected by the same community-based review committee.

Eligibility Requirements

To be eligible for funding, applicants must meet ***one or both*** of the following criteria. For Multi-Program Support, the ultimate beneficiaries of the grant must meet the criteria below.

- **Racial Equity** – Applicant organizations led by **and** serving a majority of people of color.
 - AIDS United is defining “BIPOC-led organizations” as those with 1) a self-identified BIPOC executive director/highest paid staff or equivalent (or 50%+ if a Co-Director/flat leadership model), 2) 51%+ self-identified BIPOC in senior leadership, and 3) 51%+ self-identified BIPOC among staff
 - AIDS United is defining “BIPOC-serving organizations” as those serving 51%+ of participants who self-identify as BIPOC

¹³ Gonsalves, Gregg S, Crawford, Forrest W. Dynamics of the HIV outbreak and response in Scott County, IN, USA, 2011-15: a modelling study. *The Lancet*. Vol 5, Issue 10, E569-E577, October 01, 2018. Doi:[https://doi.org/10.1016/S2352-3018\(18\)20176-0](https://doi.org/10.1016/S2352-3018(18)20176-0).

¹⁴ Fernandes RM, Cary M, Duarte G, et al. Effectiveness of Needle and syringe programmes in people who inject drugs – An overview of systematic reviews. *BMC Public Health*. 2017; 17(1):309. Doi:10.1186/s12889-017-4210-2.

- *Note: We recognize that these definitions are imperfect. We are committed to continued learning, updating our language, and being cognizant of the ways in which race and power operate.*
- **Areas of High Need/Low Resource** – Programs in this category and/or the jurisdictions in which they serve can be defined as (but not limited to):
 - SSPs are not sanctioned in the area you serve
 - SSPs are highly restricted in the area you serve
 - Zoning Laws
 - Challenging to get sanctioned
 - Mandated one-for-one services
 - Newly established
 - Primarily LGBTQ-serving
 - No or very little state or local financial support for supplies
 - Demand far outweighs supply
 - Harm Reduction and/or drug use supplies highly criminalized
 - Limited or no access to needs-based SSPs outside of the applicant organization
 - Serving a large geographic area
 - Small program with high volume distribution
 - Limited access to supplies
 - Serving communities not reached by other service providers or SSPs

Applicants must also meet all the following criteria:

- **Budget** - Applicants must have a total organizational budget of *less than* \$1,500,000.
Note: Applicants with fiscal sponsors should use their own budget amount, not their fiscal sponsor's, to determine eligibility.
- **Geographic Location** – Applicants must be located and perform work within the 50 states, the District of Columbia, Native American Reservations/Tribal Lands, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, or the U.S. Virgin Islands.
- **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. 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 that does.
- **Financial Stability** – Organizations should be fiscally stable and viable prior to submission of the funding application, meaning organizations should have the financial ability to operate for the duration of the grant period.
- **Funding Categories** – Proposals must be submitted by: 1) syringe services programs providing direct services, 2) harm reduction organizations supporting multiple syringe service programs providing direct services or 3) harm reduction organizations conducting community advocacy activities focused on legalizing or strengthening syringe services programs and other health interventions for PWUD at the local, state, and federal levels.
- **Grant Period** – Applicants must be able to utilize the funds within a 12-month period beginning February 1, 2024 and ending January 31, 2025.

Grant Considerations and Maximum Award Amounts

The Harm Reduction Futures Fund offers grant support under three categories: 1) syringe services programs providing direct services, 2) harm reduction organizations supporting multiple syringe service programs providing direct services or 3) harm reduction organizations conducting community advocacy activities focused on legalizing or strengthening syringe services programs and other health interventions for PWUD at the local, state, and federal levels.

Organizations are eligible to apply under only ONE category.

- **Direct Service organizations are invited to submit proposals for \$10,000 to \$25,000 for one year.** (AU anticipates 5-10 programs will receive funding)
- **Multi-Program Support organizations are invited to submit proposals for \$25,000 to \$40,000 for one year.** (AU anticipates 1 program will receive funding)
- **Harm Reduction organizations with *Advocacy* projects are invited to submit proposals for \$10,000 to \$25,000 for one year.** (AU anticipates 1 program will receive funding)

Deadline and Submission Information

The application process for the Harm Reduction Futures Fund will begin with a Pre-Application Survey, which should be submitted via AIDS United's online [Grantee Community](#) and are **due by 5:00 p.m. ET on September 5, 2023**. Detailed instructions on navigating the community and submitting your responses can be downloaded from [this link](#).

AIDS United will review Pre-Application Survey submissions internally and invite a maximum of forty (40) eligible organizations with compelling requests across all three (3) categories to submit a full proposal.

Late, incomplete, mailed, express-delivered, or faxed Pre-Application Survey responses will not be accepted.

