

# *Request for Proposal:* **Indigenous Harm Reduction by and for Native Communities in Michigan**

Funding opportunity from Vital Strategies and the Great Lakes Inter-Tribal Epidemiology Center

**Due date: May 18, 2026, at 11:59 PM EDT**



# Key Dates and Funding Opportunity Overview

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**Submit questions for pre-application webinar:** April 15, 2026, to [overdose@vitalstrategies.org](mailto:overdose@vitalstrategies.org)

**Pre-application webinar:** April 17, 2026, at 2-3 PM EDT; [register here](#)

→ **Pre-application webinar materials:** [Recording](#) and [slides](#)

**Application deadline:** May 18, 2026, at 11:59 PM EDT

**Grantee notifications:** May 29, 2026

**Project start and end dates:** June 1, 2026, to October 31, 2026

**Award amounts:** \$15,000 - \$50,000

**Number of awards:** Up to 6

**Application materials:** [Online application form](#) and [project work plan and budget template](#)

*An optional pre-application informational webinar was held on April 17, 2026, at 2-3 PM EDT. Further technical assistance with completing the application (including development/refinement of project ideas) is available. To request TA about the application, please contact [overdose@vitalstrategies.org](mailto:overdose@vitalstrategies.org).*

*Grant funds will be disbursed at project start and midpoint (i.e., grant funds are provided upfront, not on a reimbursement basis).*

## Eligibility

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To apply for this grant opportunity, applicants must be engaged with Native communities in Michigan and must be one of the following:

- Federally recognized Native American Tribe located in Michigan
- Indian Health Service (IHS), Tribally-Operated 638 Program, or Urban Indian Health Program
- Native-led / Native-serving 501(c)(3)
- Native-led / Native-serving fiscally sponsored organization
- Native-led / Native-serving business

Note: If your organization does not fall into any of these categories, but maintains sound fiscal recordkeeping practices, we invite you to contact us. We are open to considering alternative demonstrations of fiscal responsibility on a case-by-case basis.

## Background

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Overdose impacts all communities, but disparities have widened particularly for Black and Indigenous communities, despite the fact that all groups use drugs at similar rates. While the overall age-adjusted rate of drug overdose deaths in the U.S. decreased between 2022-2024, the rate among American Indian and Alaska Native (AI/AN) people only began to decline in 2024 and remains highest in the nation of any racial or ethnic group (51.6 per 100,000).<sup>1</sup>

In Michigan, MDHHS data indicates that AI/AN people experienced the second highest rate of fatal overdose of any racial or ethnic group in the state from 2021-2024, after having previously experienced the highest rate of fatal overdose from 2009-2018.<sup>2</sup> Due to challenges with data collection and reporting of overdoses and fatalities among Native people in Michigan, these numbers likely underrepresent true overdose rates.

Vulnerability to overdose among marginalized communities, including Indigenous communities, has been impacted by the shifting landscape of initiatives and strategies to address drug use. Responses to drug use have historically been rooted in coercion and punishment, especially for Black, Indigenous, and Latinx communities. As a consequence, despite the exponential increases in overdose in Black, Indigenous, and Latinx communities, people who use drugs (PWUD) from these communities are not receiving a proportionate level of resources, care, and support. Progress against the still-rising rates will require taking a unified approach and addressing the root causes of overdose deaths and disparities, including the ongoing systemic impacts of racism, homelessness, lack of investment in rural communities, limited access to quality medical care, and stigma.

Harm reduction is defined by the National Harm Reduction Coalition (NHRC) as “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use,” while respecting the rights of people who use drugs. It encompasses numerous strategies centered around meeting people where they are in their journey. For many Black, Indigenous, and Latinx communities, harm reduction practices are similar to the ways that people have kept each other safe in the face of racism, colonization, and other systems of oppression. Any action taken to address overdose must involve community members and the voices of people who use drugs. This is resistance and resilience rooted in culture and tradition. For Indigenous communities in particular, even the very act of practicing and revitalizing culture can be harm reduction. Many Indigenous communities are Indigenousizing harm reduction, which NHRC’s Native Harm Reduction Toolkit defines as “creating and supporting policies, programs, and practices that are grounded in cultural traditions, Indigenous knowledge, ceremonies, land, and languages.”

