



Harm Reduction Futures Fund

Round 16 Grant Cycle – Phase 1

Request for Pre-Application Survey

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Executive Summary

The Harm Reduction Futures Fund (formerly the Syringe Access Fund) is a collaborative grantmaking initiative that seeks to reduce the health, psychosocial, and socioeconomic disparities experienced by people who use drugs (PWUD). The Harm Reduction Futures Fund invests in evidence-based and community-driven approaches to prevent the transmission of both HIV and viral hepatitis, reduce injection-related injuries, increase overdose prevention and reversal efforts, and connect people who use drugs to comprehensive prevention, treatment, and support services.

The Harm Reduction Futures Fund will award grants this Round to two kinds of organizations: 1) syringe services programs providing direct services and 2) harm reduction organizations supporting multiple syringe service programs providing direct services.

Please note, we are currently not offering advocacy grants. At this time only direct service applications will be accepted.

Harm Reduction in the United States

Provisional data from the CDC shows that overdose mortality reached a staggering milestone of over 105,000 deaths in the most recent 12-month period.¹ Between 2014 and 2018, HIV diagnoses due to

¹ Centers for Disease Control and Prevention, National Center for Health Statistics. *Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts*. Accessed on June 15, 2023 at <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

injection drug use increased for the first time in 20 years. Today, 10% of new HIV diagnoses are attributed to injection drug use,² and the CDC estimates that 60% of HCV cases in the U.S. are directly or indirectly related to injection drug use.³ Harm reduction services have proven to be vital for the health and wellbeing of people who use drugs.

A 2021 Centers for Disease Control and Prevention (CDC) study found that 18.2% of respondents increased or initiated substance use during the COVID-19 pandemic. Increased substance use prevalence was especially higher among Hispanic/Latinx respondents at 36.9 percent.⁴ According to a 2021 study by the National Institute on Drug Abuse (NIDA), methamphetamine-involved overdose deaths tripled from 2015-2019 in the United States.⁵ Another 2021 NIDA study indicates that deaths involving methamphetamine more than quadrupled among American Indians and Alaska Natives.⁶ These trends are not surprising given our nation's history of racist drug policies and focus on criminalization. Black people make up 13.6% of the U.S. population⁷ and use drugs at similar rates to people of other races,⁸ yet the highest increase in rates of overdose death in 2020 were among Black individuals.⁹ Further, organizations led by people of color are less equipped to respond to historical and emergent needs.¹⁰ Since it was founded in 2004 as the Syringe Access Fund, the Harm Reduction Futures Fund has always been committed to supporting harm reduction, which has proven to lower rates of substance use around the world.¹¹

The most effective example of harm reduction interventions are syringe services programs (SSPs). The United States government has historically limited its support for syringe services. There is a partial ban on federal funding being used for syringe services, which prohibits the purchase of syringes, cookers, and pipes. Syringe services are legislated at the state level, with some states where syringe services are not legal, others where they are legal but not budgeted, and others where public money can be used for program staff, infrastructure, and related services, but not to purchase certain supplies, like syringes,

² Centers for Disease Control and Prevention (CDC). Diagnoses of HIV infection in the United States and dependent areas, 2017. *HIV Surveillance Report* 2018;29.

³ Centers for Disease Control and Prevention (CDC). Diagnoses of HIV infection in the United States and dependent areas, 2017. *HIV Surveillance Report* 2018;29.

⁴ McKnight-Eily LR, Okoro CA, Strine TW, et al. Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic — United States, April and May 2020. *MMWR Morb Mortal Wkly Rep* 2021;70:162–166. DOI: [http://dx.doi.org/10.15585/mmwr.mm7005a3external icon](http://dx.doi.org/10.15585/mmwr.mm7005a3external%20icon).

