



## **Oregon Alcohol and Drug Prevention Education Program (ADPEP)**

### **2021-2023 Funding and Program Guidance**

**Contract Period:**

July 1, 2021-June 30, 2023

**Issuing Office:**

Oregon Health Authority

Public Health Division

Health Promotion and Chronic Disease Prevention

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## CONTENTS

<b>TIMELINE</b> .....	3
<b>INTRODUCTION</b> .....	4
<b>HPCDP BACKGROUND</b> .....	4
<b>HEALTH PROMOTION AND PREVENTION</b> .....	5
<b>CENTER FOR SUBSTANCE ABUSE PREVENTION’S (CSAP) SIX STRATEGIES</b> .....	5
<b>REDUCING EXCESSIVE ALCOHOL USE AS A STATEWIDE PRIORITY</b> .....	6
<b>FOSTERING COMMUNITY PREVENTION COORDINATION AND ALIGNMENT</b> .....	7
<b>COMPREHENSIVE STRATEGIES</b> .....	8
<b>PROGRAM PLAN GUIDELINES</b> .....	9
<b>GRANTEE REPORTING</b> .....	9
• <b>Period 1: Due January 31<sup>st</sup>, 2021 (Reporting period 1 covers July 2021- December 2021)</b> .....	9
• <b>Period 2: Due July 31, 2022 (Reporting period 2 covers January 2022- June 2022)</b> .....	9
• <b>Period 3: January 31<sup>st</sup>, 2022 (Reporting period 3 covers July 2022- December 2022)</b> .....	9
• <b>Period 4: July 31, 2023 (Reporting period 4 covers January 2023- June 2023)</b> .....	9
<b>TRAINING AND TECHNICAL ASSISTANCE</b> .....	11
<b>BUDGET</b> .....	15
<b>SUBMISSION OF PLAN AND BUDGETS</b> .....	17
<b>ATTACHMENTS</b> .....	17

## TIMELINE

ADPEP Guidance, workplan and budget released	April 8, 2021
Deadline for formal questions on ADPEP Guidance submitted to Liaison	April 15 2021
Questions and answers posted to website	April 19, 2021
Call or Webinar: Plan Development Technical Assistance	April 21 11:00am April 22 3:00pm
ADPEP program plans and budgets submitted	May 19, 2021
Notification of approval of plans and budgets	June 21, 2021
Start/end date for Grant Period	July 1, 2021 – June 30, 2023

## INTRODUCTION

The Oregon Health Authority (OHA) Public Health Division (PHD) Health Promotion and Chronic Disease Prevention (HPCDP) section provides oversight for the Substance Abuse Prevention and Treatment (SAPT) Block Grant prevention funding. This funding is directed to the Alcohol and Drug Prevention and Education Program (ADPEP).

The Alcohol and Drug Prevention Education Program (ADPEP) guidance includes primary prevention program frameworks and components, plan and performance requirements, biennial plan goals, budget information, as well as opportunities for coordinated approaches to chronic disease prevention risk factors with regard to alcohol, tobacco and other drugs as well as additional community prevention initiatives.

Tribes are funded to implement Tribal Based Practices, and local communities and Tribes are funded to implement evidence-based and community-informed alcohol, tobacco and other drug prevention strategies through one of three following funding mechanisms:

1. Grant agreements for the 2021-2023 biennium
2. [Program Element 54](#) for the 2021-2023 biennium (Local Public Health Programs)
3. [Program Element 36](#) for the 2021-2023 biennium (Tribal Programs)

## HPCDP BACKGROUND

Comprehensive public health approaches can strengthen the collaborative work in community prevention programs statewide. HPCDP provides leadership for prevention and health promotion initiatives for alcohol, tobacco and other drugs, as well as asthma, nutrition, diabetes, arthritis, heart disease, physical activity, stroke and cancer.

