U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Office of Rural Health Policy

Rural Communities Opioid Response Program - Planning

Funding Opportunity Number: HRSA-18-116
Funding Opportunity Type: New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Letter of Intent Due Date: June 25, 2018

Application Due Date: July 30, 2018

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: June 15, 2018

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Authority: Section 711 of the Social Security Act (42 U.S.C. 912), as amended.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2018 Rural Communities Opioid Response Program-Planning. The purpose of RCORP is to support treatment for and prevention of substance use disorder, including opioid use disorder, in rural counties at the highest risk for substance use disorder, including the 220 counties identified by the Centers for Disease Control and Prevention (CDC) as being at risk for HIV and Hepatitis C infections due to injection drug use (See **Appendix A** for additional eligibility information).

Funding Opportunity Title:	Rural Communities Opioid Response Program-Planning
Funding Opportunity Number:	HRSA-18-116
Due Date for Applications:	July 30, 2018
Anticipated Total Annual Available FY 2018 Funding:	$15,000,000
Estimated Number and Type of Awards:	Approximately 75 grants
Estimated Award Amount:	Up to $200,000
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2018 through September 29, 2019 (1 year)
Eligible Applicants:	All domestic public and private entities, nonprofit and for-profit, are eligible to apply. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in this NOFO to do otherwise. A short video explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Webinar

Day and Date: Thursday, June 28, 2018
Time: 1:00-2:00 p.m. ET
Call-In Number: 1-888-600-4866
Participant Code: 391986
Weblink:
https://hrsaseminar.adobeconnect.com/rural_communities_opioid_response_planning/
Playback Number: 1-888-203-1112
Passcode: 2758241

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the Rural Communities Opioid Response Program-Planning (RCORP-Planning). The purpose of RCORP is to support treatment for and prevention of substance use disorder, including opioid use disorder, in rural counties at the highest risk for substance use disorder, including the 220 counties identified by the Centers for Disease Control and Prevention (CDC) as being at risk for HIV and Hepatitis C infections due to injection drug use (See Appendix A for additional eligibility information).

The overall goal of RCORP-Planning is to reduce the morbidity and mortality associated with opioid overdoses in high-risk rural communities by strengthening the organizational and infrastructural capacity of multi-sector consortiums (as defined in the "Eligibility Information" section) to address one or more of the following focus areas at the community, county, state, and/or regional levels:

1. **Prevention:** reducing the occurrence of opioid use disorder among new and at-risk users, as well as fatal opioid-related overdoses, through activities such as community and provider education, and harm reduction measures including the strategic placement and use of overdose reversing devices, such as naloxone, and syringe services programs;

2. **Treatment:** implementing or expanding access to evidence-based practices for opioid addiction/opioid use disorder (OUD) treatment, such as medication-assisted treatment (MAT), including developing strategies to eliminate or reduce treatment costs to uninsured and underinsured patients; and

3. **Recovery:** expanding peer recovery and treatment options that help people start and stay in recovery.

RCORP-Planning will support one (1) year of funding. The program is part of a multi-year, $130.0 million opioid-focused effort by HRSA that will include: improving access to and recruitment of new substance use disorder providers; building sustainable treatment resources; increasing the use of telehealth; establishing cross-sector community partnerships; implementing new models of care, including integrated behavioral health; and providing technical assistance.

In FY 2018, HRSA will allocate approximately $15.0 million to fund RCORP-Planning. In addition, in FY 2019 and beyond, there will be additional funds available to provide continued support, including additional grants and National Health Service Corps (NHSC) Loan Repayment Program awards.

Consequently, RCORP-Planning awardees are encouraged to cultivate strong county, state, and regional-level partnerships and to incorporate workforce recruitment and retention needs and efforts into planning and capacity building activities throughout the period of performance. For example, RCORP-Planning awardees can use funds to

ensure that health care organizations obtain eligibility for placement of rural NHSC clinicians in future years.

While this award provides one year of funding, HRSA envisions that these consortiums will work towards becoming operational and sustainable beyond the project year, and that they will have achieved levels of efficiency and service integration and coordination to implement largescale, multi-county or state OUD prevention, treatment, and recovery initiatives. It is expected that consortiums will develop plans to ensure that services provided to the target population are affordable and accessible. Therefore, RCORP-Planning awardees are also encouraged to leverage and coordinate their OUD activities with other federal, state, and local OUD resources during the period of performance.

2. Background

HRSA's expertise in working directly with rural communities and diverse and medically underserved population groups, including people living with HIV/AIDS, children, and pregnant women, uniquely positions the agency to make a significant impact on the nation's opioid epidemic. HRSA has a number of activities targeting OUD across its bureaus and offices that applicants and awardees may be able to leverage. For more information on HRSA-supported resources, technical assistance, and training, visit: https://www.hrsa.gov/opioids. For more information on other Federal resources, see **Appendix B**.

In 2017, the U.S. Department of Health and Human Services declared the opioid crisis a nationwide public health emergency. Drug overdoses are currently the leading cause of unintentional injury death in the United States.[1] The opioid epidemic has also led to an increase in people who inject drugs (PWID), which in turn has increased the risk of transmission of viruses such as human immunodeficiency virus (HIV) and hepatitis B and C viruses (HBV and HCV) through shared equipment.[2] Rural communities are particularly vulnerable to outbreaks of HIV and HCV among uninfected PWID.[3]

Rural communities face a number of challenges in gaining access to health care in general, and OUD treatment in particular. These challenges include lack of specialized health services, health workforce shortages, and potentially greater stigma related to substance use disorder due to living in smaller communities. Research shows that rural opioid users are more likely to have socioeconomic vulnerabilities including limited

[1] Centers for Disease Control and Prevention, "CDC Reports Rising Rates of Drug Overdose Deaths in Rural Areas," October 19, 2017, https://www.cdc.gov/media/releases/2017/p1019-rural-overdose-deaths.html.
[2] Van Handel MM et al, "County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States," J Acquir Immune Defic Syndr (2016): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479631/; *See also* Centers for Disease Control and Prevention, "Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs," March 2018, https://www.cdc.gov/hiv/pdf/programresources/guidance/cluster-outbreak/cdc-hiv-hcv-pwid-guide.pdf.
[3] Van Handel MM et al, "County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States," J Acquir Immune Defic Syndr (2016): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479631/; *See also* Centers for Disease Control and Prevention, "Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs," March 2018, https://www.cdc.gov/hiv/pdf/programresources/guidance/cluster-outbreak/cdc-hiv-hcv-pwid-guide.pdf.

educational attainment, poor health status, being uninsured, and low income.[4] Furthermore, more than half of rural counties nationally (60.1 percent) still lack a physician with a waiver to prescribe buprenorphine.[5]

RCORP-Planning is authorized by Section 711 of the Social Security Act (42 U.S.C. 912).

