Naloxone Distribution Plan

California Department of Public Health
Safe and Active Communities Branch
Naloxone Grant Program

REQUEST FOR APPLICATIONS (RFA #16-10967):
Naloxone Distribution Projects

Naloxone Distribution Plan

As a condition of the Naloxone Distribution Projects grant agreement, grantees are required to submit a Naloxone Distribution Plan within 60 days of receiving CDPH final approval of the grant agreement. Completing and submitting this online form fulfills this grant requirement.

This plan should be completed after conducting outreach to identify local entities within your health jurisdiction that already have a naloxone distribution system in place and have the capacity to efficiently and effectively provide naloxone and training to first responders (e.g., harm reduction/syringe exchange programs, substance use disorder treatment providers, homeless programs, jails, emergency services providers, law enforcement, and others), assessing the level of risk of overdose among the populations they serve, and the need for naloxone (Narcan) product.

Please send questions to ngp@cdph.ca.gov.

Please provide the following information as requested for each entity that has been identified to receive Narcan in your local health jurisdiction.

1. Local Health Department

2. Information for person entering information

   Name
   Phone Number
   E-mail Address

3. Will you distribute Narcan nasal spray to a Syringe Exchange Program (SEP)?
Please enter information for each entity you plan to provide with Narcan nasal spray.

4. Local entity information

Name of local organization/entity to receive Narcan nasal spray:

Entity Contact Person

Entity Contact Email

Address 1

Address 2

City

Zipcode

Entity type

- Yes
- No

- Harm Reduction Center/Syringe Exchange Program
- Substance Use Disorder Treatment Services
- Homeless Program
- Law Enforcement
- Emergency Medical Services
- Fire Services
- Jails
• Other - Write In (Required) Please enter an 'other' value for this selection.

Description of the population targeted by this entity to receive Narcan nasal spray:

Number of doses this entity will receive:

Any other relevant information to share: