

U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Federal Office of Rural Health Policy

Rural Strategic Initiatives Division

Rural Communities Opioid Response Program – Overdose Response

Funding Opportunity Number: HRSA-23-038

Funding Opportunity Type: New

Assistance Listings Number: 93.912

Application Due Date: Thursday, January 19, 2023

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 may take up to 1 month to complete.

Issuance Date: Friday, October 21, 2022

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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. 912(b)(5) (§ 711(b)(5) of the Social Security Act)

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII. Agency Contacts](#).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Rural Communities Opioid Response Program-Overdose Response program. The purpose of this program is to support immediate responses to the overdose crisis in rural areas through improving access to, capacity for, and sustainability of prevention, treatment, and recovery services for substance use disorder (SUD). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

Funding Opportunity Title:	Rural Communities Opioid Response Program-Overdose Response
Funding Opportunity Number:	HRSA-23-038
Due Date for Applications:	Thursday, January 19, 2023
Anticipated FY 2023 Total Available Funding:	Up to \$12,000,000
Estimated Number and Type of Award(s):	Approximately 40 awards
Estimated Award Amount:	Up to \$300,000 per award subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2023 through August 31, 2024 (one year)
Eligible Applicants:	Eligible applicants include all domestic public or private, non-profit or for-profit entities. 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 this NOFO and in [HRSA's SF-424 Application Guide](#). Visit [HRSA's How to Prepare Your Application page](#) for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Thursday, November 10th, 2022
1 p.m. - 2:30 p.m. ET

Weblink: [https://hrsa-
gov.zoomgov.com/j/1612810095?pwd=Q0FSajdwYm0zUIZISVRyTHRRNnRvZz09](https://hrsa.gov.zoomgov.com/j/1612810095?pwd=Q0FSajdwYm0zUIZISVRyTHRRNnRvZz09)

Attendees without computer access or computer audio can use the dial-in information below.

Call-In Number: 1-833-568-8864
Meeting ID: 161 281 0095
Passcode: 67681054

HRSA will record the webinar. Provide information on where to find the webinar recording.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Rural Communities Opioid Response Program-Overdose Response program.

The Rural Communities Opioid Response Program (RCORP) is a multi-year HRSA initiative aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in high-risk rural communities. This funding opportunity, RCORP-Overdose Response, will advance RCORP's overall goal by supporting immediate responses to the opioid crisis in rural areas.

Over the course of a one-year period of performance, RCORP-Overdose Response recipients will address immediate needs in rural areas through improving access to, capacity for, and sustainability of prevention, treatment, and recovery services for substance use disorder (SUD).

To achieve the purpose of the RCORP-Overdose Response program, applicants must select from a list of allowable activities. Please see [Program Requirements and Expectations](#) for additional information.

Applicants are encouraged to give special consideration to the needs of rural populations that have historically suffered from poorer health outcomes or health disparities, as compared to the rest of the rural population. Examples of these rural populations include, but are not limited to: racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQIA+ individuals, veterans, socioeconomically disadvantaged populations, the elderly, and individuals with disabilities.

2. Background

The RCORP-Overdose Response program is authorized by Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)), as amended.

The Rural Communities Opioid Response Program is administered through HRSA's Federal Office of Rural Health Policy, which is charged with supporting activities related to improving health care in rural areas. RCORP-Overdose Response aligns with FORHP priorities for programs to improve access, expand capacity and services, enhance outcomes, and build sustainability.

In January 2022, the Secretary of Health and Human Services renewed the determination of an opioid [public health emergency](#) that was first issued in 2017. From 1999 through 2019, the rate of drug overdose deaths increased from 4.0 per 100,000 to 19.6 in rural counties¹. Of the 70,630 drug overdose deaths in the United States in

¹ Hedegaard H, Spencer MR. Urban–rural differences in drug overdose death rates, 1999–2019. NCHS Data Brief, no 403. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: <https://dx.doi.org/10.15620/cdc:102891>.

