

Naloxone Hero Project

Please fill this form out quarterly based on the due dates listed in your milestones. In Quarter 4, you will fill out this form twice--once with data from your 4th quarter, and once with data from the entire year. Please contact jspence@arorp.org with any questions or concerns.

Email *

srose3@uca.edu

What is your organization's name? *

University of Central AR

What date are you submitting your report on? *

MM DD YYYY

09 / 01 / 2023

Which quarterly report are you submitting? *

- 1st Quarterly Report
- 2nd Quarterly Report
- 3rd Quarterly Report
- 4th Quarterly Report
- Annual Report

How many naloxone trainings has your organization hosted so far? *

340

How many total individuals has your organization trained through ARORP funding? *

340

How many men have you trained through ARORP funding? *

134

How many women have you trained through ARORP funding? *

206

How many people have you trained through ARORP funding who do not identify as male or female (selecting "other" for gender)? *

0

How many African American people have you trained through ARORP funding? *

84

How many Caucasian people have you trained through ARORP funding? *

178

How many Hispanic people have you trained through ARORP funding? *

50

How many people have you trained who marked "other" for their race/ethnicity? *

20

If you marked "other," please specify.

How many people aged 0-17 years have you trained through ARORP funding? *

1

How many people aged 18-25 years have you trained through ARORP funding? *

280

How many people aged 26-45 years have you trained through ARORP funding? *

50


How many people aged 46-64 years have you trained through ARORP funding? *


4


How many people aged 65+ years have you trained through ARORP funding? *

0

Please upload your data tracking sheet. *

 Narcan report 1 -...

 Narcan report 2 -...

 Narcan report 3 -...

(Optional) Please upload any photos you have of trainings.

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