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<sup>1</sup> Garnett, M.F. and Minino, A.M. (2026). *Drug Overdose Deaths in the United States, 2023–2024*. NCHS Data Brief No. 549, January 2026.

<sup>2</sup> Michigan Department of Health and Human Services. (2025, November 3). *Michigan Overdose Data to Action Dashboard*.

## Funding Opportunity

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Vital Strategies is partnering with the Great Lakes Inter-Tribal Epidemiology Center (GLITEC) to request proposals from Native nations; Indian Health Service, Tribal 638, and Urban Indian Health Programs; and other Native-led / Native-serving entities in Michigan that are seeking to adopt or deepen the use of non-judgmental, person centered, Indigenous harm reduction principles to reduce the incidence of negative health effects and the number of fatal overdoses among Native people who use drugs (PWUD).

This funding initiative will award up to six (6) grants in the range of \$15,000 to \$50,000 per grantee. Grantees will complete funded projects in five months, from June 1, 2026, to October 31, 2026.

Throughout the project period, GLITEC and Vital Strategies will hold monthly virtual peer-learning sessions, and grantees can also request one-on-one technical assistance from GLITEC and/or Vital Strategies to facilitate the implementation of projects. Additionally, support will be available for up to two (2) core project staff from each grantee organization to attend the National Native Harm Reduction Summit (tentatively to be held in early September in the White Earth Nation, MN). Applicants do not need to include travel costs for this summit as part of their budget request.

Vital Strategies is the sole funder for this opportunity and is collaborating with GLITEC to administer the grants and assist with providing technical assistance to applicants and program management to grantees.

### About Vital Strategies

Vital Strategies is a global health organization that believes every person should be protected by a strong public health system. Our overdose prevention program works to strengthen and scale evidence-based, data-driven policies and interventions to create equitable and sustainable reductions in overdose deaths. Work across seven U.S. states is supported by funding from the Bloomberg Philanthropies Overdose Prevention Initiative, launched in 2018, and by targeted investments from other partners.

### About the Great Lakes Inter-Tribal Epidemiology Center (GLITEC)

The Great Lakes Inter-Tribal Epidemiology Center (GLITEC) is a program of the Great Lakes Inter-Tribal Council (GLITC). Our organization serves the 34 federally recognized Tribes, four urban Indian communities, and three Indian Health Service (IHS) service units within the Great Lakes Area (Michigan, Minnesota, Wisconsin, and Chicago). GLITEC staff supports American Indian/Alaska Native communities in their efforts to improve the health of their people through partnering directly with communities, producing publicly available resources, providing training and other program support, and assisting with data needs, including educating on the local, state, and national levels to improve data quality. The mission of GLITEC is “to support Tribal communities in their efforts to improve health by assisting with data needs through partnership development, community-based research, education and technical assistance.” GLITEC’s programs and services encompass a range of public health topics, including overdose prevention.

## Priorities

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This RFP is focused on reducing harm and deaths by overdose from drug use in Native communities in Michigan. Projects can support Native communities both on- and off-reservations and Tribal lands, including urban Native communities.

Priority applicants will demonstrate the following:

- Led and powered by Native people.
- Working in contexts that allow them to engage with Native people who use drugs. However, a history of engagement in activities and issues related to drug use is not required or needed.
- Committed to addressing the root causes of social and racial injustice at a community level.
- Supportive of a person-centered and non-punitive approach to drug use.
- Willing to enhance their own knowledge and understanding of overdose prevention and harm reduction through technical assistance sessions.