2019, 49,860 (72.6%) involved opioids². Moreover, deaths involving cocaine and psychostimulants are also on the rise. Since 2014, the number of deaths involving psychostimulants have risen significantly each year, with 23,837 deaths in 2020. Since 2014, cocaine overdoses have steadily increased, resulting in 19,447 overdose deaths in 2020³.

The COVID-19 pandemic forced rural communities to adapt and stretch limited resources, which exacerbated the opioid crisis in these areas. Over 81,000 overdose deaths occurred in the United States in the 12 months ending in May 2020, marking the highest number of overdose deaths ever recorded in a 12-month period⁴. However, this record was surpassed in 2021 when an estimated 107,622 drug overdose deaths occurred in the United States, an increase of nearly 15 percent⁵.

Rural communities often have limited specialized health services and workforce support. More than half of rural counties nationally (60.1%) still do not have a physician with a waiver to prescribe buprenorphine⁶. Rural counties are nearly three times more likely than metropolitan counties to be a low-dispensing county for naloxone⁷. Furthermore, telehealth proves to be a consistent barrier for rural communities, with adults living in rural areas less likely than suburban adults to have home broadband access or to own devices compatible with telehealth delivery such as smartphones, tablets, or computers⁸. Challenges associated with SUD/ODU program delivery including facility limitations, greater distances to care, and transportation coordination present further barriers for those seeking or providing services in rural communities⁹.

² Centers for Disease Control and Prevention. (2021, March 3). *Drug Overdose Deaths*. Centers for Disease Control and Prevention. <https://www.cdc.gov/drugoverdose/deaths/index.html>

³ U.S. Department of Health and Human Services. Overdose death rates. National Institutes of Health. Retrieved April 25, 2022, from <https://nida.nih.gov/drug-topics/trends-statistics/overdose-death-rates>

⁴ Centers for Disease Control and Prevention. (2020, March 27). *Increase in Fatal Drug Overdoses Across the United States Driven by Synthetic Opioids Before and During the COVID-19 Pandemic*. Centers for Disease Control and Prevention. <https://emergency.cdc.gov/han/2020/han00438.asp>

⁵ Centers for Disease Control and Prevention. (2022, May 11). *U.S. Overdose Deaths in 2021 Increased Half as Much as in 2020 – But Are Still Up 15%*. Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm#:~:text=Provisional%20data%20from%20CDC%27s%20National.93%2C655%20deaths%20estimated%20in%202020

⁶ Andrilla, C. H., Coulthard, C., & Larson, E. H. (2017). Barriers rural physicians face prescribing buprenorphine for opioid use disorder. *The Annals of Family Medicine*, 15(4), 359–362. <https://doi.org/10.1370/afm.2099>

⁷ Centers for Disease Control and Prevention. (2019, August 6). *Still not enough naloxone where it's most needed*. Centers for Disease Control and Prevention. Retrieved March 14, 2022, from <https://www.cdc.gov/media/releases/2019/p0806-naloxone.html>

⁸ Vogels, E. A. (2021, October 19). *Some digital divides persist between rural, urban and Suburban America*. Pew Research Center. <https://www.pewresearch.org/fact-tank/2021/08/19/some-digital-divides-persist-between-rural-urban-and-suburban-america>

⁹ *Opioid use disorder: Challenges and opportunities in rural communities*. The Pew Charitable Trusts. (2019, February). <https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2019/02/opioid-use-disorder-challenges-and-opportunities-in-rural-communities>

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 estimates up to \$12,000,000 to be available annually to fund approximately 40 recipients. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to \$300,000 (reflecting direct and indirect facilities and administrative costs) for the one-year period of performance. Please note there is no advantage or disadvantage associated with applying for less than the full award amount. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is September 1, 2023 through August 31, 2024 (one year).