SUBMISSION REQUIREMENTS:

The Narrative and Description sections of the Pre-Application Survey below must be submitted as a PDF attachment. Narrative and Description responses must be a **maximum** of 1 page, single spaced, in 12-point Times New Roman font, with 1-inch margins (other questions in the application do not count against this page limit). You may use the template provided [here](#). Use of this template is not required, and you may submit without using it if the guidelines above are followed. *Note: to save an MS Word document as a pdf, select print, and in printers select "save/print to pdf."*

Assistance throughout the Pre-Application Process

AIDS United is committed to assisting applicants with the preparation of a complete and responsive Pre-Application Survey to the Harm Reduction Futures Fund. Our staff will be available to answer any questions and provide technical assistance. We prefer that you submit questions and requests for assistance to our dedicated email address: harmreduction@aimsunited.org.

! **Optional one-on-one technical assistance office hours, where AIDS United staff will be available to assist with any questions you might have**, will be held at the following times during the open application period. If interested, please sign up for a 15-minute slot at the links below.

Office Hour scheduling link for the days and times below: [Use this link to schedule](#)

- Thursday, August 24th, 12-2pm EST
- Tuesday, August 29th, 4-6pm EST

! **Additionally, a webinar will be held on the following date for the purpose of providing clarification about the grant announcement and key application submission tips.** Please note that the TA webinar includes information about submitting the proposal online. All application submissions will be sent via AIDS United's online [Grantee Community](#).

- Wednesday, August 23, 3-4pm ET
- Register at:
<https://us06web.zoom.us/meeting/register/tZ0ufu6hqDwsGNRXJWRh9ADLJaeQNOKij41G>

Thank you for your interest in the Harm Reduction Futures Fund and for your work in improving drug user health in your community.

Timeline

The following outlines key benchmarks for the initiative:

August 15, 2023	Request for Pre-Application Surveys Released
August 23, 2023	Pre-Application Survey TA Webinar at 3:00pm EST
September 5, 2023	Pre-Application Survey Due at 5:00 p.m. EST
October 5, 2023	Notification of Full Proposal Invitation Decisions
November 8, 2023	Full Proposals Due at 5:00pm EST
December 20, 2023	Notification of Funding Decisions
February 1, 2024	Grant Period Begins
September 1, 2024	Interim Report Due
January 31, 2025	Grant Period Ends
March 1, 2025	Final Report Due

Pre-Application Survey Questions

Pre-Application Survey responses should address why your organization is best suited to advance the goals of the Harm Reduction Futures Fund in this Round. **Each Pre-Application submission must be sent via AIDS United's online [Grantee Community](#).** It should include:

Organizational Information

- Organization name
- Contact Information: Primary contact name, email address, and phone number.

Budget Information

- What is your organization's annual operating budget for 2023? *Please do not provide your fiscal sponsor's budget for this question.*
- Please provide the amount requested up to \$40,000 for Multi-Program SSPs and up to \$25,000 for Direct Service SSPs or Advocacy activities.

Project Information

- SSP (Yes or No)
- Non-Profit or Fiscally Sponsored (Select One)
- Category (Select One)
 - Syringe services program providing direct services
 - Harm reduction organization supporting multiple syringe services programs providing direct services
 - Harm reduction organizations conducting community advocacy activities focused on legalizing or strengthening community-based syringe distribution and other health interventions for PWUD at the local, state, and federal levels.
- Eligibility requirements (Select One or Both)
 - BIPOC Serving/Led
 - High Need/Low Resource
- I would describe my organization as.... (Check all that apply)
 - Drug User Led
 - Sex Worker Led
 - Led by people with other relevant lived experience (homelessness, prior incarceration, past experience with drug use, past experience with sex work, and/or other relevant experience)
 - All Volunteer-Led
 - An SSP with One-to-One exchange
 - An SSP with One-to-One Plus/Needs-based with Restrictions exchange
 - An SSP with Needs-Based exchange
 - An Underground SSP

Narrative and Description [Template provided here](#)

Note: Responses must be a **maximum** of 1 page, single spaced, in 12-point Times New Roman font, with 1-inch margins

- Brief description of your organization
- Brief description of your proposed project
- *Optional:* If you are applying as a high need/low resource SSP please provide a brief description as to why you fit this category

Applicants must also complete and submit with the Pre-Application Survey:

- **Representation Table**, available for download on AIDS United's website, through [this link](#), as well as within the application form in our online Grantee Community.

Questions

If you have any questions about **this funding opportunity or the content of your Pre-Application Survey**, please reach out to the Harm Reduction Futures Fund team at harmreduction@aidsunited.org. If you have any questions about **navigating our online Grantee Community or the submission of your survey**, please contact grants@aidsunited.org.

All pre-application submissions must be sent via AIDS United's online [Grantee Community](#).