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA expects approximately $15.0 million to be available to fund approximately 75 RCORP-Planning recipients for one year. You may apply for a ceiling amount of up to $200,000 total cost (includes both direct and indirect, facilities and administrative costs) for the one year period. The period of performance is September 30, 2018 through September 29, 2019.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles and Audit Requirements at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include all domestic public or private, non-profit or for-profit, entities, including faith-based and community-based organizations, tribes, and tribal organizations, who will serve rural communities at the highest risk for substance use disorder and who meet the RCORP-Planning specifications for the Applicant Organization and Consortium as described below.

Applicant Organization Specifications:
The applicant organization may be located in an urban or rural area, but all activities supported by this program must exclusively target populations residing in HRSA-designated rural counties or rural census tracts in urban counties and the consortium overall must be representative of rural entities.

[4] Lenardson, Jennifer et al, "Rural Opioid Abuse: Prevalence and User Characteristics," Maine Rural Health Research Center, February 2016, http://muskie.usm.maine.edu/Publications/rural/Rural-Opioid-Abuse.pdf
[5] Holly et al, "Barriers Rural Physicians Face Prescribing Buprenorphine for Opioid Use Disorder," WWAMI Rural Health Research Center, August 2017, http://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC5505456&blobtype=pdf

The applicant organization should have the staffing and infrastructure necessary to oversee program activities, serve as the fiscal agent for the grant, and ensure that local control for the grant is vested in the target rural communities. If the applicant organization is an urban entity, at least two consortium members involved in the proposed project must be located in HRSA-designated rural counties or rural census tracts in urban counties. To ascertain whether a particular county or census tract is rural, please refer to http://datawarehouse.hrsa.gov/RuralAdvisor/.

Consortium Specifications:
The applicant organization must be part of a group of entities that have committed to forming a consortium or are part of an established consortium. For the purposes of this program, **a consortium is defined as an organizational arrangement among four or more separately owned domestic public or private entities, including the applicant organization**. The applicant organization, along with each consortium member who will receive any of the awarded funds, must have separate and different Employer Identification Numbers (EINs).

Given the complex and multifaceted nature of OUD, consortium members should come from multiple sectors and disciplines. Examples of potential consortium members include, but are not limited to:

- Health care providers, such as:
  - Critical access hospitals or other hospitals;
  - Rural health clinics;
  - Local or state health departments;
  - Federally qualified health centers;
  - Ryan White HIV/AIDS clinics and community-based organizations;
  - Substance abuse treatment providers;
  - Mental and behavioral health organizations or providers;
  - Opioid Treatment Programs;
- HIV and HCV prevention organizations;
- Single State Agencies (SSAs);
- Prisons;
- Primary Care Offices;
- State Offices of Rural Health;
- Law enforcement;
- Emergency Medical Services entities;
- School systems;
- Primary Care Associations;
- Poison control centers;
- Maternal, Infant, and Early Childhood Home Visiting Program local implementing agencies;
- Healthy Start sites; and
- Other social service agencies and organizations.

Consortium members may be located in urban or rural areas, but all activities supported by this program must exclusively target populations residing in HRSA-designated rural counties or rural census tracts in urban counties and the consortium overall must be

representative of rural entities. To ascertain whether a particular county or census tract is rural, please refer to http://datawarehouse.hrsa.gov/RuralAdvisor/.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing this notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) or workspace application package. This allows Grants.gov to email organizations in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1. The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321)
3. Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in **Attachment 11: Other Relevant Documents**.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

The goal of RCORP-Planning is to reduce the morbidity and mortality associated with opioid overdoses in high-risk rural communities by strengthening the organizational and infrastructural capacity of multi-sector consortiums to address prevention, treatment,

and/or recovery needs. Over the course of the one-year grant, recipients should expect to complete the following **core activities** in support of this goal:

1. **Developing/strengthening the consortium** by drafting a memorandum of agreement or understanding (MOA/MOU) that defines the roles and responsibilities for each consortium partner (if the consortium already has an MOA/MOU, submit a copy of the signed document in **Attachment 7**);

2. Conducting a detailed **analysis** to identify opportunities and gaps in OUD prevention, treatment (including MAT), and/or recovery workforce, services, and access to care within the target rural service area and existing federal, state, and local OUD resources that could be leveraged within the rural community (see **Appendix B** for examples);

3. Developing a comprehensive **strategic plan** that addresses the gaps in the OUD prevention, treatment (including MAT), and/or recovery **services and access to care** identified in the analysis; incorporates evidence-based, promising, and innovative approaches proven to reduce the morbidity and mortality associated with opioid overdose in rural communities; details plans to leverage existing federal, state, and local OUD resources and secure community support; provides concrete strategies for implementing the identified evidence-based, promising, and innovative practices after the project year ends; and develops strategies to eliminate or reduce costs of treatment for uninsured and underinsured patients;

4. Developing a comprehensive **workforce plan** that addresses the gaps in OUD prevention, treatment, and/or recovery **workforce** identified in the analysis; outlines strategies for recruiting and integrating additional substance use disorder providers into consortium member organizations; details plans to train and retain new and existing substance use disorder providers within the consortium; and, if applicable, describes a plan for identifying and obtaining eligibility for sites to place NHSC clinicians in future years (See **Appendix B** for more information); and

5. Completing a **sustainability plan** that identifies strategies for sustaining the consortium and operationalizing the activities proposed in the strategic and workforce plans beyond the one-year period of performance and developing quantifiable metrics that will be used to assess the impact of future activities.

If additional capacity exists, recipients may use funding to implement other capacity building activities that strengthen the consortium's ability to implement preventive, treatment, and/or recovery for OUD and overdose interventions across multi-county or state service areas. Applicants may describe activities that include, but are not limited to:

1. **Training and/or developing training curricula** for rural substance use, mental health, and primary care practitioners on topics such as OUD, screening for mental health and substance use disorder conditions, recognizing potential cases of OUD, opioid overdose prevention, evidence-based pain management strategies, communicating with individuals with

OUD, and treatment and recovery options and referrals. (Note that consortiums are encouraged to first consider the availability of existing training resources. See **Appendix B** for potential resources);

2. **Building workforce capacity** (beyond the workforce plan as described above) by identifying and obtaining eligibility for rural sites to place NHSC clinicians in future years and/or recruiting new OUD prevention, treatment, and recovery providers, such as physicians, nurse practitioners, social workers, peer recovery coaches, and case managers, as well as mentoring new MAT providers, either in person or virtually;

3. **Identifying evidence-based, promising, and innovative models or policy avenues** for reducing the morbidity and mortality of opioid overdoses in the rural service area (e.g., by conducting site visits to organizations implementing opioid-related programs); and develop strategies to eliminate or reduce costs of treatment for uninsured and underinsured patients.