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

Applicant Organization Specifications

Eligible applicants include all domestic public or private, non-profit or for-profit entities, including community-based organizations, federally recognized tribes, tribal organizations, state, local and territorial governments, and institutions of higher education.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)
- Exceeds the page limit.
- Fails to propose a service area that is entirely rural, as defined by the [Rural Health Grants Eligibility Analyzer](#) and/or lists any non-HRSA-designated rural counties and census tracts in Attachment 6. Delivery of all services supported by RCORP-Overdose Response program must exclusively occur in HRSA-designated rural areas. Please reference the [Program Requirements and Expectation section](#) for additional guidance.

Multiple Applications

In general, multiple applications associated with the same Unique Entity Identifier (UEI), and/or EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple organizations with the same EIN and/or UEI could be located in different rural service areas that have a need for SUD/ODU services. **Therefore, separate applications associated with a single UEI number and/or EIN are allowed, if the applicants provide HRSA with the following information in Attachment 7. Single organizations (e.g., a parent organization/headquarters) cannot apply more than once for this funding opportunity on behalf of its satellite offices or clinics.**

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 notice of funding opportunity (NOFO) following the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#). If you use an alternative electronic submission, see [Grants.gov: APPLICANT SYSTEM-TO-SYSTEM](#).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-038 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's [SF-424 Application Guide](#) provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in the HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's [SF-424 Application Guide](#). 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 HRSA *SF-424 Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limitation

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **40 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit. The abstract is the standard form (SF) "Project Abstract Summary." It **does not** count in the page limit.
- The Indirect Cost Rate Agreement **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-038, it will count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit will not be read, evaluated, or considered for funding.

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-23-038 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are 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. § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 8-15: Other Relevant Documents*.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

Program Requirements and Expectations

Service Area Specifications

Delivery of all services supported by RCORP-Overdose Response program must exclusively occur in HRSA-designated rural counties and rural census tracts, as defined by the [Rural Health Grants Eligibility Analyzer](#). Within partially rural counties, services supported by this award may **only** be delivered within HRSA-designated rural census tracts, except as noted below. **If applicants do not clearly describe an exclusively rural service area and/or list any non-HRSA-designated rural counties and census tracts in Attachment 6, the application will be deemed non-responsive.**

While all service delivery sites supporting RCORP-Overdose Response projects must generally be exclusively located in [HRSA-designated rural areas](#), given the shortage of service delivery sites in HRSA-designated rural areas, some exceptions apply. Please see **Attachment 5** for additional instructions on submitting required documentation for these exceptions.

Allowable Activities

HRSA will NOT fund proposals that include activities outside of this list.

In order to ensure alignment of activities with the stated purpose of the program and the overall RCORP initiative, only the following activities are allowable under this award. **Applicants must select activities from this list; there is no maximum or minimum number of activities that should be selected,** but applicants must clearly justify and support the need for the selected activity/activities, as well as their ability to implement the activity/activities within a one-year period of performance. If you apply for funding under this NOFO and should you also apply and are awarded funding under any other RCORP funding, you must be able to demonstrate the ability to administer multiple federal awards (if successful) and ensure no duplication, adequate quality controls, staffing, and impartiality when prioritizing the needs of the programs. HRSA does not allow duplication of funded activities.