HPCDP takes an integrated approach to reducing premature death and chronic diseases by focusing on the common risk factors of excessive alcohol use, tobacco and nicotine use, physical inactivity and poor nutrition in Oregon communities, across the lifespan. With support from health partners and advocates, Oregon created the first integrated chronic disease plan. This approach focuses on risk factors that affect multiple diseases and disorders and is reflected in [HPCDP's 2017-2025 Strategic Plan](#).

The result is a plan for collaboration among state and community partners to:

- Reduce health disparities among Oregon populations and communities;
- Engage organizations and communities in prevention;
- Develop partnerships that improve the health of all people in Oregon, across the lifespan;
- Address the leading causes of death and disability;

- Address the risk factors which lead to chronic disease, including addiction and substance use disorders
- Promote protective factors to support individual health and community resiliency;
- Use data for decision making, setting priorities, defining and tracking health outcomes; and,
- Plan and implement evidence-based interventions.

## HEALTH PROMOTION AND PREVENTION

Substance Abuse Prevention and Treatment Block Grant (SAPT BG) funds are used to prevent and reduce the use and associated effects of alcohol, tobacco and other drugs across the lifespan. The SAPT BG program’s objective is to help plan, implement and evaluate strategies that prevent substance use and abuse by reducing risk factors and increasing protective factors associated with alcohol, tobacco, and other drugs (See <https://www.samhsa.gov/grants/block-grants/sabg>).

- a) The major focus of the ADPEP plan should be change for entire populations, or collections of individuals who have one or more personal or environmental characteristics in common.
- b) The ADPEP plan should use the Strategic Prevention Framework, which describes a comprehensive prevention process and a common set of goals.
- c) The ADPEP plan should reference community needs and data used for decision making. Deliberate processes to collect, analyze, interpret, and apply lessons from data will help drive prevention efforts.

For more information on frameworks see Appendix A.

## CENTER FOR SUBSTANCE ABUSE PREVENTION’S (CSAP) SIX STRATEGIES

The ADPEP Plan is implemented through one or more of the Center for Substance Abuse Prevention’s (CSAP) six strategies. These include: Prevention Education, Information Dissemination, Community Based Processes, Problem Identification and Referral, Alternative Activities and Environmental Strategies. Strategies must include focus on the overall goal of reducing the use of alcohol, tobacco or other drugs at a community level.

Examples of efforts in each strategy include:

- a) Information Dissemination – local implementation of media campaigns, one-way information sharing;

- b) Prevention Education – assuring school policy supports evidence-based school curricula and parenting education and skill-building;
- c) Alcohol, Tobacco & Other Drug (ATOD) Free Alternatives - youth leadership and community service projects that support policy strategies and goals;
- d) Community Based Processes – community or coalition engagement, capacity building, planning and mobilization for sustainable policy, systems and environmental change ;
- e) Environmental/Policy - school policies and community or organizational rules and laws regulating alcohol, tobacco and other drugs;
- f) Problem Identification and Referral – sustainable referral systems to evidence-based health care systems, services and providers.

## REDUCING EXCESSIVE ALCOHOL USE IS A STATEWIDE PRIORITY

Reducing excessive alcohol use continues to be a priority for [OHA's Public Health Division](#). Excessive alcohol use includes underage drinking, heavy drinking, binge drinking and drinking by pregnant women. It is the third leading cause of preventable death and disease in Oregon and has serious economic costs and consequences. It can lead to significant problems, including dependence, heart disease, diabetes, cancer, and injuries and death from motor vehicle crashes and violence. Alcohol related deaths have increased by over one-third since 2001, and was responsible for over 2,000 deaths in 2018. Excessive alcohol use costs the Oregon economy \$4.8 billion per year. This includes lost workplace productivity, health care expenses, criminal justice costs, and motor vehicle crashes related to excessive alcohol use. Most people who drink excessively (90 percent) are not considered alcohol dependent or addicted.