## Project Guidelines

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We are interested in receiving applications from Native nations; Indian Health Service, Tribal 638, and Urban Indian Health Programs; and other Native-led / Native-serving entities in Michigan that represent a diversity of approaches to working with and reducing harm for people who use drugs.

Examples of harm reduction-oriented activities include **but are not limited to**:

- Culturally based programs including ceremony, language classes, traditional healing, drum circles, talking circles, traditional singing and dancing, storytelling, cultural arts such as beading and basketry, traditional foods/food sovereignty programs, (youth) culture camps, etc. that aim to provide healing for people who use drugs and/or prevent future drug use.
- Incorporating harm reduction, treatment, and prevention messaging into appropriate cultural practices.
- Incorporating the distribution of naloxone, hygiene products, and other safer drug-use supplies into existing direct services or community events, or otherwise improving access to these harm reduction supplies.
- Addressing stigma around harm reduction and people who use drugs held by elected officials, traditional leaders, healers, knowledge holders, elder, medical providers, community members, and/or others.
- Investing in supports for families that are vulnerable to child removal due to involvement with drug use, with the goal of reducing the rate of children removed from family homes and supporting family recovery and family reunification.

- Planning, implementing, or expanding harm reduction services, including but not limited to distribution of safer use supplies, community-based drug checking, and street medicine (e.g., providing harm reduction and/or related health services via street outreach or mobile clinic).
- Incorporating culturally based drug education curriculum into youth development programming.
- Media campaigns that shift the narrative around harm reduction and stigma.
- Kinship caregiver support, such as programming for grandparents/family members raising a family member’s children due to consequences of the overdose epidemic.
- Community-rooted evaluation to lift up alternative approaches to assessing public health programs and their impact with Native communities.<sup>3</sup>
- Improving data collection, access, and systems for data related to overdose, drug use, harm reduction and treatment.
- Planning, assessment, and capacity building activities that work towards the institutionalization of harm reduction and drug policy activities within an organization, government, or community. Examples include, but are not limited to, funding for:
  - Strategic planning around Tribal and/or state opioid settlement fund spending,
  - Staff trainings on methods for engaging people who use drugs,
  - Travel for staff to visit similar programs in other jurisdictions,
  - Community advisory board inclusive of people who use drugs,
  - A consultant to develop or review policies and protocols to better serve people who use drugs,
  - Coalition-building or other methods of educating and engaging partners to generate program support, and
  - Conducting systems assessments or community-based participatory needs assessments.<sup>4</sup>

Please note that in alignment with Indigenous data sovereignty principles,<sup>5</sup> data sharing with the funder and grant administrator is not required, even if the proposed project includes data collection elements.

Funds awarded through this opportunity cannot be used for lobbying as defined in Section 4911 of the U.S. Code.

## Selection Criteria

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Proposals will be evaluated using the following criteria, using the Scoring Rubric in Appendix A:

<sup>3</sup> Seven Directions Indigenous Evaluation Toolkit: <https://www.indigenoussphi.org/tribal-opioid-use-disorders-prevention/indigenous-evaluation-toolkit>

<sup>4</sup> JHU Center for Indigenous Health Tribal Principles Quick Guide to Conducting a Needs Assessment: <https://www.tribalprinciples.cih.jhu.edu/wp-content/uploads/2024/02/Tribal-Principles-Assessment-Guide.pdf>

<sup>5</sup> Carroll SR, Garba I, Figueroa-Rodríguez OL, et al.. The CARE Principles for Indigenous Data Governance. *Data Science Journal*. 2020;19(1):43. doi:10.5334/dsj-2020-043