Allowable Activities

1. Purchasing and distributing naloxone, fentanyl test strips or other relevant supplies within the target rural service area.
2. Establishing, improving, or expanding physical SUD/ODU care delivery sites, including through, not limited to, conducting minor renovations, purchasing a mobile unit for providing/expanding access to treatment, etc.
3. Offering certification, formalized training programs, and/or professional mentorship opportunities to enhance providers' ability to care for individuals with SUD/ODU, such as (but not limited to), Peer Recovery Coach certification, Medication Assisted Treatment waiver training, and [Project ECHO](#).
4. Assisting uninsured individuals with SUD/ODU in the target rural service area with obtaining health insurance and accessing SUD/ODU treatment and other behavioral health and social services.
5. Training peer recovery support specialists and coordinating placements in local SUD/ODU service delivery sites, such as emergency departments, primary care, jails/prisons, behavioral health care clinics, etc.
6. Enhancing capacity to provide mobile crisis intervention services for individuals with SUD/ODU in the target rural service area.
7. Improving capacity for and access to telehealth treatment services for SUD/ODU.
8. Providing Continuing Education Units (CEU) as well as Continuing Medical Education Units (CME) that are recognized by their respective boards, which allow for providers to enhance their ability to provide care to individuals with SUD/ODU.
9. Establishing services to reduce transmission of infectious diseases, such as, but not limited to, hepatitis A and B vaccinations, pre-and post-exposure prophylaxis for HIV, Hepatitis C treatment, etc.
10. Establishing a recovery home or other supportive housing program. Award recipients must follow all applicable local, state, and Federal laws and policies when establishing and/or operating recovery housing. Additionally, award recipients must work closely with technical assistance providers throughout the duration of the grant to ensure they are adhering to recovery housing best practices and obtaining certification/accreditation if feasible.
11. Establishing a recovery community organization.
12. Establishing social services to support individuals in recovery, such as childcare services during doctor's appointments, transportation to treatment and counseling, connections to recovery friendly employment opportunities, etc.
13. Providing community-based screenings for SUD/ODU and related infectious diseases.

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:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (4) Impact
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below 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](#)

Clearly and succinctly summarize the key strategies and selected activities of the proposed project, and how they will support the program goals. Briefly summarize the characteristics and needs of the proposed target population and target rural service area.

- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review [Criterion #1 - Need](#)

Describe structural and systemic barriers to SUD/ODU prevention, treatment, and recovery services. Clearly outline the needs of the target rural population as they relate to your selected planned activities.

Use the most recent data resources (include year) to:

- Clearly justify why there is a need for these funds,
- Compare the data of the target population and rural service area to regional, statewide, and/or national data to demonstrate need,
- Explain why you are unable to support this project through other existing local, state, or federal resources. **This includes all existing RCORP awards, held either by the applicant organization or other entities, which are operating within the target rural service area, and**
- Describe any populations within the target rural service area that have historically suffered from poorer behavioral health/SUD outcomes, health disparities, and other inequities as compared to the rest of the population (Examples of these rural populations include, but are not limited to: racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQIA+ individuals, veterans, socioeconomically disadvantaged populations, the elderly, individuals with disabilities, etc.).
- Please reference the [RCORP website](#) for a list of active RCORP award recipients in each program.

- **METHODOLOGY** -- Corresponds to Section V's Review [Criterion #2 – Response](#)

Provide clear, actionable strategies and activities for how you will achieve the goals of the program through your selected activity/activities. **Please reference [Program Requirements and Expectations](#) for a list of allowable activities under this grant.**

The methodology section should:

- Clearly state which of the allowable activities you propose to conduct under this project (also include the number associated with the proposed activities, as listed in the [Program Requirements and Expectations](#) section (for example, “1 and 3”);

- Describe how the selected activities will address needs described in your needs assessment, and ultimately improve access, capacity, and sustainability across the SUD/ODU prevention, treatment, and recovery spectrum of care.
 - Provide a detailed description of how you will accomplish the selected allowable activities. All proposed approaches and strategies should be data-driven and needs-based. As appropriate, include strategies for disseminating information about the selected activities, such as community outreach and collaborations with external organizations.
 - For each activity, describe the anticipated impact of that activity for your organization and target rural service area. Please reference Appendix E— Example Performance Measures to guide your response---e.g., # of providers who will be trained; # of new access points providing recovery services, etc.
 - Clearly describe how you will ensure that the needs and perspectives of individuals with lived experience (including individuals with SUD/ODU and other behavioral health needs, their families, caregivers, providers, etc.) are taken into account throughout the project.
 - Detail how the project will address the unique needs of populations that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population.
 - Explain how you will sustain new access and capacity resulting from this funding after the period of performance concludes.
- **WORK PLAN -- Corresponds to Section V's Review [Criterion #2 - Response](#)**