Given the significant burden excessive alcohol use has on families and communities, a combination of efforts can make a significant impact in preventing excessive alcohol use and its related harms, as well as improving health and well-being. For example:

- Increasing the price of alcohol reduces use among youth. Price increases also reduce excessive drinking and alcohol-related problems across the lifespan, including alcohol-impaired driving among adults and youth.
- Alcohol sales restrictions such as retail time, place and manner restrictions that limit density of stores that sell alcohol and the hours when alcohol can be purchased (i.e. reducing availability of alcohol) can reduce alcohol-related death and injuries from violent crimes such as sexual assault and motor vehicle crashes.
- Practices and policies that address social, racial and economic inequities that fuel alcohol related health disparities such as density restrictions to reduce alcohol exposure, consumption, and addiction in communities that are exposed to higher levels of alcohol products.

- Practices or policies that limit youth access to alcohol in communities or promote safer alcohol sales and policies such as community event policies.

## FOSTERING COMMUNITY PREVENTION COORDINATION AND ALIGNMENT

Coordination and alignment of prevention activities around common risk factors is integral to achieving comprehensive prevention goals, leveraging relationships, resources and mobilization. Grantees are encouraged to reflect coordinated activities and goals in program workplans when appropriate.

- **Tobacco Prevention Education Program (TPEP)** – Tobacco products (including e-cigarettes) and excessive alcohol use remain leading causes of preventable death in Oregon. Most recently, the intersection of public use of cannabis and tobacco control has further demonstrated the need for coordination of prevention efforts.

HPCDP continues to promote greater alignment, coordination and integration between TPEP and ADPEP grantees through a focus on fostering community conversation and coordination. Building shared ownership for TPEP and ADPEP strategies among diverse stakeholders in communities offers the benefit of coordinated mobilization and leveraged resources to achieve measurable improvement in health status and quality of life.

Grantees are not required but may determine how best to coordinate and collaborate work between TPEP and ADPEP, leading to opportunities for tribal and local program and policy development, decision making, and better leveraging of community relationships and resources.

- **Community prevention initiatives** - Grantees may also determine how best to coordinate and collaborate with other evidence-based community driven prevention efforts that may have common risk factors and protective factors associated with **opioid prevention, problem gambling and suicide prevention initiatives** in their tribe or community.
- **Statewide prevention initiatives** - Grantees may include coordination efforts with evidence-based state prevention initiatives such as alcohol pricing strategies, affecting alcohol outlet density, maintaining state control of distilled spirits, and excessive alcohol health communications development. This could include activities around educating coalition members, decision-makers or other stakeholders about strategies, data and promotion of initiatives.

## COMPREHENSIVE STRATEGIES

A combination of comprehensive and complementary strategies is required to achieve community-wide change. Grantees should consider the following when developing strategies for the ADPEP Work Plan:

- Strategies should seek to change the behavior or condition associated with the local condition in your community.
- Strategies should be culturally relevant and appropriate - meaning they will be developed to work with the diverse populations in your community.

Comprehensive strategies involve implementing both **individual-focused strategies (family, school, faith, community, health care)** and **community-wide environmental strategies (norms, regulations, availability)**.

Example: Numerous education campaigns and public awareness efforts related to heart disease exist. We are encouraged to avoid certain foods, exercise daily, and get regular check-ups. This information is familiar and repeated often, yet we live in a society where heart disease remains an insidious public health problem. So, in addition to information sharing strategies, environmental, policy-based strategies should be utilized. These strategies include expanding healthy food options in community grocery stores, providing exercise breaks and incentives for employees, establishing smoke-free work and public spaces, and providing smoking cessation coverage in insurance policies. Combined, these strategies work to address the risk and protective factors related to preventing heart disease more comprehensively than implementing a public awareness campaign alone.

When a **comprehensive, multi-strategy effort** is in place, grantees contribute to achieving population-level change by focusing on multiple targets of sufficient scale and scope to make a difference community-wide. Costs associated with implementation and monitoring within a community can be considerably lower than those associated with ongoing education, services, and therapeutic efforts applied to individuals. ([CADCA Planning Primer](#))

Environmental prevention strategies focus on changing aspects of the environment that contribute to excessive alcohol use, which includes underage drinking. such as social norms or policies that encourage and enable excessive use, and lack of enforcement of laws designed to prevent excessive use.



