

Frequently Asked Questions (FAQ)

Region 1 Lead Prevention Organization FY26 Subgrants for Substance Misuse Prevention Barre, Burlington and St. Albans Health Districts

General Information

What are the Prevention Lead regions?

- Region 1 – Barre, Burlington, St. Albans (megan@unitedwaynwvt.org)
- Region 2 – Middlebury, Rutland (sastearns@rrmc.org)
- Region 3 – Newport, St. Johnsbury, Morrisville (PLO@nvrh.org)
- Region 4 – Bennington, Brattleboro, Springfield, White River Junction (Subawards@mahhc.org)

Links to other regions' RFPs

- [Region 2](#)
- [Region 3](#)
- [Region 4](#)

What about statewide organizations, should they apply for each region?

This RFP is for work to be done in the Barre, Burlington and St. Albans Health Districts.

If your organization wants to apply across all four regions in VT, you need to apply to each region separately based on each region's priorities.

What is the sustainability of this funding?

The Region 1 Prevention Lead grant was awarded to United Way of Northwest Vermont in 2023. These funds are from the state general dollars – cannabis excise tax.

Will funds be on a reimbursement model?

Yes – Quarterly Invoices and Narrative reports are due on the following schedule:

- October 15, 2025
- January 15, 2026
- April 15, 2026
- July 15, 2026

When will subgrantees receive reimbursement?

Subgrant recipients will invoice United Way at the end of each quarter as well as send a narrative report around your funding and activities. After each quarter closes, invoices must be sent to United Way by the 15th of the following month. We need to get the funds in to DSU within that next month (the month after that period is closed). While we collect everybody's reports, DSU has 30 days to give us the funds. We know there is a delay there, but the way things work with the state, this is the fastest we can do.

How should we include deliverables?

Deliverables should be listed in the Logic Model which will be uploaded in [Foundant grant application portal](#). You can offer descriptions of the deliverables in the narrative section.

Who is reviewing and deciding?

A Funding Committee comprised of representatives from the Barre, Burlington and St. Albans Health Districts are helping to develop, inform, and oversee a process to allocate the state's prevention funds. United Way, as the Lead Prevention Organization for Region 1, facilitates and supports the Funding Committee and will process all grant awards. The Committee will do so in consultation with members of the Prevention Network and Community Advisors. These three groups comprise the Advisory Structure for the Lead Prevention Organization in Northwest and Central Vermont. The committee is comprised of representatives from the following roles:

- District Director or designee from the District Health offices serving Franklin/Grand Isle, Chittenden and Washington counties
- Director or designee from the designated Mental Health agencies in Chittenden, Franklin/Grand Isle and Washington counties
- One individual with positions in senior management from each of the three regional hospitals serving Region 1 – University of Vermont Medical Center, Northwest Vermont Medical Center and the Central Vermont Medical Center
- One individual in senior management from each of the three Regional Planning Commissions within Region 1

If we have programming in both the Barre and Burlington Health Districts, can we apply for both or are we eligible for the maximum of \$50,000 from Region 1?

The portfolio is region-wide, not by health districts, so the maximum is \$50,000 for a Region grant.

Eligibility

Is a program run through a municipality instead of a non-profit eligible? (Municipality as fiscal agent).

Yes

Is a program run through a school district eligible?

Yes

If organizations are collaborating on a proposal with a lead organization, can they apply for up to \$50,000 for each organization that is a partner on the proposal?

Collaborations are allowed, but the intent is that the maximum award per proposal is \$50,000. Individual organizations can apply without partners. Use the narrative section to describe any collaborations with other organizations.

Can the request be for work that is a part of our regular program or is it expected that we're going to implement some kind of new educational program if we were going to apply for the grant?

Work can be existing or new/innovative.

Can this funding support programming already in place?

Yes, if other state funds are not supplanted.

Can these funds supplant existing funds?

Due to state funding restrictions, these subgrants cannot be used to supplant existing funds and must be the last resort for the funding of proposed activities. These funds cannot be used for existing services or activities that are already covered by funding from the Vermont Department of Health Division of Substance Use Programs.

It is explicit that you are looking for existing prevention strategies. Can organizations without a mission that includes substance misuse prevention still apply?

Yes. You don't need to specifically have substance use prevention in your mission in order to apply. The program, services, or activities must address prevention in some way. This grant is made to address prevention across the lifespan and all levels of prevention.