Provide a clear and coherent work plan in Attachment 1. It is recommended that you provide your work plan in table format. The work plan should align with the activity/activities you have selected from the list of allowable activities ([Program Requirements and Expectations](#)), as well as the strategies and approaches described proposed throughout your methodology section. Additionally, the work plan should include the following:

- Specific steps that you will undertake to achieve the selected activity/activities;
- Responsible individual(s) for each activity; and
- Timeframes associated with each activity.

NOTE: Each activity in the work plan should have beginning and completion dates. It is not acceptable to list “ongoing” as a timeframe.

The work plan must reflect a one-year period of performance. Note that while the “Methodology” section of the Project Narrative centers on the overall strategy for fulfilling the activities, the work plan is more detailed and focuses on the inputs, activities, and timelines by which you will execute your strategy.

- **RESOLUTION OF CHALLENGES** -- Corresponds to Section V's Review [Criterion #2 - Response](#)

Describe challenges that you are likely to encounter in carrying out the work plan, and how you will resolve them.

Clearly detail potential challenges to sustaining services after the period of performance ends and how you intend to overcome them.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- Corresponds to Section V's Review [Criterion #3 – Evaluative Measures](#) and [#4 - Impact](#)

Award recipients will not be expected to conduct their own project evaluations; instead, they will work closely with a HRSA-funded RCORP evaluator to contribute to a program-wide evaluation. HRSA performance metrics will assess the extent to which the proposed project has improved access, capacity, and sustainability of SUD/OD services within the target rural service area and will be shared with award recipients during the period of performance. See [Appendix B](#) for example measures.

The Evaluation and Technical Support Capacity section should:

- Describe the process (including staffing and workflow) for how you will track and monitor project activities.
- Describe the systems and processes that will support HRSA data reporting requirements, including details on how the organization will collect and manage data (e.g., assigned skilled staff, data management software), and work with a HRSA-funded evaluator in a way that allows for accurate and timely reporting of performance outcomes.

NOTE: It is the applicant organization's responsibility to ensure compliance with HRSA reporting requirements. Applicants should make every reasonable effort to track, collect, aggregate, and report data and information throughout the period of performance.

- Detail a plan for updating participating external entities the target rural service area, and the broader public on the program's activities, lessons learned, and success stories. You should provide examples of mediums and platforms for disseminating this information.
- Estimate the number of individuals with SUD/OD that will be served by this initiative.

▪ **ORGANIZATIONAL INFORMATION** -- *Corresponds to Section V's Review*
[Criterion #5 – Resources and Capabilities](#)

The organizational information section should include:

Organizational Overview

- Describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to achieve the program goals;
- Clearly and specifically describe your organization's ability to execute the proposed work plan, **including completing any proposed procurement of equipment or supplies** within the period of performance;
- Detail your organization's ability to properly account for all federal funds; and,
- Clearly and specifically describe your organization's capacity to maintain the staffing and infrastructure necessary to oversee program activities and ensure that the target rural service area is engaged and participating throughout the project.

Staffing Plan (Attachment 2)

Provide a clear and coherent staffing plan that includes the information requested in Attachment 2. The staffing plan should directly link to the activities proposed in the work plan.

All staffing plans MUST include a Project Director. The Project Director is a key staff member who is the point person on the award and makes staffing, financial, and other decisions to align project activities with project outcomes. The applicant shall decide the job qualifications and percentage of effort needed to effectively fulfill these duties.

If awarded, the Project Director is expected to attend monthly calls with HRSA, and technical assistance will be provided if needed on an ad-hoc basis. The Project Director is also responsible for tracking, collecting, aggregating, and reporting quantitative and qualitative data and information to fulfill biannual progress report and annual HRSA's reporting requirements unless another staff member is given this responsibility.