4. **Enhancing individual, caregiver, and community education and engagement** by educating them on the risks of and side effects of prescription and illicit opioids and how to properly administer naloxone;

5. **Developing plans to invest in capital infrastructure** to support minor renovations to healthcare facilities, enhance telehealth/telemedicine capabilities, or integrate health information technology programs across consortium partners to support OUD-related prevention, treatment, and/or recovery efforts. Note that HRSA encourages the use of telemedicine to fill important workforce needs in rural communities. The Drug Enforcement Agency (DEA) has issued a clarification of current law allowing the prescribing of MAT via telehealth under certain circumstances;

6. **Tracking and monitoring data** on emergency department and hospital admissions for drug overdoses, opioid prescribing patterns, arrests for drug possession or sales, infectious disease cases, linkages to care following opioid overdoses, and other relevant indicators; and

7. **Leveraging existing OUD efforts at the federal, state, and local levels** through information sharing, aligning activities, strengthening referral systems for opioid overdose individuals, securing community support, and establishing commitment with potential future partners such as MAT providers.

i. Project Abstract

See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

Please include the following information at the top of the abstract:

1. Project title
2. Project focus areas (prevention, treatment, and/or recovery)
3. Applicant organization name
4. Applicant organization address (street, city, state, zip code)

5. Applicant organization facility type (e.g., critical access hospital, State Office of Rural Health, tribal organization, federally qualified health center, rural health clinic, institution of higher learning, public health department, etc.)
6. Applicant organization website, if applicable
7. Project Director name and title
8. Project Director contact information (phone and e-mail)
9. How the applicant learned about this funding opportunity (e.g., State Office of Rural Health, Grants.gov, HRSA news release, etc.)
10. Cities, states, zip codes, and counties served by the project. Applicants should specify whether the area is in a HRSA-designated rural county or rural census tract in an urban county. To ascertain whether a particular county or census tract is rural, please refer to http://datawarehouse.hrsa.gov/RuralAdvisor/.

It is recommended that applicants provide this information in a table format.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1--Need*
  This section should clearly outline the project's planning and capacity building goals and objectives as they relate to one or more of RCORP-Planning's focus areas (prevention, treatment, and/or recovery). The introduction should also provide a brief overview of the target population(s) and service area and the consortium members involved in the project.

- *NEED -- Corresponds to Section V's Review Criterion #1--Need*
  This section outlines the needs of the target population(s) and service area, and how the consortium will address those needs. The applicant should provide a justification for why they have chosen to focus on the target population. Use the following headings in this section as you complete your narrative: "Demographics of the target population(s) of the rural service area," "OUD among the population(s) of the target rural service area," "Overview of existing OUD programs and services, as well as gaps in services, in target rural service area," "Overview of existing OUD workforce, as well as gaps in workforce, within the target rural service area," and "Other relevant data." The following items should be addressed within the needs assessment:

  1. **Demographics of the target population(s) of the rural service area**: Using quantitative data from appropriate sources (e.g., local, state, and federal), the applicant should provide the following data **for the target population(s) of the rural service area** and, where possible, compare it to data for the general population regionally, statewide, and/or nationally:
     a. Percent of population with health insurance coverage;
     b. Percent of population living below the federal poverty line;

c. Percent of population who are unemployed;
d. Breakdown of race/ethnicity;
e. Breakdown of age.

2. **Map of the target rural service area**: Include a map that illustrates the geographic service area that will be served by the consortium in **Attachment 8.**

3. **OUD among the target population(s) of the rural service area:** Using quantitative data from appropriate sources (e.g., local, state, and federal), the applicant should document the nature and extent of the OUD problem among the proposed target rural population and service area. To the extent possible, the applicant should provide the following data **for the target population(s) of the rural service area** and compare it to data for the general population regionally, statewide, and/or nationally:
    a. Prevalence and/or incidence rate of OUD;
    b. Prevalence and/or incidence rate of opioid overdoses; and
    c. Opioid overdose mortality rate.

4. **Overview of existing OUD programs and services, and gaps in services, in target rural service area:** To the extent possible, the applicant should provide the following information on the availability of existing and gaps in OUD-related programs and services **within the target rural service area**:
    a. Overview of existing OUD-related health and social services, and gaps in services, and how the consortium's proposed project will complement and avoid duplicating those services, including the extent that these resources provide evidence-based treatment services, including MAT; and
    b. Overview of existing/known OUD-related initiatives (e.g., federally-, regionally-, state-, or locally-funded programs) and how the consortium's proposed project will work with those existing programs to complement and avoid duplicating those efforts.

5. **Existing OUD workforce, as well as gaps in workforce, within the target rural service area:** To the extent possible, the applicant should provide the following information on the type and availability of the OUD workforce **within the target rural service area**:
    a. Number and location of mental health providers, including, but not limited to, psychiatrists, psychologists, licensed clinical social workers specializing in mental health care, licensed substance use disorder counselors, and peer support specialists; and
    b. Number or percent of physicians, nurse practitioners, and physician assistants who have a Drug Enforcement Administration waiver to prescribe buprenorphine.

If you are unable to provide any of this information, please detail a plan for obtaining it during the period of performance. Applicants may also provide

additional data or information that is relevant to the proposed project and demonstrates need for services.

Your local health department, State Office of Rural Health, State Rural Health Association, State Primary Care Office, Single State Agency, and/or primary care association may be valuable resources for acquiring the data and information necessary to respond to this section. See **Appendix B** for details on how to connect with these entities.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion #2--Response* This section outlines the methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO.

  The following items must be addressed within the methodology section (please use the headings "Methods for fulfilling core activities," "Methods for fulfilling additional activities," "Methods for disseminating program information," "Methods for maintaining consortium commitment," and "Methods for engaging with the target rural population" in your narrative response for this section):

  1. **Methods for fulfilling core activities** (as outlined under the "Program-specific instructions" section (page 7) of this NOFO): Detail the strategies you will use to complete each core activity, which include:
     a. MOU/MOA: If your consortium has already formalized their collaboration, submit a copy of the consortium's MOU/MOA that defines the roles and responsibilities for each member in **Attachment 7.**
     b. Analysis
     c. Strategic Plan
     d. Workforce Plan
     e. Sustainability Plan

  2. **Methods for fulfilling additional activities**: If other planning and capacity building activities are proposed, applicants should provide a justification and detailed description for each proposed additional activity:
     a. **Justification** for why proposed activity is needed and how it will benefit the target population(s) of the rural service area. To the extent possible, use quantitative data to support your justification.
     b. **Detailed description** of the proposed activity, including the responsible consortium and staff members, target population(s) within the rural service area, and how the activity will position the consortium to implement prevention, treatment, and/or recovery interventions across multi-county or -state service areas.

  3. **Methods for disseminating program information:** Describe the consortium's communication plan for updating participating entities, the target rural service area, and the broader public on its activities, lessons learned, and success stories. Provide examples of mediums and platforms for disseminating this information.

4. **Methods for engaging with the target rural population:** Describe the manner and degree to which the target rural population will be included in the planning and execution of the core activities and, if applicable, any additional activities. In particular, the applicant should provide the tools and methods that will be used (e.g., focus groups, questionnaires/surveys, etc.), as well as the anticipated frequency of the engagement. All projects that primarily serve multiple ethnic or racial groups must describe specific methods for ensuring activities account for, and address, the cultural, linguistic, religious, and social differences of these groups.