- **Alignment with Harm Reduction Principles:** The proposal demonstrates strong alignment with harm reduction principles.<sup>6</sup>
- **Commitment to Racial Equity:** The proposal demonstrates a strong commitment to increasing support for and reducing negative health effects among Native people who use drugs.
- **Inclusion of PWUD:** The proposal clearly demonstrates how people with living and lived experience will be involved in guiding and decision-making for the project.
- **Organizational Leadership:** The proposal clearly demonstrates how organizational leadership and decision-making authority center Native people.
- **Organizational Capacity:** The proposal demonstrates organizational capacity, buy-in from any essential partners, and relationships with the population to be served, to perform the project activities.
- **Project Narrative:** The proposal clearly articulates how the goals and activities are grounded in evidence, reflecting best practices, and aligned with culturally based harm reduction strategies.
- **Work Plan:** The work plan shows clearly defined and linked activities, outputs, and outcomes.
- **Budget:** The proposal clearly demonstrates that expenditures are appropriate, feasible, and focused on project activities.
- **Reach:** The proposal demonstrates how Native communities will be reached through project activities.
- **Impact:** The proposal articulates how project activities are intended to reduce health disparities among Native people who use drugs.

## Grantee Expectations

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- Completion of grantee agreement and related documentation required by grant administrator (GLITEC).
- Execution of project deliverables defined in the grantee agreement that work towards the advancement of culturally based harm reduction and/or overdose prevention.
- Participation of core project staff in up to 5 peer learning community workgroup meetings during the grant period, to be held monthly and facilitated by GLITEC and Vital Strategies.
- Participation of relevant project staff in a 1-hour virtual progress check-in conducted by GLITEC and Vital Strategies at project midpoint.
- Submission of midpoint and final progress reports to GLITEC and Vital Strategies.

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<sup>6</sup> For the purpose of this grant, alignment with harm reduction principles will be based on [the National Harm Reduction Coalition's Principles of Harm Reduction](#) and [Native Harm Reduction Toolkit](#).

## Selection Process

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All applications will be reviewed by a committee from Vital Strategies and GLITEC. Final funding decisions will be made by Vital Strategies. Decisions will be made based on the quality of the proposal, its alignment with project priorities, and available funding. Applicants may receive requests for an interview for more information.

## Proposal Instructions

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A complete application will include both of the following submitted by May 18, 2026, at 11:59 PM EDT:

- **Application Form** (*questions provided below*)
  - <https://airtable.com/appLIX3kSCd9fmVmV/pagqHE0iFwmFwyDof/form>
- **Project Work Plan and Budget** (*sample template in Appendix B; applicants must upload Excel template to the Application Form*)
  - <https://vital.box.com/s/dof4w31rdyivrkaubyva98968xajs8o>

## Application Questions for All Applicants

1. **Organization name**
2. **Contact person name**
3. **Email address**
4. **Phone number**
5. **Address**
6. **Website** [Optional]
7. **Signatory authority name**
8. **Signatory authority title**
9. **Applicant type:**
  - Tribal government
  - Tribally-Operated 638 Program
  - Urban Indian Health Program
  - Other Indian Health Service (IHS)
  - 501(c)(3)
  - Fiscally sponsored organization
  - Business
  - Other
10. **Services provided:** [200 words max] Please share the relevant current services your organization provides. This can be a list of departments/programs, and a list of the services provided by the specific department(s)/program(s) applying for the grant.
11. **Community served:** [200 words max] Please describe the geography, strengths, assets, and needs of your community.  
In your answer, please include:

