



## **Request for Proposals**

### **Opioid Overdose Prevention Project**

**Responses due Friday, February 2nd, 2024**

**Project complete by June 30th, 2024**

The Kane County Health Department (KCHD) is seeking proposals to support projects that will reduce fatal overdoses. Approximately \$200,000 will be made available to fund projects with an expected average award of \$25,000-\$45,000. This request seeks organizations that will work with the health department to identify and address disparities in fatal and non-fatal opioid overdoses among population subgroups, geographic areas, and/or institutions. Some groups that are being disproportionately affected by opioid overdoses are African Americans, incarcerated individuals, people with a history of substance use, people experiencing homelessness, people living with HIV/AIDS or chronic conditions, and people entering or leaving substance use treatment.

#### **Eligibility**

To apply, your organization must meet the following requirements:

- Registered with the State of Illinois and have an Employer Identification Number (EIN)
- Based in or serve Kane County, Illinois.

We are seeking proposals that will deliver one or more of the following:

- 1) Collaborate with KCHD to reach areas where there is the greatest need for Overdose Education and Naloxone Distribution (OEND) services. This is measured by the amount of fatal and non-fatal opioid overdoses in an area.
- 2) Work with KCHD to define what constitutes a spike in opioid overdoses for specific groups, based on historical trends and population density.
- 3) Implement interventions to reduce fatal and non-fatal opioid overdoses.  
Examples of activities can include:
  - Establishing programs to provide naloxone to individuals and families after a non-fatal overdose
  - Supporting harm reduction strategies proven to reduce overdoses
  - Distributing naloxone and delivering overdose education with information and linkage to referrals to local substance use treatment agencies (e.g., pop-up events at various locations)
  - Engaging peer support specialists to educate and refer active drug users
- 4) Keep accurate record of progress of the project (e.g., naloxone distributed, individuals trained on naloxone administration, persons engaged through the project).
- 5) Participate in quarterly meetings with KCHD to discuss progress of project, barriers to implementation, and needs for assistance.

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Applications will be evaluated based on responses to the questions weighted as indicated below. Please limit the full application to a **minimum of 1 and a maximum of 4 pages**. Kane County reserves the right to request additional information based upon submission.

- **Proposed Plan (40%):** *Briefly describe how you propose to reduce overdoses with your intervention.*
- **Organizational Capacity (20%):** *Describe the resources, qualifications of personnel, and experiences of the organizations that demonstrate the ability to successfully execute all of the objectives described in this request for proposals. Include experience working with populations described above.*
- **Collaboration with KCHD (10%):** *Please describe any past or present collaboration with Kane County Health Department. Describe how you plan to collaborate with Kane County Health Department to deliver feedback, barriers, and recommendations to reduce fatal overdoses.*
- **Partners (20%):** *Do you currently partner/work with any organizations in Kane County to address the needs of people who are substance users (i.e., substance use service organizations; harm reduction agencies)?*
- **Budget (10%):** *Outline your proposed budget for this project. Naloxone does not need to be included in the proposed budget as it will be provided to funded entities by KCHD. The budget should span through June 30<sup>th</sup>, 2024.*

#### Application Timeline

Application opens	January 3, 2024
Applications due	February 2, 2024
Applicants notified and awardees are sent Project Agreement and New Vendor Form	February 19, 2024
Awardees return Project Agreement, New Vendor Form, and Invoice	February 26, 2024
Payout to business/organization	March 26, 2024
Progress check-ins	Monthly



## Opioid Overdose Prevention Project: Request for Proposal

### Electronic Submission

Submit the application, completed electronically, to [Cabrerasharon@kanecountyil.gov](mailto:Cabrerasharon@kanecountyil.gov) with the subject line, "**Opioid Overdose Prevention Project: Request for Proposal**" by **Friday, February 2<sup>nd</sup>, 2024**

### Questions?

Contact the Substance Abuse Prevention Specialist, Sharon Cabrera: [Cabrerasharon@kanecountyil.gov](mailto:Cabrerasharon@kanecountyil.gov)

Organization Name	
Organization Address	
City, State, Zip	
Contact Name and Title	
Phone	
E-mail	

## **Application Outline (1-4 pages)**

- I. Introduction to Organization
  - A. Mission Statement: Provide a concise overview of your organization's mission, values, and goals.
  - B. Services provided: Detail the specific services your organization offers
- II. Proposed Plan
  - A. Briefly describe your proposed plan to reduce overdoses with your intervention.
  - B. Include an expected timeline
  - C. Define key performance indicators and metrics that will be used to evaluate the success of the project
  - D. Clearly articulate the anticipated positive outcomes and impact on the Kane County community.
  - E. Challenges: Discuss any foreseen challenges in executing the project and provide potential solutions
- III. Organizational Capacity:
  - A. Resources: Detail the resources, both human and material, that your organization will allocate to the project.
  - B. Personnel Qualifications: Highlight the qualifications and relevant experience of key personnel involved in the project, especially those with expertise in addressing substance use.
  - C. Experience with Affected Communities: Describe past experiences working with communities affected by substance use and share successful outcomes.
- IV. Collaboration with KCHD
  - A. Please describe any past or present collaboration with the Kane County Health Department.
  - B. Describe how you plan to collaborate with the KCHD to deliver feedback, barriers, and recommendations.
- V. Partners
  - A. Current Partnerships in Kane County: List and briefly describe your current collaborations with organizations in Kane County to address the needs of people who are substance users.
  - B. Potential Future Partnerships: Indicate organizations with which you intend to collaborate in the future, explaining the rationale behind these potential partnerships.

**Proposed Budget:**

*Outline your proposed budget for this project. Naloxone does not need to be included in the proposed budget as it will be provided to funded entities by KCHD. The budget should span through June 30<sup>th</sup>, 2024.*

<b>Item/Category:</b> (supplies, travel, equipment, personnel, other & etc.,)	<b>Description:</b>	<b>Amount Requested:</b>
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL: \$ _____		

**Signatures**

**By signing this document, I agree, that if awarded, I will use the funds provided to meet the objectives detailed in this application by June 30th, 2024.**

Applicant:

Name	
Signature	
Role	
Date	

Organization Leadership / Management (if different from applicant):

Name	
Signature	
Role	
Date	