

Opioid Prevention Grant - 2024-25

A competitive grant program has been established for opioid prevention programs for Wisconsin public school districts, tribal, private and independent (2x and 2r) charter schools or consortia. The purpose of this funding is to support new or existing substance use prevention programs that are supplemented with knowledge and skills specific to opioid prevention and unintentional fentanyl exposure.

Must be submitted by 4:00 p.m. on **Wednesday, October 16, 2024.**

Grant Period: July 1, 2024 - June 30, 2025

Maximum One-Time Award:

<u>K-12 Enrollment</u>	<u>Maximum Award</u>
Large >3,000	Up to \$50,000
Small <1,000	Up to \$25,000

Consortia

Consortia are partnership agreements in which the participating members pool their funds for a common purpose. The consortium fiscal agent may be a Cooperative Educational Service Agency (CESA), public school district, tribal, private or independent charter schools. A maximum of \$6,000 per consortium member is allowed, with administrative costs not to exceed 10 percent. A consortium is eligible for no more than \$30,000 in total.

Instructions

All fields must be completed in full (unless marked as optional) or the application will not be accepted.

For detailed grant information, reference the Opioid Prevention Grant Guidance posted to the Wisconsin Department of Public Instruction's (WDPI) website <https://dpi.wi.gov/sspw/aoda/opioidpreventiongrant>.

Before Starting Application

You will need:

- contact information for your
 - school administrator,
 - project coordinator for this grant, and
 - business office,
- a project narrative, and
- a project budget (please work with your business office prior to starting this form to determine the correct WUFAR codes for the budget summary).

Before beginning an application it is a good practice to compose your narrative using Google Docs or Word and then copy/paste your responses into the application

If you have questions, contact: DPiAODA@dpi.wi.gov

I. GENERAL INFORMATION

School District/Applicant Agency Information

School District/Applicant Agency _____

School Name _____

Mailing Address Street, City, State, ZIP _____

CESA

1 2 3 4 5 6 7 8 9 10 11 12

School Type

Public

Private

Independent Charter (2x or 2r)

School Grades Served Check all that apply.

K 1 2 3 4 5 6 7 8 9 10 11 12

Administrator/Executive Director Information

First and Last Name _____

Telephone Area/No. _____

Email Address _____

Project Contact Information

First and Last Name _____

Position/Title _____

Telephone Area/No. _____

Email Address _____

Business Services Manager Information

First and Last Name _____

Telephone Area/No. _____

Email Address _____

Will you be applying as a consortia?

Yes

No

You will need to download [PI-1500 Consortium Verification](#) form. You will be asked to upload this at the end of the application. PI-1500 Consortium Verification

Total Grant Funds Requested (enter numbers only, no commas) _____

State General Assurances

The Applicant understands and agrees that the following assurances are pre-award requirements generally imposed by state law or regulation, and do not include all state regulations that may apply to the Applicant or its project.

Instructions

Step 1—Read each assurance that follows.

Step 2—[Download the Assurances and Certification Document.](#)

Step 3—Have an administrator sign and date the certification statement.

Step 4—Attach signed certification and assurances at the end of the online application.

Step 5—Keep a copy for your records.

You must download these assurances and send them to your Authorized Agency Signer for signature. You will be asked to upload the signed document as a PDF at the end of this application.

PROJECT NARRATIVE

Limit response to each question to 1,000 characters

1. Demonstration of Needs

a. Describe your school community, including the student population and demographics. Examples of valid data sources include: YRBS or similar, county data, etc.

b. Clearly identify need(s) for an opioid prevention grant.

2. Proposed Program - Summarizes Prevention Strategies for Opioid Prevention

a. What new or established evidence-based substance use curriculum or program will serve as the foundation for addressing opioid prevention in your school community?

b. What research exists to support the selected program as an evidence-based curriculum or prevention program for substance-use? See ESSA Tiers of Evidence.

c. Provide a summary of how the applicant intends to use these funds to enhance opioid prevention policy and programming. Note that this information will be used for reporting purposes.

Action Plan

Action Step 1

Action Step (4) _____

Evidence of Completion (5) _____

Personnel Responsible (6) _____

Action Step 2

Action Step (4) _____

Evidence of Completion (5) _____

Personnel Responsible (6) _____

Action Step 3

Action Step (4) _____

Evidence of Completion (5) _____

Personnel Responsible (6) _____

Action Step 4

Action Step (4) _____

Evidence of Completion (5) _____

Personnel Responsible (6) _____

Measure of Success - Qualitative or quantitative data such as pre-post surveys to measure changes in perceptions, behaviors, attitudes, or knowledge; descriptive narratives that explain processes and participation; or outcome data.

a. Describe how success will be measured.

b. What is the estimated number of students who will benefit from this program? _____

VI. BUDGET DETAIL

Note that treatment; Naloxone; entertainment; furniture; capital objects; and technology and indirect costs are not allowed. Please see the guidance document for more information on allowable costs.

List and describe Item, Purpose, and Cost for each expenditure.

List and describe Item, Purpose and Cost for each Line Item

Wisconsin Uniform Financial Accounting Requirements (WUFAR) functions and object codes are for the benefit of your business office.

	Item	Purpose	Cost
Line 1			
Line 2			
Line 3			
Line 4			
Line 5			

WUFAR Function

To streamline application submission, please consult your business office to ensure proper coding was chosen prior to submitting the proposed budget.

Instruction (WUFAR Function Coding 100 000 series)

Activities are dealing directly with instruction staff and students' interaction.

Salary (100s) :	_____
Fringe (200s) :	_____
Purchased services (300s) :	_____
Non-capital objects (400s) :	_____
Other objects (e.g. entrance fees) :	_____
Total :	_____

Pupil and Instruction Staff Services (WUFAR Function Coding 210 000 and 220 000 Series)

This includes support services that facilitate and enhance instruction or other components of the grant. This includes staff development, supervision, and coordination of grant activities.

Salary (100s) :	_____
Fringe (200s) :	_____
Purchased services (300s) :	_____
Non-capital objects (400s) :	_____
Other objects (e.g. entrance fees) :	_____
Total :	_____

Administration (WUFAR Function Coding 230 000 and above)

This includes general: building; business; central service administration, including pupil transportation.

Purchased services (300s) :	_____
Total :	_____

VII. FILE UPLOADS

If you indicated that you will be applying as a consortia, please upload the completed [PI-1500 Consortium Verification](#).

Please upload the signed Grant Assurances