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 each respective federal award. NOTE: the Project Director may not bill for more than 1.0 FTE across federal awards, regardless of the role served on other federal awards.

Please ensure that you list the designated Project Director in Box 8f of the SF-424 Application Page.

More than one Project Director is allowable, but only one Project Director (the individual listed in Box 8f of the SF-424 Application Page) will be officially designated as such by HRSA.

NOTE: You are expected to immediately operationalize the proposed approach upon receipt of the award. To this end, if there are any positions that are vacant at the time of application, include in the staffing plan a timeline and process for recruiting, hiring, and onboarding the new staff, as well as the qualifications and expertise required by the position.

Staff Biographical Sketches (Attachment 3)

All proposed staff members should have the appropriate training, qualifications, and expertise to fulfill their roles and responsibilities on the award. For each staff member reflected in the staffing plan, provide a brief biographical sketch that directly links their qualifications and experience to their designated RCORP-Overdose Response project activities. If an individual is fulfilling multiple roles in the proposed project, a single biographical sketch may be used to address their qualifications for each role. The names reflected in the staffing plan must align with the names identified in the biographical sketches.

iii. Budget

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 Application Guide](#) and the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may 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) you incur to carry out a HRSA-supported project or activity.

You may apply for a ceiling amount of up to \$300,000 total cost (includes both direct and indirect (facilities and administrative costs) per year. Please apply for an amount that aligns with the proposed work plan and is reflective of applicant's ability to complete all expenditures and activities within the one-year period of performance.

In addition, RCORP-Overdose Response program requires the following:

- Travel: You are expected to budget travel funds for up to two (2) program staff to attend a three-day program meeting in Washington during the project period. More information will be provided upon receipt of award.

Minor Alteration and Renovation (A/R) Costs

Minor alteration and renovation (A/R) costs to enhance the ability of the applicant to deliver SUD/ODU health care services are allowable, but must not exceed \$150,000. Additional post-award submission and approval requirements apply if you propose to use RCORP-Overdose Response funding toward minor A/R costs. You may not begin any minor A/R activities or purchases until you receive HRSA approval. You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your

minor A/R plans do not affect your ability to execute work plan activities and HRSA deliverables on time.

Examples of minor A/R include, but are not limited to the following:

- Reconfiguring space to offer SUD and behavioral health care services pre- and post-delivery, facilitate co-location of SUD, behavioral health, and primary care services teams;
- Reconfiguring space to deliver virtual care that supports accurate SUD clinical interviewing and assessment, clear visual and audio transmission, and ensures patient confidentiality;
- Renovating or improving spaces for patients to participate in counseling and group visit services, and to access and receive training in self-management tools; and
- Modifying examination rooms to increase access to pain management options, such as chiropractic, physical therapy, acupuncture, and group therapy services.

The following activities are not categorized as minor A/R, and the costs of such activities are unallowable:

- Construction of a new building;
- Installation of a modular building;
- Building expansions;
- Work that increases the building footprint; and
- Significant new ground disturbance.

RCORP-Overdose Response grant funds for minor renovations may not be used to supplement or supplant existing renovation funding: funds must be used for a new project. Pre-renovation costs (Architectural & Engineering costs prior to 90 days before the budget period start date) are unallowable.

Mobile Units or Vehicles

Mobile units or vehicles purchased with RCORP-Overdose Response grant funds must be reasonable and used exclusively to carry out grant activities. Additional post-award submission and approval requirements apply if you propose to use RCORP-Overdose Response funding toward mobile units or vehicles. **You may not begin any purchases until you receive HRSA approval.** You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your mobile unit or vehicle purchase do not affect your ability to execute work plan activities and HRSA deliverables on time.