⁵ National Institutes on Drug Abuse. News Release: *Methamphetamine-involved overdose deaths nearly tripled between 2015 to 2019, NIH study finds*. Sept. 22, 2021. Accessed on June 15, 2023 at <https://www.drugabuse.gov/news-events/news-releases/2021/09/methamphetamine-involved-overdose-deaths-nearly-tripled-between-2015-to-2019-nih-study-finds>

⁶ National Institutes of Health. News Release: *Methamphetamine overdose deaths rise sharply nationwide*. Jan 21, 2021. Accessed on June 15, 2023 at <https://www.nih.gov/news-events/news-releases/methamphetamine-overdose-deaths-rise-sharply-nationwide>

⁷ U.S. Census Bureau, Quick Facts (2021) <https://www.census.gov/quickfacts/fact/table/US/RHI225221>

⁸ Substance Abuse and Mental Health Services Administration, “Highlights by Race/Ethnicity for the 2021 National Survey on Drug Use and Health.” (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2022). <https://www.samhsa.gov/data/sites/default/files/2022-12/2021NSDUHFFRHighlightsRE123022.pdf>

⁹ Centers for Disease Control and Prevention (CDC). Vital Signs: Drug Overdose Deaths Rise, Disparities Widen. July 19, 2022. Accessed June 15, 2023 at <https://www.cdc.gov/vitalsigns/overdose-death-disparities/index.html>

¹⁰ The Building Movement Project. *Nonprofit Executives and the Racial Leadership Gap: A Race to Lead Brief*. 2016. https://racetolead.org/wp-content/uploads/2020/07/RTL_Revisited_National-Report_Final.pdf

¹¹ Logan DE, Marlatt GA. Harm reduction therapy: a practice-friendly review of research. *J Clin Psychol*. 2010;66(2):201-214. doi:10.1002/jclp.20669

cookers, and pipes. Regardless of legality, SSPs also often face significant stigma and community opposition.

Decades of research demonstrate the effectiveness of syringe services programs. SSPs are associated with an estimated 50% reduction in HIV and hepatitis C.¹² Access to an SSP, combined with medication for opioid use disorder (MOUD), can reduce HIV and hepatitis C transmission by over two-thirds.^{13,14} The Harm Reduction Futures Fund is proud to support the lifesaving work of SSPs who serve those among our most marginalized.

Purpose

The primary goal of the Harm Reduction Futures Fund is to provide core support for programs that demonstrate an ability to provide high quality syringe and other drug user health services to one or more identified communities.

The Harm Reduction Futures Fund seeks to identify and support organizations across intersecting movements to enhance and coordinate services for people who use drugs. It supports and funds organizations that are led by and/or meaningfully involve and serve networks of people who use drugs, including in the design, delivery, and evaluation of services (for information on meaningful involvement, please find on the AIDS United website “[Meaningful Involvement of People Who Use Drugs](#)”).

In Round 16, the Harm Reduction Futures Fund will prioritize support for programs that are led by and serve Black, Indigenous, and other People of Color (BIPOC), as well as those in jurisdictions of high need and low resources. Other compelling factors may include the leadership of current or former sex workers; prevalence of HIV, viral hepatitis, and other blood-borne pathogens in a community; injection drug use prevalence; opioid use; overdose incidence; and availability of local funding.

A community-based review committee will evaluate all Pre-Application Survey submissions and invite up to 40 applicants to submit a full proposal, based on the eligibility requirements below and the factors above. Ultimately, for this grant cycle, AIDS United expects to provide one-year cash grants to a total cohort of 7 to 15 organizations, selected by the same community-based review committee.

¹² Platt L, Minozzi S, Reed J, et al. Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. *Cochrane Database Syst Rev*. 2017; 9: CD012021. Doi: 10.1002/14651858.CD012021.pub2.

¹³ Gonsalves, Gregg S, Crawford, Forrest W. Dynamics of the HIV outbreak and response in Scott County, IN, USA, 2011-15: a modelling study. *The Lancet*. Vol 5, Issue 10, E569-E577, October 01, 2018. Doi:[https://doi.org/10.1016/S2352-3018\(18\)20176-0](https://doi.org/10.1016/S2352-3018(18)20176-0).