## PROGRAM PLAN GUIDELINES

ADPEP plans are coordinated strategies designed to promote health and prevent substance use, disorder and addiction and associated effects across the lifespan. They are designed to reduce risk factors and increase protective factors associated with alcohol, tobacco and other drugs.

- a) Grantees must submit to HPCDP for approval by May 18, 2021, a proposed biennial ADPEP plan which details goals, objectives, and program or policy strategies to be implemented. Grantees must use the plan template and instructions provided as attachments.
- b) The ADPEP plan must incorporate universal population categories. The major focus of the ADPEP plan should be on change for entire populations, or collections of individuals who have one or more personal or environmental characteristics in common.
- c) The ADPEP plan shall include one goal and evidence-based strategy that addresses alcohol or excessive alcohol use (includes underage drinking);
- d) Grantees should use components of the Strategic Prevention Framework (SPF) 5-step process to guide the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention programs, policies or practices.

## GRANTEE REPORTING

1. HPCDP will conduct grantee interviews twice a year to track successes around the state, monitor grant compliance, prevention plan activities, and collect information to maintain secure funding.
2. Grantee shall submit written reports to OHA twice a year using online forms and procedures prescribed by OHA describing ADPEP's progress in achieving and working towards the goals, objectives and strategies set forth in the plan. Reports are due within 30-days following the end of the reporting period. All ADPEP grantees must complete four reports throughout the biennium in the following approximate timeline:
  - **Period 1: Due January 31<sup>st</sup>, 2022 (Reporting period 1 covers July 2021- December 2021)**
  - **Period 2: Due July 31, 2022 (Reporting period 2 covers January 2022- June 2022)**
  - **Period 3: January 31<sup>st</sup>, 2023 (Reporting period 3 covers July 2022- December 2022)**
  - **Period 4: July 31, 2023 (Reporting period 4 covers January 2023- June 2023)**

## **EVALUATION**

Grantees may be asked to participate in voluntary evaluation or other activities during the biennium. Examples of possible activities include:

- Participate in ADPEP plan progress review;
- Share community program, policy or practice accomplishments with peers,
- Participate in statewide health communications development activities;
- Participate in HPCDP evaluation activities such as interviews, focus groups or surveys.

## TRAINING AND TECHNICAL ASSISTANCE

HPCDP will support ADPEP with training and technical assistance learning opportunities. HPCDP understands that during the beginning of the biennium, training and technical assistance hours may be reduced. This will allow more time and space for grantees to respond to the COVID-19 pandemic, if necessary. Additionally, training and technical assistance learning opportunities will be offered remotely until it is safe to resume meeting in person. Trainings offered will be focused on current and emerging priority areas and are intended to develop and enhance skills necessary to effectively advance prevention programs, policies, and practices. Trainings will also support networking and collaboration with peers, including sharing lessons learned and successful strategies. This chart explains the scope and structure of training and technical assistance provided by HPCDP and contractors.

Grantee support calls	Institutes & Trainings, Communities of Practice	Regional Support Network Meetings
Operational support	Strategic support	Alignment/Coordination
<p><b>Focus on ongoing accountability</b> to grant requirements, progress toward work plan goals, understanding lessons learned, supporting and celebrating program, policy and practice learning lessons.</p> <p><u>Goals:</u> To share timely information with grantees in a specific group (e.g. ADPEP, TPEP).</p> <p>To create and provide opportunities for peer support.</p> <p>To provide group-level operational support.</p>	<p><b>Focus on targeted interventions</b> and capacity-building to support evidence-based practice for policy, systems, and environmental change.</p> <p><u>Goals:</u> To communicate with and foster collaboration among grantees, and between grantees and state partners, related to a specific strategic priority.</p> <p>To advance a strategic priority or initiative.</p> <p>To build foundational capabilities alongside partners and better understand local/regional contexts.</p>	<p><b>Focus on fostering regional collaboration</b> and information-sharing between local, tribal and state partners, training and technical assistance, peer-to-peer support.</p> <p><u>Goals:</u> To foster regional collaboration, alignment and coordination.</p> <p>To foster peer-to-peer mentoring and supportive relationships.</p> <p>To provide training and technical assistance in support of strategic priorities.</p>