5. **Methods for maintaining consortium commitment:** Describe how the consortium will maintain members' commitment throughout the period of performance to fulfill the proposed activities, engage members in efficient decision-making, impact evaluation, and sustainability planning, and ensure that local control for the award remains vested in the target rural communities.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2—Response and #4--Impact*
  This section describes the processes that will be used to achieve each of the core and additional activities listed in the "Methodology" section. This section should clearly demonstrate that the consortium will use a collaborative approach and that it has the capacity to implement the proposed activities. Applicants should include the work plan in **Attachment 1** and the work plan should contain the following elements:

  1. **Activities:** All core activities, as well as any proposed additional activities, should be included and accounted for;

  2. **Responsible consortium and staff members:** For each activity, list the organization and/or staff members responsible for implementing it; and

  3. **Timeline:** For each activity, list the specific time-period during which it will occur.

  Per the "Methodology" section, applicants should also incorporate into their work plan:

  1. **Strategies for disseminating information**, updates/progress on activities, lessons learned, and success stories among consortium members and to the target rural service area and broader public;

  2. **Strategies for engaging with the target rural population**, including the manner, timing, and extent to which the consortium plans to incorporate the target rural population into its activities during the period of performance; and

  3. **Strategies for maintaining consortium commitment,** including the manner and timing that consortium members will be engaged in efficient

decision-making, impact evaluation, and sustainability planning and how they will ensure that local control for the award remains vested in the target rural communities.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2--Response*
  This section should highlight any challenges that the consortium is likely to encounter in implementing the activities described in the work plan, as well as approaches that will be used to resolve such challenges. The applicant should highlight both anticipated intra-consortium challenges (e.g., maintaining cohesiveness among diverse member organizations, keeping consortium members committed and engaged throughout the period of performance, and/or others) and external challenges (e.g., stigma around OUD in the target rural service area, geographical limitations, health workforce shortages, insurance access, provider reimbursement for OUD and telehealth, and/or others).

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3--Evaluative Measures and #5--Resources/Capabilities*
  This section describes how progress toward meeting project goals will be tracked, measured, and evaluated. Applicants should include the following information:

  1. **Process indicators:** For each activity outlined in the work plan, clearly define the process indicators that will be used to evaluate whether the activity is being implemented as planned;

  2. **Outcome indicators:** For each activity outlined in the work plan, clearly define the outcome indicators that will be used to evaluate whether the activity is achieving the expected effect/change in the short- and long-term;

  3. **Plan for tracking process and outcome indicators:** Clearly describe the process (including staffing and workflow) and frequency by which quantitative and qualitative data/information for the process and outcome indicators will be collected, monitored, and analyzed; and

  4. **Plan for disseminating evaluation results:** Clearly describe the process by which evaluation results and lessons learned will be communicated to both internal and external audiences in a timely and unbiased manner.

  Note that RCORP-Planning awardees will be expected to work with a HRSA-funded technical assistance provider during the period of performance (and potentially share project updates and information with them after the period of performance ends). HRSA will provide additional guidance on the technical assistance components of the project throughout the period of performance.

  For more information on process and outcome indicators, visit here: https://www.cdc.gov/eval/indicators/index.htm

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5—Resources and Capabilities*
  This section provides insight into the organizational structure of the consortium and the consortium's ability to implement the activities outlined in the work plan. Applicants should include the following information:

  1. **List of consortium members (Attachment 6)**: For each member of the existing or proposed consortium, include the following (list the applicant organization first):
     a. Member name
     b. Member street address (include city, county, state, zip code)
     c. Primary point of contact at organization (name, title, contact information)
     d. Member Employer Identification Number (EIN)
     e. Facility type (e.g., hospital, school, rural health clinic, federally qualified health center, institution of higher learning, etc.)
     f. Sector (e.g., healthcare, public health, education, law enforcement, etc.)
     g. Current role in the community/region
     h. Specify (yes/no) whether member located in a HRSA-designated rural county or rural census tract of an urban county, as defined by: http://datawarehouse.hrsa.gov/RuralAdvisor/

     It is recommended that applicants provide this information in a table format.

  2. **Organizational chart (Attachment 5)**: Provide a one-page organizational chart of the proposed or existing consortium that clearly depicts the relationship between the proposed or existing consortium members;

  3. **Signed Letters of Commitment (Attachment 4):** Provide a scanned, signed copy of a letter of commitment from each proposed and/or existing consortium member. Letters of commitment must identify the organization's roles and responsibilities in the project, the activities in which they will be included, how the organization's expertise is pertinent to the project, and length of commitment to the project. The letter must indicate understanding of the benefits that the consortium will bring to the member and to the target rural service area. The letter must also include a statement indicating that the proposed or existing consortium member understands that the RCORP-Planning award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the target rural service area; and that the award is not to be used for the exclusive benefit of any one consortium member. Stock or form letters are not recommended.

  4. **Staffing Plan (Attachment 2):** Provide a clear and coherent staffing plan that includes the following information for each proposed project staff member:
     a. Name
     b. Title

c. Organizational affiliation
d. Full-time equivalent (FTE) devoted to the project
e. List of roles/responsibilities on the project

The staffing plan should have a direct link to the activities proposed in the work plan.

Project Director: The project director is typically the point person on the award, and makes staffing, financial, or other adjustments to align project activities with the project outcomes. The applicant should detail how the project director will facilitate collaborative input across consortium members to fulfill the proposed project activities in the work plan and HRSA-required reporting requirements. **If the Project Director serves as a Project Director for other federal awards, please list the federal awards as well as the percent FTE for that respective federal award.** If there will not be a permanent project director at the time of the award, recipients should make every effort to hire a project director in a timely manner and applicants should discuss the process and timeline for hiring a full-time project director (i.e., the number of known candidates, the projected start date or the position, etc.).

5. **Staff resumes and/or biographical sketches (Attachment 3):** For each proposed project staff member, provide their resume and/or biographical sketch that details their qualifications and relevant experience. If there will not be staff on board at the time of the award, discuss the process and timeline for hiring staff (i.e., the number of known candidates, the projected start date or the position, etc.).

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities

Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

In addition, the RCORP-Planning program requires the following:

Travel: HRSA may require awardees to travel to conference(s) and/or technical assistance workshop(s). Further information will be provided to awardees during the period of performance and project officers will work with awardees to make any budget adjustments if necessary.

The Consolidated Appropriations Act, 2018 (P.L. 115-141), Division H, § 202, states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in FY 2019, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

v. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**. All attachments must be uploaded as part of the application package.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.ii. Project Narrative.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of* HRSA's *SF-424 Application Guide)

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

Attachment 3: Resumes and/or Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in **Attachment 2**, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of commitment from proposed and/or existing consortium members

Provide a scanned, signed copy of a letter of commitment from each proposed and/or existing consortium member. Letters of commitment must identify the organization's roles and responsibilities in the project, the activities in which they will be included, how the organization's expertise is pertinent to the project, and length of commitment to the project. The letter must indicate understanding of the benefits that the consortium will bring to the member and to the target rural service area. The letter must also include a statement indicating that the proposed or existing consortium member understands that the RCORP-Planning award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the target rural service area; and that the award is not to be used for the exclusive benefit of any one consortium member.