Medication

Food and Drug Administration (FDA)-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination and buprenorphine mono-product formulations) for the maintenance treatment of OUD, opioid antagonist medication (e.g., naltrexone products) to prevent relapse to opioid use, and naloxone to treat opioid overdose are all allowable costs under RCORP-Overdose Response program.

Third Party Reimbursement

Award recipients should ensure that all services covered by reimbursement are billed and every reasonable effort is made to obtain payment from third-party payers. Only after award recipients receive a final determination from the insurer regarding lack of full reimbursement can RCORP-Overdose Response funds be used to cover the cost of services for underinsured individuals. At the same time, award recipients may not deny services to any individual because of an inability to pay. As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202, “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 the following fiscal years, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#).

Applicants must provide information on each line item of the budget, and describe how it supports the goals and activities of the proposed work plan and project.

Provide a clear justification for how you will use the RCORP-Overdose Response program funding over the period of performance. The funding request should align with the proposed work plan identified in the project narrative portion of your application, and with the applicant’s ability to complete all expenditures and activities within the one-year period of performance.

Reminder: The Budget, SF-424A, and Budget Narrative amounts must align and cannot exceed the budget ceiling amount.

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 limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment.** You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: Work Plan

Provide a clear and coherent work plan. It is strongly recommended that you provide your work plan in table format. The work plan should align with the activity/activities you have selected from the list of allowable activities ([Program Requirements and Expectations](#)), as well as the strategies and approaches described proposed throughout your methodology section. Additionally, the work plan should include the following:

- Specific steps that you will undertake to achieve the selected activity/activities;
- Responsible individual for each activity; and
- Timeline for completion of each activity. (Each activity in the work plan should have beginning and completion dates. It is **not** acceptable to list “ongoing” as a timeframe.)

Additional information can be found in [Section IV.2.ii. Project Narrative](#).

Attachment 2: Staffing Plan

Provide a clear and coherent staffing plan that includes the following information for each proposed project staff member who will be implementing the proposed work plan. It is strongly recommended that you provide this information in a table format. If a staff member serves on multiple federal awards, please list the federal awards as well as the percent FTE for each respective federal award. NOTE: No staff member may bill for more than 1.0 FTE across federal awards.

All staffing plans must include a Project Director with the following information:

- Name
- Title
- Organizational affiliation
- Full-time equivalent (FTE) devoted to the RCORP-Overdose Response project
- Roles/responsibilities on the project
- Timeline and process for hiring/onboarding, if applicable.

The staffing plan should directly link to the activities proposed in the work plan.

Additional information can be found in the ["Organizational Information"](#) section of the Project Narrative.

Attachment 3: Biographical Sketches of Key Personnel

For each staff member reflected in the staffing plan, provide a brief biographical sketch that directly links their qualifications and experience to their designated RCORP-Overdose Response project activities.

If an individual is fulfilling multiple roles in the proposed project, a single biographical sketch may be used to address their qualifications for each role. The names reflected in the staffing plan must align with the names identified in the biographical sketches.

Attachment 4: Other RCORP Awards (if applicable)

Provide the following information for each additional past or current RCORP award the applicant organization has received (it is recommended you provide this information in a table format):

- Name of RCORP award (e.g., RCORP-Implementation)
- Dates of award (e.g., September 30, 2020 to September 29, 2023)
- Indicate whether you serve/d as the applicant organization or consortium member
- Rural service area for past or current RCORP award
- For fully rural counties, list the county and state
- For partially rural counties, list the county, state, and eligible rural census tract(s)
- Target rural service area for proposed FY23 RCORP Overdose Response award
- ***Detail how, if funded, activities performed under the RCORP-Overdose Response award will complement—versus duplicate—activities performed under past or current RCORP award***

Attachment 5: Exceptions to Service Delivery Sites

All exception requests must include a statement attesting that either the non-rural service delivery site is a primary service provider for the target rural service area and that the delivery site will directly contribute to building health service delivery infrastructure within the target rural service area (e.g., by providing mentorship/training opportunities for rural providers). You must clearly indicate which exception(s) you are requesting.