¹⁴ Fernandes RM, Cary M, Duarte G, et al. Effectiveness of Needle and syringe programmes in people who inject drugs – An overview of systematic reviews. *BMC Public Health*. 2017; 17(1):309. Doi:10.1186/s12889-017-4210-2.

Transparency and Use of your Data

AIDS United's Harm Reduction Futures Fund is committed to supporting organizations who center the meaningful involvement of Black, Indigenous, and people of color that use drugs in practices rooted in the ethos of harm reduction. We will prioritize funding for organizations who are led by and for the communities served. We will consider supporting organizations who are committed to reviewing and revising your strategies to meet this objective. We value your trust and take your organizations data safety and anonymity seriously. If you have questions, please contact us.

We are committed to supporting organizations that strive to reach and include populations most affected by drug use and meaningfully incorporate people with lived experience within their staff and Board of Directors. Please complete all questions related to demographics of your staff, board, volunteers, and the people you serve. We understand there are limitations to data collection and that some of the information requested includes data you may not have, and/or may be unable to collect formally. *Please share your best estimate.* The goal of these questions are to better understand your agency's current state of inclusion of populations you seek to serve at all levels of the organization, and to identify current efforts being taken for ensuring meaningful inclusion and representation.

Eligibility Requirements

To be eligible for funding, applicants must meet ***one or both*** of the following criteria. For Multi-Program Support, the ultimate beneficiaries of the grant must meet the criteria below.

- **Racial Equity** – Applicant organizations led by **and** serving a majority of people of color.
 - AIDS United is defining “BIPOC-led organizations” as those with 1) a self-identified BIPOC executive director/highest paid staff or equivalent (or 50%+ if a Co-Director/flat leadership model), 2) 51%+ self-identified BIPOC in senior leadership, **and** 3) 51%+ self-identified BIPOC among staff
 - AIDS United is defining “BIPOC-serving organizations” as those serving 51%+ of participants who self-identify as BIPOC
 - *Note: We recognize that these definitions are imperfect. We are committed to continued learning, updating our language, and being cognizant of the ways in which race and power operate.*
- **Areas of High Need/Low Resource** – Programs in this category and/or the jurisdictions in which they serve can be defined as (but not limited to):
 - SSPs are not sanctioned in the area you serve
 - SSPs are highly restricted in the area you serve
 - Zoning Laws
 - Challenging to get sanctioned
 - Mandated one-for-one services
 - Newly established
 - Primarily LGBTQIA2S+-serving
 - No or very little state or local financial support for supplies
 - Demand far outweighs supply
 - Harm Reduction and/or drug use supplies highly criminalized

- Limited or no access to needs-based SSPs outside of the applicant organization
- Serving a large geographic area
- Small program with high volume distribution
- Limited access to supplies
- Serving communities not reached by other service providers or SSPs

Applicants must also meet all the following criteria:

- **Budget** - Applicants must have a total organizational budget of *less than* \$1,500,000.
Note: Applicants with fiscal sponsors should use their own budget amount, not their fiscal sponsor's, to determine eligibility.
- **Geographic Location** – Applicants must be located and perform work within the 50 states, the District of Columbia, Native American Reservations/Tribal Lands, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, or the U.S. Virgin Islands.
- **Non-Profit Status** – Applicants must be non-profit, tax-exempt organizations, per the guidelines set forth by the Internal Revenue Service (IRS) with proper 501(c)(3) status. Verification of this federal status will be undertaken by AIDS United before final grant decisions are made. Organizations or coalitions that do not hold 501(c)(3) status must have a fiscal sponsor that does. *Note that 501(c)4 designation is not the same. While it is possible for an organization to have both IRS (c)3 and (c)4 status, AIDS United will verify that each applicant organization has a (c)3 designation.*
- **Financial Stability** – Organizations should be fiscally stable and viable prior to submission of the funding application, meaning organizations should have the financial ability to operate for the duration of the grant period.
- **Funding Categories** – Proposals must be submitted by: 1) syringe services programs providing direct services or 2) harm reduction organizations supporting multiple syringe service programs providing direct services.
- **Good Standing** - Current or previous grantees of any AIDS United funding portfolio must be in good standing with regards to reporting and all other grant requirements.
- **Grant Period** – Applicants must be able to utilize the funds within a 12-month period beginning February 1, 2026 and ending January 31, 2027.
- **Relationship to AIDS United** – Current AIDS United grantees are eligible to apply. Organizations who have not been funded by AIDS United before are also eligible to apply. Current grantee status does not affect decisions.