Attachment 5: Organizational chart

Provide a one-page organizational chart of the proposed or existing consortium that clearly depicts the relationship between the proposed or existing consortium members and includes the consortium's governing board, if already established.

Attachment 6: List of existing and/or proposed consortium members

For each member of the existing or proposed consortium, include the following (may be provided in a table format):

a. Member name
b. Member street address (include city, county, state, zip code)
c. Primary point of contact at organization (name, title, contact information)
d. Member Employer Identification Number (EIN)
e. Facility type (e.g., hospital, school, rural health clinic, federally qualified health center, institution of higher learning, etc.)
f. Sector (e.g., healthcare, public health, education, law enforcement, etc.)
g. Current role in the community/region
h. Specify (yes/no) whether member located in a HRSA-designated rural county or rural census tract of an urban county, as defined by: http://datawarehouse.hrsa.gov/RuralAdvisor/

It is recommended that applicants provide this information in a table format.

Attachment 7: Memorandum of Understanding or Agreement (MOU/MOA) (if applicable)

If your consortium has already formalized their collaboration, submit a copy of the consortium's MOU/MOA, by-laws, governing structure, and the roles and responsibilities for each member.

Attachment 8: Map of target rural service area

Include a map that illustrates the geographic service area that will be served by the consortium.

Attachment 9: Letters of support

Letters of support should be from entities that would be affected by the program for which you are requesting funding. A support letter may be written by a public official, a community group, nonprofit, or any number of other entities. The letter should specifically state that the organization or individual writing the letter writing the letter supports the proposed project and would like to see it funded.

Attachment 10: Other awards (if applicable)

If the applicant organization has received any HRSA funds within the last 5 years, include the grant number and abstract from the previous award.

The lead applicant may only apply as the lead applicant once for this funding opportunity. However, an entity that has applied as the lead applicant may also apply to this funding opportunity as part of another consortium applying for this funding opportunity under a different lead applicant. If this is the case, the lead applicant should submit abstracts for each RCORP-Planning application for which it is a consortium member.

Attachment 11: Other Relevant Documents (if applicable)

Include here any other documents that may be relevant to the application (e.g., indirect cost rate agreement).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

UPDATED SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the updated FAQs to learn more.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is *July 30, 2018 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

RCORP-Planning is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 1 year, at no more than $200,000 (inclusive of direct **and** indirect costs).

The General Provisions in Division H of the Consolidated Appropriations Act, 2018 (P.L. 115-141) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY2019, as required by law.

You cannot use funds under this notice for the following purposes:

1. To acquire real property;
2. For construction; and
3. To pay for any equipment costs not directly related to the purposes for which the grant is awarded.[6]

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the awards under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

7. Other Submission Requirements

Letter of Intent to Apply
The letter should identify your organization and its intent to apply, and briefly describe the proposal. HRSA will ***not*** acknowledge receipt of letters of intent.

Send the letter via email by *June 25, 2018* to:

HRSA Digital Services Operation (DSO)
Please use the HRSA opportunity number as email subject (HRSA-18-116)
HRSADSO@hrsa.gov

Although HRSA encourages letters of intent to apply, they are not required. You are eligible to apply even if you do not submit a letter of intent.

[6] These requirements/restrictions align with those found in similar programs.

V. Application Review Information

1. Review Criteria

HRSA has instituted procedures for assessing the technical merit of applications to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. See the review criteria outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The RCORP-Planning program has six review criteria:

Criterion 1: NEED (30 points) – Corresponds to Section IV's "Introduction" and "Need"

- **10 points:**
  - The extent to which the applicant outlines the project's planning and capacity building goals and objectives as they relate to one or more of RCORP-Planning's focus areas (prevention, treatment, and/or recovery).
  - The extent to which the applicant provides a brief overview of the target population(s) and service area and the consortium members involved in the project.
  - The extent to which the applicant provides a justification for why they have chosen to focus on the target population.
- **20 points:**
  - The extent to which the applicant provides the requested demographic, OUD, OUD program and service, and OUD workforce data and information for the target rural service area and the quality of the data/information provided.
  - The extent to which the applicant provides a clear map of the target rural service area.
  - If the applicant does not provide all of the requested data/information, the extent to which the applicant provides a detailed plan for obtaining it during the period of performance.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's "Methodology," "Work Plan," and "Resolution of Challenges"

- The quality and extent to which the applicant clearly details the strategies they will use to complete each core activity:
  - **MOA/MOU** that defines the roles and responsibilities for each consortium partner (if the consortium already has an MOA/MOU, the applicant should submit a copy of the signed document in **Attachment 7**);
  - **Analysis** that identifies opportunities and gaps in OUD prevention, treatment (including MAT), and/or recovery workforce, services, and access to care within the target rural service area and existing federal,

state, and local OUD resources that could be leveraged within the rural community (see **Appendix B** for examples);
    - **Strategic plan** that addresses the gaps in the OUD prevention, treatment (including MAT), and/or recovery **services and access to care** identified in the analysis; incorporates evidence-based, promising, and innovative approaches proven to reduce the morbidity and mortality associated with opioid overdose in rural communities; ensures affordability and accessibility of services to the target population; details plans to leverage existing federal, state, and local OUD resources and secure community support; and provides concrete strategies for implementing the identified evidence-based, promising, and innovative practices after the project year ends;;
    - **Workforce plan** that addresses the gaps in OUD prevention, treatment, and/or recovery **workforce** identified in the analysis; outlines strategies for recruiting and integrating additional substance use disorder providers into consortium member organizations; details plans to train and retain new and existing substance use disorder providers within the consortium; and, if applicable, describes a plan for identifying and obtaining eligibility for sites to place NHSC clinicians in future years; and
    - **Sustainability plan** that identifies strategies for sustaining the consortium and operationalizing the activities proposed in the strategic and workforce plans beyond the one-year period of performance; maintaining affordability and accessibility of OUD prevention, treatment, and recovery services provided to individuals; and developing quantifiable metrics that will be used to assess the impact of future activities.

- The quality and extent to which the applicant outlines the consortium's communication plan for updating participating entities, the target rural service area, and the broader public on its activities, lessons learned, and success stories. The applicant should provide examples of mediums and platforms for disseminating this information.
- The quality and extent to which the applicant describes the manner and degree to which the target rural population will be included in the planning and execution of the core activities and, if applicable, any additional activities. In particular, the applicant should provide the tools and methods that will be used (e.g., focus groups, questionnaires/surveys, etc.), as well as the anticipated frequency of the engagement. All projects that primarily serve multiple ethnic or racial groups must describe specific methods for ensuring activities account for, and address, the cultural, linguistic, religious, and social differences of these groups.
- The quality and extent to which the applicant details how the consortium will maintain members' commitment throughout the period of performance to fulfilling the proposed activities, engage them in efficient decision-making, impact evaluation, and sustainability planning, and ensure that local control for the award remains vested in the target rural communities.
- The quality and extent to which the applicant's work plan describes the processes that will be used to achieve each of the core activities listed in the "Methodology" section.