Participation is required at certain HPCDP-sponsored trainings, meetings, webinars and conference calls, either online or in-person (when available). The prevention coordinator and any staff funded at 0.5 FTE or more in the ADPEP budget are required to complete all staff training requirements. Details of participation expectations for HPCDP-sponsored trainings in 2021-2023 are outlined in the chart on the next page. This chart may be revised and redistributed as future events are planned.

Type	No.	Format and Content	Timing
eLearning Module on Appropriate Use of Public Funds	1 per year	<ul style="list-style-type: none"> <li>iLearn online learning module</li> <li>Annual review of guidelines related to Education, Advocacy, Lobbying and Electioneering (required).</li> </ul>	Winter 2022 and 2023
Trainings related to HPCDP Alcohol and other Drugs strategies and priorities	Varies	<ul style="list-style-type: none"> <li>In-Person or Webinar</li> <li>Coordinated and led by HPCDP training teams and/or contractors in response to assessed needs or to accompany a new program, strategy priority, data, workforce development, or communications initiative.</li> </ul>	TBD
Communities of Practice	Varies	Online peer learning communities to foster shared learning, networking and collaboration among grantees and with HPCDP staff. Grantees with a common strategic priority meet regularly in an online forum to learn, share ideas, build innovation, and develop solutions.	TBD - Based on strategic needs or identified opportunities for capacity-building and alignment
ADPEP Statewide Calls	12 per year	<p>Virtual meeting coordinated and facilitated by HPCDP. Operational support regarding grant requirements, program plans, policy and program updates, lessons learned and successes.</p> <p>The purpose of the ADPEP Statewide Calls is to share information with grantees in a timely manner and to provide group-level operational support. These calls will focus on grant requirements, work plans, lessons</p>	Monthly

		learned and successes. These calls will happen monthly and will be coordinated by HPCDP staff.	
Regional Support Networks (RSN) Meetings	4-6 per year	<p>Regional meetings convening all HPCDP grantees within a specific geographic area (defined as one of six regions under HPCDP’s technical assistance support model) to leverage funding within the region in support prevention goals. RSN meetings are opportunities for information sharing and training that aligns with regional needs. The RSN meetings provide a forum for building mutual support and collaboration on strategies to advance progress within the region and build statewide movement.</p> <p>Each RSN is supported by a team of HPCDP staff who answer questions, clarify requirements for grants, support RSN meeting planning and connect RSN members to other HPCDP resources as needed.</p> <p>RSNs typically meet via web-based meeting for 1.5 hours every other month. Once safe to do so, RSN members may decide to meet in-person for a quarterly 3-hour meeting instead or determine a different pattern and frequency. RSN members are responsible for the costs of any in-person gathering, including travel, meeting rooms and other costs.</p>	Recurrence and frequency to be determined by RSN members. Please note: These meetings may shift focus to better support communities. Please stay tuned for future conversations in the new biennium.
Community Policy Leadership Institutes (CPLIs) <i>(Optional)</i>	1 series per year	Grantees identified as having significant readiness and leadership commitment to policy and systems change initiatives have the option to apply to participate in institutes over the course of the biennium to support their progress.	Fall 2021  Spring 2022