Grant Considerations and Maximum Award Amounts

The Harm Reduction Futures Fund offers grant support under three categories: 1) syringe services programs providing direct services or 2) harm reduction organizations supporting multiple syringe service programs providing direct services.

Organizations are eligible to apply under only ONE category.

- **Direct Service organizations are invited to submit proposals for \$10,000 to \$25,000 for one year.** (AU anticipates 5-13 programs will receive funding)
- **Multi-Program Support organizations are invited to submit proposals for \$25,000 to \$40,000 for one year.** (AU anticipates 1 program will receive funding)

Restrictions

Grant funds may not be used for: medications or purchasing of medications; direct medical expenses, including lab expenses; existing deficits of Grantee; basic biomedical research, clinical research, or clinical trials; projects that directly influence or advance pharmaceutical business, including purchase, utilization, prescribing, formulary position, pricing, reimbursement, referral, recommendation or payment for pharmaceutical products; individuals with prescribing authority, individual health care providers, or physician group practices; events or programs that have already occurred; indirect expenses outside of the percentage noted in grantees' approved budgets; and/or direct or grassroots lobbying. An in-depth description of direct and grassroots lobbying can be [accessed here](#).

Organizations that discriminate on the basis of race, color, gender, religion, disability, sexual orientation or gender identity or expression are not eligible to apply.

Deadline and Submission Information

The application process for the Harm Reduction Futures Fund will begin with a Pre-Application Survey, which should be submitted via AIDS United's online [application form](#) and are **due by 5:00 p.m. ET on August 21, 2025**.

AIDS United's community review committee will review Pre-Application Survey submissions and invite a maximum of forty (40) eligible organizations with compelling requests across all two (2) categories to submit a full proposal.

Late, incomplete, mailed, express-delivered, or faxed Pre-Application Survey responses will not be accepted.

Assistance throughout the Pre-Application Process

AIDS United is committed to assisting applicants with the preparation of a complete and responsive Pre-Application Survey to the Harm Reduction Futures Fund. Our staff will be available to answer any questions and provide technical assistance. We prefer that you submit questions and requests for assistance to our dedicated email address: harmreduction@aidsunited.org.

 **Optional one-on-one technical assistance office hours, where AIDS United staff will be available to assist with any questions you might have**, will be held at the following times during the open application period. If interested, please sign up for a 15-minute slot at the links below.

Office Hour scheduling link for the days and times below: [Use this link to schedule](#)

- AUGUST 6 – PAS Office Hours 1-2pm ET

- AUGUST 11 – PAS Office Hours 3-5 pm ET
- AUGUST 12 – PAS Office Hours 1-3 pm ET
- AUGUST 13 – PAS Office Hours 4-6 pm ET
- AUGUST 19 – PAS Office Hours 3-5 pm ET
- AUGUST 20 – PAS Office Hours 1-2 pm ET

Additional days and times may be added if needed

 **Additionally, a webinar will be held on the following date for the purpose of providing clarification about the grant announcement and key application submission tips.** Please note that the TA webinar includes information about submitting the proposal online. All application submissions will be sent via AIDS United's online [application form](#).

- Friday, August 8, 1-2pm ET
- Register at:

https://us06web.zoom.us/meeting/register/3h5wCOY_Qm-Lt71hx8vj4g

Thank you for your interest in the Harm Reduction Futures Fund and for your work in improving drug user health in your community.