- The extent to which the work plan clearly demonstrates that the consortium will use a collaborative approach and that it has the capacity to implement the proposed activities.
- The quality and extent to which the work plan contains the following elements:
    - **Activities:** All core activities, as well as any proposed additional activities, are included and accounted for;
    - **Responsible consortium and staff members:** For each activity, the organization and/or staff members responsible for implementing it are listed; and
    - **Timeline:** For each activity, the specific time-period during which it will occur is listed.
- The quality and extent to which the applicant highlights challenges that the consortium is likely to encounter in implementing the activities described in the work plan, as well as approaches that will be used to resolve such challenges.
- The quality and extent to which the applicant highlights both anticipated intra-consortium challenges and external challenges.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's "Evaluation and Technical Support Capacity"

- The quality and extent to which the applicant describes how progress toward meeting project goals will be tracked, measured, and evaluated.
- The extent to which the applicant proposes clearly defined process and outcome indicators for evaluating whether activities are being implemented as planned and whether the activities are achieving the expected effects/changes in the short- and long-term.
- The extent to which the applicant clearly describes the process (including staffing and workflow) and frequency by which quantitative and qualitative data/information for the process and outcome indicators will be collected, monitored, and analyzed.
- The extent to which the applicant clearly describes the process by which evaluation results and lessons learned will be communicated to both internal and external audiences in a timely and unbiased manner.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's "Work Plan"

- The quality and extent to which the applicant incorporates into their work plan:
    - **Strategies for disseminating information**, updates/progress on activities, lessons learned, and success stories among consortium members and to the target rural service area and broader public;
    - **Strategies for engaging with the target rural population**, including the manner, timing, and extent to which the consortium plans to incorporate the target rural population into its activities during the period of performance; and
    - **Strategies for maintaining consortium commitment,** including the manner and timing that consortium members will be engaged in efficient decision-making, impact evaluation, and sustainability planning and how they will ensure that local control for the award remains vested in the target rural communities.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's "Evaluation and Technical Support Capacity" and "Organizational Information"

- The quality and extent to which the applicant provides insight into the organizational structure of the consortium and the consortium's ability to implement the activities outlined in the work plan.
- The quality and extent to which the applicant provides the requested information about each consortium member.
- The extent to which the one-page organizational chart of the proposed or existing consortium that clearly depicts the relationship between the proposed or existing consortium members.
- The extent to which the letters of commitment from each proposed or existing consortium member are scanned and signed and contain the following elements:
    - The organization's roles and responsibilities in the project, the activities in which they will be included, and how the organization's expertise is pertinent to the project.
    - Understanding of the benefits that the consortium will bring to the member and to the target rural service area.
    - A statement indicating that the proposed or existing consortium member understands that the RCORP-Planning award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the target rural service area.
    - A statement indicating that the award is not to be used for the exclusive benefit of any one consortium member.
    - Projected length of commitment of consortium members.
- The extent to which the applicant provides a clear and coherent staffing plan that includes all of the requested information for each proposed project staff.
- The extent to which the staffing plan has a direct link to the activities proposed in the work plan.
- The quality and extent to which the applicant details how the project director will serve as the point person on the award; make staffing, financial, or other adjustments to align project activities with the project outcomes; and facilitate collaborative input across consortium members to fulfill the proposed project activities in the work plan and HRSA-required reporting requirements.
- If the Project Director serves as a Project Director for other federal awards, the extent to which the applicant lists the other federal awards as well as the percent FTE for that respective federal award.
- If there will not be a permanent project director at the time of the award, the quality and extent to which the applicant details the process for hiring a full-time project director in a timely manner (i.e., the number of known candidates, the projected start date or the position, etc.).
- The quality and extent to which the applicant provides the resumes and/or biographical sketches that details the qualifications and relevant experience for each proposed project staff member.
- If there will not be staff on board at the time of the award, the extent to which the applicant details the process and timeline for hiring staff (i.e., the number of known candidates, the projected start date or the position, etc.).

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's "Budget" and "Budget Narrative"

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 30, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 30, 2018. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

Requirements under Subawards and Contracts under Grants

The terms and conditions in the Notice of Award (NOA) apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients and contractors under grants, unless the NOA specifies an exception. See 45 CFR § 75.101 Applicability for more details.

Human Subjects Protection:
Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Analysis:** Consortiums are required to submit a detailed analysis during the project period that identifies opportunities and gaps in OUD prevention, treatment (including MAT), and/or recovery workforce, services, and access to care within the target rural service area and existing federal, state, and local OUD resources that could be leveraged

within the rural community (see **Appendix B** for examples). Additional instructions will be provided upon receipt of the award;

2) **Strategic plan:** Consortiums are required to submit a strategic plan during the project period that addresses the gaps in the OUD prevention, treatment (including MAT), and/or recovery **services and access to care** identified in the analysis; incorporates evidence-based, promising, and innovative approaches proven to reduce the morbidity and mortality associated with opioid overdose in rural communities; ensures affordability and accessibility of services to the target population; details plans to leverage existing federal, state, and local OUD resources and secure community support; provides concrete strategies for implementing the identified evidence-based, promising, and innovative practices after the project year ends. Additional instructions will be provided upon receipt of the award;

3) **Workforce plan:** Consortiums are required to submit a workforce strategic plan during the project period that addresses the gaps in OUD prevention, treatment, and/or recovery **workforce** identified in the analysis; outlines strategies for recruiting and integrating additional substance use disorder providers into consortium member organizations; and details plans to train and retain new and existing substance use disorder providers within the consortium; and, if applicable, describes a plan for identifying and obtaining eligibility for sites to place NHSC clinicians in future years (See **Appendix B** for more information). Additional instructions will be provided upon receipt of the award;

4) **Sustainability plan:** Consortiums are required to submit a sustainability plan during the project period that identifies strategies for sustaining the consortium and operationalizing the activities proposed in the strategic and workforce plans beyond the one-year period of performance; maintaining affordability and accessibility of OUD prevention, treatment, and recovery services provided to individuals; and developing quantifiable metrics that will be used to assess the impact of future activities. Additional instructions will be provided upon receipt of the award; and

5) **Final performance/closeout report(s):** Consortiums are required to submit quantitative and/or qualitative performance data and information to HRSA at the end of the period of performance to enable HRSA to determine the impact of the consortium's activities and RCORP-Planning more generally. The report will focus on the recipient's progress towards meeting program-specific goals and activities; successes and challenges; and overall experience during the period of performance. Further instructions for this report will be provided during the period of performance.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

LCDR Benoit Mirindi
Senior Public Health Analyst
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-6606
Fax: (301) 443-6343
Email: bmirindi@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Allison Hutchings, MA, MPH
Public Health Analyst, Federal Office of Rural Health Policy
Attn: Rural Communities Opioid Response Planning
Health Resources and Services Administration
5600 Fishers Lane, Room 17W17A
Rockville, MD 20857
Telephone: (301) 945-9819
Email: ruralopioidresponse@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance webinar:

Webinar

Day and Date: Thursday, June 28, 2018
Time: 1:00-2:00 p.m. ET
Call-In Number: 1-888-600-4866
Participant Code: 391986
Weblink:
https://hrsaseminar.adobeconnect.com/rural_communities_opioid_response_planning/
Playback Number: 1-888-203-1112
Passcode: 2758241

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

Appendix A: Additional Eligibility Information

Note: You do not have to be located in one of the counties listed below to be eligible for this opportunity. All rural-communities at high-risk for substance use disorder are eligible to apply so long as they meet the programmatic criteria as outlined in this NOFO as well as the Eligibility Criteria found in Section III. The counties listed in this Appendix reflect only those that were identified by CDC as being at risk for HIV and Hepatitis C infections due to injection drug use.