- What geographical area(s) and Native communities does/will your program serve?
  - What are some key strengths and assets of your community?
  - What are unique needs experienced by your community? How does your organization work (or plan) to address some of these needs?
12. **Experience working with people who use drugs:** [200 words max] Please describe your organization’s history of working with people who use drugs (PWUD). If you do not currently work with PWUD, please describe how the services you currently provide or plan to provide will benefit this community.
13. **Context for living, lived or shared experiences:** [Optional] Is there anything you’d like to share about the representation of people with lived experience of drug use on this project’s leadership team or staff?
14. **Proposal title**
15. **Project narrative:** [400 words max] Please provide a description of your project that addresses each of the points below. We recognize that groups newer to overdose prevention and harm reduction may have a more difficult time conceptualizing the details of this project proposal – as such, we encourage applicants to reference the examples provided in the RFP and to reach out to [overdose@vitalstrategies.org](mailto:overdose@vitalstrategies.org) with questions about project examples and costs.
- What is the main goal of your project?
  - What are the primary activities you will undertake to accomplish this goal?
  - What specific need(s) and/or challenge(s) does your project address?
  - How will this project support people who use drugs in your community?
  - How will your project include people who use drugs in its planning and implementation?
  - How will this project support Native community members?
  - How might this project center and honor the cultural and traditional practices of the Native communities served?
  - [Optional] What are the relevant qualifications and expertise of key project staff?
16. **Proposed outcomes:** [200 words max] Please describe the outcomes your program hopes to achieve within the grant period (can be listed points).  
Example outcomes may include:
- Increased knowledge of how to support people who use drugs
  - Improved attitudes toward harm reduction
  - Improved access to harm reduction supplies (e.g. syringes, fentanyl test strips, etc.)
  - Increased access to naloxone and overdose reversal training in targeted community.
17. **Organizational growth areas:** [100 words max] Through this funding opportunity, grantees will participate in a learning community with facilitated sessions on harm reduction, overdose prevention, and racial equity in the context of Native communities that share geography with Michigan; access technical assistance on issues like fundraising, communications and storytelling, leadership, and organizational

governance; and connect with and learn from other grantees. Please share the following to help us tailor the learning community:

- Areas where your program and staff would like technical assistance and support
  - Specific topics your program would like to learn more about
  - [Optional] Areas or topics that your program would like to teach other grantees
18. **Amount of grant funding:** What amount of funding are you applying for? The range of funding is \$15,000 to \$50,000 for each grantee.
19. **Project work plan and budget:** Please upload the completed [Project Work Plan + Budget spreadsheet](#). Outline key activities within the grant period and the associated costs. This budget and work plan should clearly track the project activities, goals, and outcomes from the Project Narrative and Proposed Outcomes. If you have questions about project examples and costs, please contact [overdose@vitalstrategies.org](mailto:overdose@vitalstrategies.org)
20. **Supporting documents:** [Optional] Please upload any relevant supporting documents for your proposal such as program brochures.

### Additional questions for “Other Indian Health Service (IHS),” “501(c)(3),” “Fiscally-sponsored organization,” “Business,” and “Other”

1. **Organization mission:** [200 words max] Please describe your organization’s mission and how it centers racial equity.
2. **Organization budget:** Which of the following best represents your organization’s annual budget?
  - Less than \$50,000
  - \$50,001 - \$200,000
  - \$200,001 - \$500,000
  - \$500,001 - \$2,000,000
  - \$2,000,001 - \$5,000,000
  - More than \$5,000,000
3. **Board member representation:** What percent of your organization’s board membership identifies as Indigenous?
  - Less than 25%
  - 25% - 50%
  - More than 50%
  - N/A
4. **Executive team representation:** What percent of your organization’s executive team membership identifies as Indigenous?
  - Less than 25%
  - 25% - 50%
  - More than 50%
  - N/A
5. **Staff representation:** What percent of your organization’s staff identify as Indigenous?
  - Less than 25%
  - 25% - 50%
  - More than 50%

- N/A
- 6. **Native-led organization:** Do you identify as a Native-led organization?
  - Yes
  - No
- 7. **Context for organizational leadership:** [100 words max] How does your organization center the leadership of Indigenous people?
- 8. **Connection with Native communities:** [100 words max] Please describe your organization's relationship with the Native community where you are located. If your organization is on Tribal lands, please describe your organization's relationship with 1) the Tribal government (if any) and 2) community of the Native nation where you are located.

### Additional Question for "Other"

1. **Organization structure:** [200 words max] Since you selected "Other" for type of organization, please describe your organization's structure including key people and fiscal management policies and practices.