Timeline

The following outlines key benchmarks for the initiative:

August 1, 2025	Request for Pre-Application Surveys Released
August 8, 2025	Pre-Application Survey TA Webinar at 1:00pm ET
August 21, 2025`	Pre-Application Survey Due at 5:00 p.m. ET
September 19, 2025	Notification of Full Proposal Invitation Decisions
September 29, 2025	Request for Proposals TA Webinar at 3:00pm ET
October 20, 2025	Full Proposals Due at 5:00pm ET
December 18, 2025	Notification of Funding Decisions
February 1, 2026	Grant Period Begins
September 1, 2026	Interim Report Due
January 31, 2027	Grant Period Ends
March 1, 2027	Final Report Due

Pre-Application Survey Questions

Pre-Application Survey responses should address why your organization is best suited to advance the goals of the Harm Reduction Futures Fund in this Round. **Each Pre-Application submission must be sent via AIDS United's online [Application Form](#).** It should include:

Organizational Information

- Organization name
- Organization EIN
- Organization address, city, state, zip code, website
- Contact Information: Primary contact name, title, email address, and phone number.
- Fiscal Sponsor Information, if applicable: Organization Name, Address, Employer Identification Number (EIN), website, and contact person name, title, email, and phone number.

Organizational Leadership

AIDS United seeks to understand the leadership and staff of the organizations we fund, as well as the communities they serve.

We recognize that these labels are imperfect. We are committed to continued learning, updating our language and being cognizant of the ways in which HIV status, race, gender identity, and sexual orientation impact people's access to power.

People of color can include anyone who self-identifies as any ethnicity and/or race that does not fit within the United States definition of "white" There will be some duplication with other race and ethnicity questions.

Nonbinary people can include agender, genderfluid, and gender non-conforming people.

- Approximately what percentage of your organization's leadership identifies as part of the following groups? Feel free to include the Executive Director, Board of Directors, and other senior leaders as may apply to your organization's structure. *If your organization does not collect data needed to answer these questions, select "unsure."*

	0-25%	26-50%	51-75%	76%+	Unsure/prefer not to answer
People living with HIV					
People of color					
Asian, Asian American, East Asian, South Asian, Southeast Asian, Southwest Asian, and Central Asian people					
American Indian, Native American, or Alaska Native people					

Black/African American/African/Afro Caribbean people					
Latino/Latina/Latinx/Latine/Hispanic people					
Native Hawaiian people or other Pacific Islanders					
White or Caucasian people					
Lesbian, gay, bisexual, queer, asexual, aromantic, and same-gender-loving people					
Heterosexual people					
Women of trans experience					
Men of trans experience					
Cisgender women					
Cisgender men					
Nonbinary people					
People who use drugs					
Sex workers					
People who are or have been unhoused/unstably housed					
People with a history of incarceration					
People aged 24 and under					
Dandelions/Lifetime Survivors					
People with other relevant lived experience (please specify)					

- Approximately what percentage of your staff identify as part of the following groups? If volunteers conduct a significant portion of your activities, feel free to include them. *If your organization does not collect data needed to answer these questions, select "unsure."*

	0-25%	26-50%	51-75%	76%+	Unsure/prefer not to answer
People living with HIV					
People of color					
Asian, Asian American, East Asian, South Asian, Southeast Asian,					

Southwest Asian, and Central Asian people					
American Indian, Native American, or Alaska Native people					
Black/African American/African/Afro Caribbean people					
Latino/Latina/Latinx/Latine/Hispanic people					
Native Hawaiian people or other Pacific Islanders					
White or Caucasian people					
Lesbian, gay, bisexual, queer, asexual, aromantic, and same-gender-loving people					
Heterosexual people					
Women of trans experience					
Men of trans experience					
Cisgender women					
Cisgender men					
Nonbinary people					
People who use drugs					
Sex workers					
People who are or have been unhoused/unstably housed					
People with a history of incarceration					
People aged 24 and under					
Dandelions/Lifetime Survivors					
People with other relevant lived experience (please specify)					