- **220 counties identified by the Centers for Disease Control and Prevention as being at risk for HIV and Hepatitis C infections due to injection drug use**

  Source: Van Handel MM et al, "County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States," J Acquir Immune Defic Syndr (2016): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479631/

Table S1. Counties identified in the top 5% of vulnerability ranks by state and rank

FIPS	County	Rank
Alabama		
01127	Walker	37
01093	Marion	100
01133	Winston	109
01059	Franklin	206
Arizona		
04015	Mohave	208
Arkansas		
05135	Sharp	157
05075	Lawrence	201
California		
06063	Plumas	152
06033	Lake	199
Colorado		
08025	Crowley	220
Georgia		
13111	Fannin	82
13281	Towns	120
13213	Murray	159
13143	Haralson	200
Illinois		
17069	Hardin	68
Indiana		
18143	Scott	32
18175	Washington	57
18149	Starke	70
18041	Fayette	81
18155	Switzerland	94
18025	Crawford	112
18065	Henry	128
18079	Jennings	158
18137	Ripley	195
18029	Dearborn	213
Kansas		
20207	Woodson	144
20001	Allen	171
20205	Wilson	181
20153	Rawlins	218
Kentucky		
21237	Wolfe	1
21025	Breathitt	3
21193	Perry	4
21051	Clay	5
21013	Bell	6
21131	Leslie	8
21121	Knox	9
21071	Floyd	10
21053	Clinton	11
21189	Owsley	12
21235	Whitley	14
21197	Powell	15
21119	Knott	17
21195	Pike	21
21153	Magoffin	23
21065	Estill	25
Kentucky (cont.)		
21133	Letcher	50
21115	Johnson	53
21207	Russell	54
21063	Elliott	56
21125	Laurel	65
21041	Carroll	67
21217	Taylor	75
21081	Grant	77
21001	Adair	93
21137	Lincoln	97
21231	Wayne	99
21057	Cumberland	101
21077	Gallatin	108
21011	Bath	125
21085	Grayson	126
21089	Greenup	129
21087	Green	132
21045	Casey	153
21043	Carter	154
21171	Monroe	163
21079	Garrard	167
21201	Robertson	175
21135	Lewis	178
21061	Edmonson	179
21003	Allen	180
21019	Boyd	187
21105	Hickman	191
21027	Breckinridge	202
21037	Campbell	212
21167	Mercer	214
Maine		
23027	Waldo	135
23025	Somerset	145
23029	Washington	170
23011	Kennebec	193
Michigan		
26129	Ogemaw	86
26035	Clare	87
26135	Oscoda	88
26119	Montmorency	91
26085	Lake	137
26141	Presque Isle	174
26001	Alcona	184
26143	Roscommon	192
26039	Crawford	197
26079	Kalkaska	207
26031	Cheboygan	215
Mississippi		
28141	Tishomingo	164
Missouri		
29179	Reynolds	55
29123	Madison	58
29187	St. Francois	69
29039	Cedar	107
Missouri (cont.)		
29153	Ozark	185
29229	Wright	194
Montana		
30061	Mineral	161
30103	Treasure	211
Nevada		
32029	Storey	52
32009	Esmeralda	118
North Carolina		
37043	Clay	63
37193	Wilkes	104
37075	Graham	124
37023	Burke	176
37039	Cherokee	189
Ohio		
39001	Adams	51
39131	Pike	72
39079	Jackson	111
39105	Meigs	123
39015	Brown	127
39145	Scioto	136
39163	Vinton	146
39053	Gallia	155
39009	Athens	173
39027	Clinton	190
39071	Highland	196
Oklahoma		
40067	Jefferson	89
40025	Cimarron	217
Pennsylvania		
42079	Luzerne	38
42021	Cambria	131
42039	Crawford	188
Tennessee		
47067	Hancock	13
47087	Jackson	19
47005	Benton	24
47151	Scott	26
47135	Perry	33
47071	Hardin	36
47029	Cocke	41
47015	Cannon	42
47137	Pickett	43
47013	Campbell	46
47019	Carter	59
47027	Clay	64
47057	Grainger	66
47073	Hawkins	71
47173	Union	74
47059	Greene	79
47025	Claiborne	80
47085	Humphreys	83
47145	Roane	92
47133	Overton	95
Tennessee (cont.)		
47063	Hamblen	138
47007	Bledsoe	139
47159	Smith	140
47109	McNairy	141
47139	Polk	142
47089	Jefferson	149
47163	Sullivan	151
47181	Wayne	160
47101	Lewis	168
47091	Johnson	169
47099	Lawrence	172
47179	Washington	198
47177	Warren	203
47095	Lake	216
Texas		
48155	Foard	204
Utah		
49007	Carbon	84
49001	Beaver	114
49015	Emery	186
Vermont		
50009	Essex	143
50025	Windham	219
Virginia		
51027	Buchanan	28
51051	Dickenson	29
51167	Russell	61
51105	Lee	73
51195	Wise	78
51185	Tazewell	96
51141	Patrick	166
51197	Wythe	210
West Virginia		
54047	McDowell	2
54059	Mingo	7
54109	Wyoming	16
54081	Raleigh	18
54045	Logan	20
54005	Boone	22
54019	Fayette	27
54065	Morgan	44
54063	Monroe	47
54029	Hancock	49
54015	Clay	60
54099	Wayne	62
54009	Brooke	76
54053	Mason	85
54013	Calhoun	90
54067	Nicholas	98
54089	Summers	110
54101	Webster	113
54043	Lincoln	121
54011	Cabell	122
54091	Taylor	133

21129	Lee	30	29093	Iron	117	47041	DeKalb	102	54055	Mercer	147
21165	Menifee	31	29223	Wayne	119	47143	Rhea	103	54007	Braxton	150
21159	Martin	34	29221	Washington	130	47121	Meigs	105	54095	Tyler	162
21021	Boyle	35	29055	Crawford	148	47129	Morgan	106	54087	Roane	165
21127	Lawrence	39	29085	Hickory	156	47049	Fentress	115	54051	Marshall	182
21203	Rockcastle	40	29013	Bates	177	47111	Macon	116	54003	Berkeley	205
21095	Harlan	45	29181	Ripley	183	47185	White	134	54039	Kanawha	209
21147	McCreary	48									