## Appendix A: Scoring Rubric

Criteria Dimensions	Scale (highest number is best)		Reviewer Score
<b>Baseline Eligibility</b>			
Applicant Type: Is the applicant one of the following: <ul style="list-style-type: none"> <li>○ Tribal government</li> <li>○ Indian Health Service, Tribal 638, or Urban Indian Health Program</li> <li>○ Other Native-led / Native-serving entity</li> </ul>	YES / NO		
If YES, then application is eligible and reviewers may proceed with scoring. If NO, then application is not eligible and reviewers may stop here.			
<b>Fidelity to and commitment to racial equity approach and harm reduction framework</b>			
Harm Reduction Framework: How strongly does the proposal align with culturally based harm reduction strategies described in the RFP or provide a clear alternate strategy aligned with intent of the RFP?	1 to 10		
Racial Equity Commitment: What is the level of commitment to increasing support for and reducing negative health effects among Native people who use drugs?	1 to 10		
Inclusion of PWUD: To what degree are people with living and lived experience with drug use involved in guiding and decision-making for the proposed project?	1 to 10		
<b>Quality and clarity of the proposal</b>			
Leadership, staffing and membership: To what degree is agency leadership and decision-making authority comprised of Native people? How reflective is the composition of staff, members, constituents, etc. of the agency reflective of the community they seek to work with?	1 to 10		
Capacity: What is the level of the applicant's organizational capacity, buy-in from essential partners, and relationships with the population to be served, to perform the proposed activities?	1 to 10		
Project Narrative: To what degree are the proposed goals and activities grounded in evidence, reflecting best practices, and aligned with culturally based harm reduction strategies?	1 to 15		
Work Plan: To what degree does the workplan have clearly defined and linked activities, outputs, and outcomes?	1 to 10		

Budget: To what extent are the proposed expenditures appropriate, feasible, and focused on proposed activities?	1 to 10		
Reach and Impact			
Reach: To what degree is the proposed project likely to reach Native communities?	1 to 10		
Impact: To what degree does the proposed project serve to reduce health disparities among Native people who use drugs?	1 to 5		
		Total Score	_____ Out of 100 points

## Appendix B: Work Plan and Budget Template

<b>WORK PLAN</b> <b>Organization Name:</b> <b>Project Name:</b> <b>Grant Amount: (allowable range \$15,000 to \$50,000)</b>				
	<b>Activities (Inputs)</b> What are you going to do related to this project?  <i>Example:</i> - Host 5 talking circles for Native people who use drugs	<b>Outputs</b> What's the result of these activities?  <i>Example:</i> - 25 people attend and participate for 80% of the talking circles	<b>Outcomes</b> What's the outcome? What changed or shifted as a result of this activity?  <i>Example:</i> - Participants have an increased sense of connection to community, culture, identity, and supports, improving wellness and health outcomes	<b>Budget Narrative</b> What are the associated costs with these activities?  <i>Example:</i> - Salary/stipend for facilitator (\$200/hr) - Event space rental fees (\$300/event) - 30 bus passes to assist participant travel (\$3/pass)
<b>First Half (Jun 1, 2026 – Aug 15, 2026)</b>				
<b>Final Half (Aug 16, 2026 – Oct 31, 2026)</b>				

<b>Project Budget</b>	
<b>Organization Name:</b>	
<b>Project Name:</b>	
	<b>Grant Funding*</b>
<b>EXPENSES</b>	
Salaries	
Payroll Taxes	
Fringe Benefits	
Consultants and Professional Fees	
Travel & Training	
Equipment	
Supplies	
Other (specify) Miscellaneous/Contingency	
Occupancy	
Evaluation	
Indirect @ 15% maximum	
<b>TOTAL EXPENSES</b>	
<b>*This column should reflect the total grant amount (allowable range \$15,000 to \$50,000)</b>	

Download Work Plan and Budget Template here:  
<https://vital.box.com/s/dof4w31rdyivrkaubvva98968xajs8o>