



**NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD**

Burns-Paiute Tribe
Chehalis Tribe
Coeur d' Alene Tribe
Colville Tribe
Coos, Suislaw &
Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshoni Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

527 SW Hall
Suite 300
Portland, OR 97201
☎ (503) 228-4185
FAX (503) 228-8182
www.npaihb.org

May 22, 2009

Dear Tribal Leaders, Board Delegates, Tribal Health Directors, and Behavioral Health Providers,

I am happy to announce that the *Northwest Portland Area Indian Health Board* has been awarded the Washington State Attorney General's Office grant for *Prescription Drug Misuse and Abuse*. The grant, which is available to Tribes in Washington State, is now ready to accept applications. A total of four mini-grants in the amount of approximately 30,000ea will be awarded to Tribes in Washington.

We have attached the request for funding application for your review and dissemination to those who will qualify. The application is due on Friday, June 26, 2009 at the Close of Business. Each grant will be evaluated and scored by a team of reviewers. You will be notified in writing of the status of your grant application.

Please be advised, if your grant is chosen for funding, we will be providing an award contract which describes the scope of work and commitment to completion of the grant work. This will need to be signed by appropriate Tribal Leadership and funds will then be distributed.

Once the application is complete with all the supporting documentation, please email to:

Victoria Warren-Mears, EpiCenter Director, NPAIHB
vwarrenmears@npaihb.org or fax: 503/228-8182

❖ Please note: the "evaluation" piece at the end of the application will be submitted at the end of the grant period, with your final report.

For technical assistance in completing your application, please feel free to contact Victoria at 503/416-3283 or Erik Kakuska at 503/416-3296

Sincerely,

Joe Finkbonner, RPh, MHA



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TRIBAL
EPIDEMIOLOGY
CENTER

Through the Washington State Attorney General's Office of Consumer Protection Division, funds have been made available to Washington Tribes for Prescription Drug Misuse and Abuse activities.

Funding Now Available to Support Tribal Prescription Drug Misuse and Abuse Prevention in Washington

Grants can be made to 4 Tribes in Washington State for up to \$30,000 each, which can include a maximum of 10 % indirect rate. No salaries or benefits may be funded using this grant mechanism. Activities must focus on prevention and treatment of Prescription Drug Misuse and Abuse. For more information contact Victoria Warren-Mears at vwarrenmears@npaihb.org or Erik Kakuska at ekakuska@npaihb.org (503-228-4185).

Application

Tribe:

Contact Person:

Address, City, State, & Zip:

Email:

Phone Number:

Description: Please limit your proposal to 7 pages or less. The applicant should respond briefly to the five items listed below:

- 1) Define specific goals and objectives for your Prescription Drug Misuse and Abuse Prevention program.
- 2) Describe the proposed project. (How will your tribe prevent prescription drug misuse and abuse?) Specify activities.
- 3) Outline the anticipated impacts – number of individuals participating.
- 4) Describe measures of program impact and available data on prescription drug misuse and abuse.
- 5) Provide a timeline for the project.

Line Item Budget: Salary and benefit support is not allowed by this granting mechanism.

Item Description	Quantity	Total Cost
Indirect Rate (10% maximum)		

Total Budget:

In exchange for this Grant, (Tribe) _____ agrees to send a
Evaluation information to the Epidemiology Center at the Northwest Portland Area Indian Health Board.

Authorized Signature: _____ Title: _____

Evaluation

Please Document or Describe:

- Your project.
(Goals, objectives, methods, data and outcomes, Identify promising practices and models – Please allow a maximum of one page per items. Aggregate data may be provided if approved by Tribe).
- The number of community members impacted: _____
- Educational activities that took place in conjunction with this grant.
(Please attach photos if you have any that can be shared.)
- Any other comments that you would like to share with the AGO for Washington State or the Tribal Epidemiology Center:

Send Completed Forms to: Victoria Warren-Mears (vwarrenmears@npaihb.org)
or (fax) 503-228-8182