	<p>The goal of the CPLIs is to support community policy alignment with attention to principles of equity and inclusion.</p> <p>ADPEP grantees sharing regions with Regional Health Equity Coalitions are encouraged to participate together.</p> <p>A series of six virtual meetings coordinated and facilitated by HPCDP, Coraggio Group and Regional Health Equity Coalitions.</p> <p>Meetings may be in person in a location to be determined by Spring 2022.</p> <p>For more information about the CPLI model, please visit:  <a href="https://coraggiogroup.com/case-study/oha-community-policy-change-leadership-institutes/">https://coraggiogroup.com/case-study/oha-community-policy-change-leadership-institutes/</a></p>	
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***Certified Prevention Specialist (CPS) Credential and Trainings***

The CPS is a credential for professionals who work in the substance abuse prevention field. [The Mental Health and Addiction Certification Board of Oregon](#) (MHACBO) is the accrediting agency and works collaboratively with the International Certification & Reciprocity Consortium (IC&RC) to provide credentialing. The CPS is valued by many prevention partners and preventionists in Oregon.

HPCDP does not require grantees to acquire the CPS credential referenced in OHA’s Health Systems Division administrative rules at this time. The Public Health Division cannot place requirements on local public health authorities or Tribes for credentialing standards. It is also important to note that in a culture and environment of flexibility during the COVID 19 pandemic, OHA aims to reduce burden on community programs.

However, continued support for CPS training is an important component of workforce development. HPCDP continues to support CPS training in Oregon in the following ways:

- ADPEP grant funds may be used by coordinators to attend and support training costs related to CPS training certification and maintenance of certification;

- Promote CPS-approved courses and trainings to grantees;
- Award and makes available training hours and CEUs for prevention staff who attend HPCDP trainings;
- Collect and communicate information from a range of national, regional, and in-state training resources available through existing contractors, organizations and Substance Abuse and Mental Health Services Association (SAMHSA) funded organizations, such as the [Northwest Prevention Technology Transfer Center](#) (NW PTTC), [National American Indian and Alaska Native Prevention Technology Transfer Center \(PTTC\)](#) and the [Oregon Public Health Association Addiction Prevention Section](#) (OPHA APS), about training opportunities for grantees, including opportunities to support certification needs during this period and;
- Explore sustainable training models for CPS with communities and tribes.

### ***Budgeting for Training***

Grantees may choose to reserve some funding in the budget for anticipated travel costs for attending in-person trainings. Please note that training and technical assistance learning opportunities will be offered remotely until it is safe to resume meeting in person. Currently, HPCDP is **not planning any required in-person trainings** for 2021-23. However, If you expect to apply to participate in the upcoming Community Policy Leadership Institutes (potentially in-person at a TBD location in the state) or non-HPCDP training opportunities, be sure to budget to cover estimated costs for participation in those training events. If applicable, travel costs (meals, mileage and hotel) should be included in the budget submitted for this grant, based on the number of days for travel and attendance at these important meetings.

## **BUDGET**

Submit a proposed 24-month budget for the fiscal period July 1, 2021 – June 30, 2023, using the required Line Item Budget and Narrative Worksheets in Attachment 2. The budget template includes two (2) worksheets, one for each fiscal year, and both worksheets must be completed. The budget worksheet includes formulas to perform automatic calculations.

The Line Item Budget and Narrative Worksheet should include each of the following Budget Categories, as relevant:

- **Salary:** List each position funded by the grant on a separate line. For each position, include the job title, annual salary, FTE as a percentage and the number of months requested for each staff person. The total salary will automatically calculate. Include a narrative for each position, briefly describing their primary responsibilities on the grant. Although, ADPEP funding is not allowed to directly support the local COVID 19 response, the budget may reflect an approach to ramp up ADPEP staffing throughout the first year, if necessary.