- Approximately what percentage of your clients or beneficiaries identify as part of the following groups? *If your organization does not collect data needed to answer these questions, select "unsure."*

	0-25%	26-50%	51-75%	76%+	Unsure/prefer not to answer
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People living with HIV					
People of color					
Asian, Asian American, East Asian, South Asian, Southeast Asian, Southwest Asian, and Central Asian people					
American Indian, Native American, or Alaska Native people					
Black/African American/African/Afro Caribbean people					
Latino/Latina/Latinx/Latine/Hispanic people					
Native Hawaiian people or other Pacific Islanders					
White or Caucasian people					
Lesbian, gay, bisexual, queer, asexual, aromantic, and same-gender-loving people					
Heterosexual people					
Women of trans experience					
Men of trans experience					
Cisgender women					
Cisgender men					
Nonbinary people					
People who use drugs					
Sex workers					
People who are or have been unhoused/unstably housed					
People with a history of incarceration					
People aged 24 and under					
Dandelions/Lifetime Survivors					
People with other relevant lived experience (please specify)					

- Please explain any disparities between your organizational composition and the communities it serves. Describe your efforts to address such disparities, including plans, timelines, and responsibilities for those plans.
- Please explain any challenges you experience when collecting this data. Please note that estimates are fine.

Budget Information

- What is your organization's annual operating budget for 2025? *Please do not provide your fiscal sponsor's budget for this question.*
- Current budget start & end dates
- Please provide the amount requested. You may request up to \$40,000 for Multi-Program SSPs and up to \$25,000 for Direct Service SSPs.

Conflicts of Interest

- Are you or any member of your organization an employee of AIDS United, a member of AIDS United's Board of Trustees, or the Public Policy Council (PPC)?
 - If yes, please provide the person's name(s) & role (Employee, Board of Trustees, Public Policy Council)
 - No
- If the answer was "yes" to the question above, do you attest that this person will recuse themselves from any involvement in the application process and/or financial decisions associated with this opportunity?
 - Yes
 - No

Project Information

- Project title
- SSP (yes or no)
- Category (select one)
 - Syringe services program providing direct services
 - Harm reduction organization supporting multiple syringe services programs providing direct services
- Eligibility requirements (select one or both)
 - BIPOC Serving/Led
 - High Need/Low Resource
- I would describe my organization as... (check all that apply)
 - All Volunteer-Led
 - An SSP with One-to-One exchange
 - An SSP with One-to-One Plus/Needs-based with Restrictions exchange
 - An SSP with Needs-Based exchange
 - An Underground SSP
 - None of the Above
- Geographic Area *Check all that apply.*
 - Urban

- Suburban
- Rural
- Reservation
- Geographic Scope *Check all that apply.*
 - Local
 - Statewide
 - Regional
 - National
- Describe Location (e.g., "Baltimore, MD" or "Texas")
- What services or programming will be supported by this grant? Please check all that apply.
 - Prevention
 - Linkage to care services
 - HIV care and treatment (directly provided by your organization)
 - HIV care and treatment (referrals to other providers)
 - Retention in care services
 - Social services (directly provided by your organization)
 - Social services (referrals to other providers)
 - Digital campaigns and events
 - Harm reduction
 - Training and leadership development
 - Advocacy
 - Additional services or programming
 - Please specify

Narrative and Description

- Brief description of your organization (200 words max)
- Brief description of your proposed project (200 words max)
- *Optional:* If you are applying as a high need/low resource SSP please provide a brief description as to why you fit this category (150 words max)

Questions

If you have any questions about **this funding opportunity or the content of your Pre-Application Survey**, please reach out to the Harm Reduction Futures Fund team at harmreduction@aidsunited.org.
 If you have any questions about **navigating our online application form or the submission of your survey**, please contact grants@aidsunited.org.

Pre-applications due by 5:00pm ET on August 21, 2025

All pre-application submissions must be sent via AIDS United's online [Application Form](#)