May we apply in more than one LPO region if we are serving statewide?

Yes, though you need to apply for each region's RFP and priorities

Region 1 Priorities

Priority 1 is around youth, young adults, and seniors, while Priority 2 is around priority populations, including BIPOC. Priority Populations have just been set back decades due to the current political environment. Why did you put them as Priority 2?

There are 3 priorities, and they are not ranked in a hierarchy. The Funding Committee is well aware that there will be tremendous overlap between age and priority populations.

Can you expand more on Priority 3? How would that look in an application?

Priority 3: programs, services, or activities that are expected to have direct impact on at least one of these 4 levels of the VT Prevention Model: policies & systems, community, organizations, and relationships.

When the Funding Committee talked about impact, they wanted to make sure they see proposals at the higher levels of the Prevention Model in order to get the most impact with these dollars. It is likely that there is some stuff that drops into more than one level.

Collaborative Applications

We are potentially interested in partnering with one or more of those organizations, is that permissible under this RFP?

Collaborative proposals are welcome, but one organization must submit as the lead applicant.

Budget

Are these considered federal funds?

No - these are state general funds through the Vermont Department of Health, Division of Substance Use Programs.

Are there any restrictions on what funds can be used for such as food or stipends?

Up to 15% of the budget can be used for indirect costs. Examples of indirect costs include rent, utilities, and administration personnel.

You are allowed to buy food or materials that are important for programming. Stipends or incentives for participation are also allowed.

Logic Model

Does the logic model and outcomes we include with our application need to be specific to the work of the time period for this grant? Or if we are applying for funding to continue a strategy that we have already been working on and that will hopefully continue after the period of this grant, can the logic model reflect the larger strategy goals?

The Logic Model can reflect the larger strategy goals.

Do we need to use the logic provided model if we already have one?

The Logic Model is a suggested template. If you already have one created one for your work or have a different template you prefer, you may use those if it has similar components.

If we have an application that is strong, what is the thinking behind having a Logic Model? How will it help or inform the application?

The Logic Model helps understand the reach and impact of your programs, as well as the outcomes. It will show the Funding Committee how the work will get done and makes it easy for them to understand the community being worked with, the investment, and then the outputs of the project and the long-and-short-term outcomes of it. It gives a realistic picture of what is being built on in the present and explores the future benefit of the program.

Previous LPO Subgrantees

Do current subgrantees have to apply for the same program, activities, or services?

No

Do current subgrantees have to request the same funding amount?

No

Extensions

If an application is 90% completed and we don't hit the deadline, will there be any opportunity for an extension?

Because we have a tight turnaround time to get the Funding Committee to review the applications and send out questions, there is not any room for extensions. The questions from the Funding Committee will be sent out via email. They will ask questions if they don't feel that they can rate the application without knowing the answer.

Additional Resources and Links

- Vermont Prevent Model 2023: <https://www.healthvermont.gov/alcohol-drugs/services/community-prevention-programs>

- Logic Model Template: <https://www.healthvermont.gov/alcohol-drugs/grants-contracts/reporting-forms-guidance-documents>
- For RFP, Budget template, and Logic Model sample, visit: <https://preventionnetworknwvt.org/>

Further explanation of key concepts related to prevention:

Prevention

Primary prevention is a universal approach, assuming individuals are not already using it – applicable to about 80% of the student population (dropping closer to 50% in upper high school grades). The aim is to delay use until the legal age of 21. Primary prevention attempts to reduce the likelihood of substance misuse and/or abuse from occurring.

Secondary prevention is a targeted approach, understanding there is active use, maybe even regular use – applicable to about 20% of the student population (or 50% in upper high school grades). The aim is to halt or interrupt substance misuse behaviors through screening, intervening, and referring to supports (if agreeable and wants to do so).

Tertiary Prevention Tertiary prevention is intervention at an advanced state of drug misuse. It is often called rehabilitation and/or relapse prevention as the individual is already engaging in problematic using behaviors. This level is synonymous with substance misuse treatment.

The Seven Strategies for Community Change, also known as CADCA's Seven Strategies, is a set of approaches to improve community conditions and behaviors. Using one or more of these strategies can help to build a comprehensive substance misuse prevention plan.

This grant relies on the Strategic Prevention Framework (SPF) to ensure evidence-informed strategies are used. Applicants should familiarize themselves with the SPF. A more in-depth guide can be found [here](#). Applicants should apply the SPF when developing their proposals.