- Fringe Benefits: If applicable, list the fringe rate for each position on a separate line. The total fringe will automatically calculate. Unless otherwise indicated, the general assumption is that the “Base” will be the total salary charged to the contract.
- Equipment: Provide a total amount for equipment, as well as a narrative, listing planned purchases and brief rationale. Office furniture, equipment and computer/software upgrades are allowable provided they are reasonable expenditures and related to the ADPEP plan.
- Supplies: Provide a total amount for supplies. Supplies may include office supplies or meeting supplies including food and drinks for community meetings, events, etc. If expenditures are allocated for educational materials, the narrative must include a justification that describes how such materials are related and essential to specific activities listed in the plan. Funds may not be used for clinical services, treatment, or medications.
- Travel:
  - In-state: Provide a narrative statement describing proposed in-state travel. Include local mileage as well as per diem, lodging and transportation to attend required and requested meetings. Federal per diem rates limit the amount of reimbursement for in-state travel – see U.S. General Services Administration Per Diem Rates at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem).
  - Out-of-state: Travel to attend out-of-state events or conferences is permitted if content is applicable to the ADPEP plan. Provide a narrative statement that includes the name of the event or conference, and how the proposed travel relates to the ADPEP plan. Include amounts for per diem, lodging, transportation, registration fees and any other expenses. Federal per diem rates limit the amount of reimbursement for out-of-state travel – see U.S. General Services Administration Per Diem Rates at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem).
- Other: List expenses for items not listed above, such as telephone, rent, copying, printing, postage and mailing that are directly related to grant activities. Expenses such as equipment, supplies, indirect rate, or cost allocation may not be included in the “Other” category if they are included elsewhere in the budget.
- Sub-contracts: Pre-approval from HPCDP must be obtained for any subcontracts. List each proposed subcontracted program activity and the name of the proposed subcontractor (if known) along with the amount of the contract. All activities related to the subcontractor must be clearly specified in the ADPEP plan. A separate document must include: (1) scope of work, including tasks and deliverables; (2) time period of the contract; (3) person in your agency who will supervise or manage the contract; (4) name of the contractor, if known; and (5) what method will be used to select the contractor, such as bids, RFPs, sole-source, etc.
- Total Direct Costs: The total direct cost will auto-fill on the worksheet. Confirm that the amount is correct.
- Cost Allocation and Indirect Rate: Indicate the cost allocation or indirect rate. The worksheet will auto-fill the total direct costs and multiply the cost allocation or indirect



rate against the total direct to calculate the total cost allocation or indirect amount. OHA reserves the right to request additional detail on cost allocation or indirect rates.

- Totals: The worksheet will auto-fill the total budget amount requested. Ensure that the total budget amount does not exceed the allocated amount.

Meetings and events funded by HPCDP grants, including ADPEP, shall be held at tobacco-free locales and shall follow the HPCDP Nutrition Protocol on Healthy Meetings and Events page: <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONICDISEASE/HPCDP/CONNECTION/NUTRITION/Pages/index.aspx>

**Please note:** During the biennium, ADPEP programs must submit a revised budget for approval by HPCDP if expenditures exceed any budget line by 10% or more.

## SUBMISSION OF PLAN AND BUDGETS

One (1) electronic copy of the budget and program plan must be received via email no later than 5:00 p.m., May 17, 2021. The application must be submitted in Microsoft Word and/or Microsoft Excel. Label each file with the Tribe or County name, the grant year and the name of the form as shown below.

- CountyName.2021-23.Budget.xlsx
- CountyName.2021-23.ProgramPlan.docx
- TribeName.2021-23.Budget.xlsx
- TribeName.2021-23.ProgramPlan.docx

**One electronic copy of the program plan, cover letter and budget must be received via email no later than 5:00 p.m., May 19, 2021.** Email applications to your assigned HPCDP liaisons or to Leah Festa at [Leah.Festa2@dhsosha.state.or.us](mailto:Leah.Festa2@dhsosha.state.or.us).

Completed submissions will receive a notification of receipt.

## ATTACHMENTS

1. County or Tribal Alcohol and Drug Funding Table
2. Line Item Budget and Narrative Worksheet
3. County/Tribal Alcohol and Drug Prevention Education Program (ADPEP) Plan Template
4. Plan Instructions
5. Appendix A – Health Promotion and Prevention Frameworks