Appendix B: Resources for Applicants

Several sources offer data and information that may help you in preparing the application. Please note HRSA is not affiliated with all of the resources provided, however, you are especially encouraged to review the reference materials available at the following websites:

HRSA Resources:

- **HRSA Opioids Website**
  Offers information regarding HRSA-supported opioid resources, technical assistance and training.
  Website: https://www.hrsa.gov/opioids

- **HRSA Data Warehouse**
  Provides maps, data, reports and dashboard to the public. The data integrate with external sources, such as the U.S. Census Bureau, providing information about HRSA's grants, loan and scholarship programs, health centers and other public health programs and services.
  Website: https://datawarehouse.hrsa.gov/

- **UDS Mapper**
  The UDS Mapper is a mapping and decision-support tool driven primarily from data within the Uniform Data System. It is designed to help inform users about the current geographic extent of U.S. federal (Section 330) Health Center Program grantees and look-alikes. Applicants can use this resource to locate other collaborative partners.
  Website: https://www.udsmapper.org/index.cfm

- **National Health Service Corps (NHSC)**
  HRSA's Bureau of Health Workforce administers the NHSC Loan Repayment Program, which is authorized to provide loan repayment to primary health care professionals in exchange for a commitment to serve in a Health Professional Shortage Area.
  - For state point of contacts, please visit here: https://nhsc.hrsa.gov/sites/helpfullcontacts/drocontactlist.pdf

- **Primary Care Offices (PCOs)**
  The PCOs are state-based offices that provide assistance to communities seeking health professional shortage area designations and recruitment assistance as NHSC-approved sites. To locate contact information for all of the PCOs, visit here: https://bhw.hrsa.gov/shortage-designation/hpsa/primary-care-offices

Other Resources:

- **American Society of Addiction Medicine (ASAM)**
  Offers a wide variety of resources on addiction for physicians and the public.
  Website: https://www.asam.org/resources/the-asam-criteria/about

- **Centers for Disease Control and Prevention (CDC)**
  Offers a wide variety of opioid-related resources, including nationwide data, state-specific information, prescription drug monitoring programs, and other useful resources, such as the *Guideline for Prescribing Opioids for Chronic Pain*.
  Website: https://www.cdc.gov/drugoverdose/opioids/index.html

  - ***Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs: A Guide for State and Local Health Departments (March 2018):***
    https://www.cdc.gov/hiv/pdf/programresources/guidance/cluster-outbreak/cdc-hiv-hcv-pwid-guide.pdf

  - **National Center for Health Statistics**
    Provides health statistics for various populations.
    Website: http://www.cdc.gov/nchs/

  - **Syringe Services Programs**
    For more information on these programs and how to submit a Determination of Need request visit here: https://www.cdc.gov/hiv/risk/ssps.html

- **Community Health Systems Development Team at the Georgia Health Policy Center**
  Offers a library of resources on topics such as collaboration, network infrastructure, and strategic planning.
  Website: http://ruralhealthlink.org/Resources/ResourceLibrary.aspx

- **National Area Health Education Center (AHEC) Organization**
  The National AHEC Organization supports and advances the AHEC Network to improve health by leading the nation in recruitment, training and retention of a diverse health work force for underserved communities.
  Website: http://www.nationalahec.org/

- **National Association of County and City Health Officials (NACCHO)**
  NACCHO created a framework that demonstrates how building consortiums among local health departments, community health centers, health care organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet the needs of rural communities.
  Website: http://archived.naccho.org/topics/infrastructure/mapp/

- **National Opinion Research Center (NORC) at the University of Chicago—Overdose Mapping Tool**

NORC and the Appalachian Regional Commission have created the Overdose Mapping Tool to allow users to map overdose hotspots in Appalachia and overlay them with data that provide additional context to opioid addiction and death.
Website: http://overdosemappingtool.norc.org/

- **National Organization of State Offices of Rural Health (NOSORH)—Toolkit**
  NOSORH published a report on lessons learned from HRSA's Rural Opioid Overdose Reversal Grant Program and compiled a number of tools and resources communities can use to provide education and outreach to various stakeholders.
  Website: https://nosorh.org/rural-opioid-overdose-reversal-program/

- **Primary Care Associations (PCAs)**
  To locate contact information for all of the PCAs, visit here:
  http://www.nachc.org/about-nachc/state-affiliates/state-regional-pca-listing/

- **Rural Health Information Hub – Community Health Gateway**
  Offers evidence-based toolkits for rural community health, including step-by-step guides, rural health models and innovations, and examples of rural health projects other communities have undertaken.
  Website: https://www.ruralhealthinfo.org/community-health

    - **Rural Health Information Hub – Rural Response to Opioid Crisis**
      Provides activities underway to address the opioid crisis in rural communities at the national, state, and local levels across the country.
      Website: https://www.ruralhealthinfo.org/topics/opioids

    - **Rural Health Information Hub - Rural Prevention and Treatment of Substance Abuse Toolkit**
      Provides best practices and resources that organizations can use to implement substance abuse prevention and treatment programs.
      Website: https://www.ruralhealthinfo.org/toolkits/substance-abuse

- **Rural Health Research Gateway**
  Provides access to projects and publications of the HRSA-funded Rural Health Research Centers, 1997-present, including projects pertaining to substance use disorder.
  Website: http://www.ruralhealthresearch.org/

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
  Offers a wide variety of resources on the opioid epidemic, including data sources, teaching curriculums, evidence-based and best practices, and information on national strategies and initiatives.
  Website: https://www.samhsa.gov/

    - **SAMHSA Evidence-Based Practices Resource Center**
      Contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.

Website: https://www.samhsa.gov/ebp-resource-center

- **SAMHSA State Targeted Response to the Opioid Crisis Grants**
  This program awards grants to states and territories and aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD.
  List of individual grant award activities: https://www.samhsa.gov/sites/default/files/grants/pdf/other/ti-17-014-opioid-str-abstracts.pdf
- **SAMHSA Peer Recovery Resources**
  - https://www.samhsa.gov/brss-tacs
  - https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers

- **State Offices of Rural Health (SORHs)**
  All 50 states have a SORH. These offices vary in size, scope, organization, and in services and resources, they provide. The general purpose of each SORH is to help their individual rural communities build health care delivery systems.
  List of and contact information for each SORH: https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/

- **State Rural Health Associations (SRHAs)**
  To locate contact information for all of the SRHAs, visit here: https://www.ruralhealthweb.org/programs/state-rural-health-associations

- **U.S. Department of Agriculture (USDA)**
  Provides information and resources—including relevant USDA funding opportunities such as the Community Facilities Loan and Grant Program—for rural communities that want to address the opioid epidemic. Visitors can also share feedback on what prevention, treatment and recovery actions have been effective in addressing the opioid epidemic in their rural communities.
  https://www.usda.gov/topics/opioids

- **U.S. Department of Health and Human Services (HHS)**
  Provides resources and information about the opioid epidemic, including HHS' 5-point strategy to combat the opioid crisis.
  https://www.hhs.gov/opioids/