- Critical Access Hospitals (CAHs) that are not located in HRSA-designated rural areas.** Applicants who wish to exercise this exception must provide the six-digit CMS Certification Number/Medicare Provider Number for the relevant service delivery site(s). If the service delivery site has been recently designated a CAH (less than a year ago), please submit the CAH approval letter from CMS. Applicants requesting this exception must also detail how partnering with the service delivery site will improve the health care delivery systems in HRSA-designated rural areas.
- Entities eligible to receive Small Rural Hospital Improvement (SHIP) funding and that are not located in HRSA-designated rural areas** may serve as service delivery sites for RCORP-Overdose Response projects. Eligible entities include hospitals that are non-federal, short-term general acute care and that: (i) are located in a rural area as defined in 42 U.S.C. 1395ww(d) and (ii) have 49 available beds or less, as reported on the hospital's most recently filed Medicare Cost Report. Applicants who wish to exercise this exception must provide the six-digit CMS Certification Number/Medicare Provider Number for the relevant service delivery site(s). Applicants requesting this exception must also detail how partnering with the service delivery site will improve the health care delivery systems in HRSA-designated rural areas.
- Entities that are located in urban areas of partially rural counties in their target service area** must provide a screenshot from the [census website \(2010 Census\)](#) documenting that service delivery sites are located in an incorporated city, town, or village, or unincorporated census-designated place (CDP), with 49,999 or fewer people. If the applicant searches a place and it does not appear in the Quick Facts dropdown list, this means that the place has less than 5,000

residents, and therefore, the site would be eligible. In this instance, please include screenshot documentation. Applicants requesting this exception must also detail how partnering with the service delivery site will improve the health care delivery systems in HRSA-designated rural areas.

Attachment 6: General Project Information

Provide the following information about your proposed project:

1. Project Title
2. Requested Award Amount
3. Applicant Organization Name
4. Applicant Organization Address
5. Applicant Organization Facility Type (e.g., *Rural Health Clinic, Critical Access Hospital, Tribe/Tribal Organization, Health System, Institute of Higher Learning, Community-based Organization, Foundation, Rural Health Network, etc.*)
6. Project Director Name and Title (*should be the same individual designated in Box 8f of the SF-424 Application Form*)
7. Project Director Contact Information (*phone and email*)
8. How the Applicant First Learned About the Funding Opportunity (*select one: State Office of Rural Health, HRSA News Release, Grants.gov, HRSA Project Officer, HRSA Website, Technical Assistance Provider, State/Local Health Department*)
9. Is the Applicant Organization a previous or current RCORP Award Recipient or Consortium Member? If yes, specify: *FY18, FY19, and/or FY20 RCORP-Planning; FY19 RCORP-MAT Expansion; FY19, FY20, FY21, FY22 RCORP Implementation, FY20 RCORP-Neonatal Abstinence Syndrome, FY21/22 RCORP Psychostimulant Support, FY22 MAT Access, FY22 Behavioral Health Care Support*
10. RCORP-Overdose Response target service area (*must be exclusively rural, as defined by the [Rural Health Grants Eligibility Analyzer](#)*):
 - a. Fully Rural Counties: Provide the county name and state
 - b. Partially-Rural Counties: Provide county name, state, and the rural census tract ([List of Rural Census Tracts](#))
11. Activity/ies proposed in application (include the number associated with the proposed activities, as listed in the [Program Requirements and Expectations](#) section. (e.g., "1 and 3")

Attachment 7: UEI/EIN Exception Request (if applicable)

In general, multiple applications associated with the same Unique Entity Identifier (UEI), and/or EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple organizations with the same EIN and/or UEI could be located in different rural service areas that have a need for SUD/ODD services. **Therefore, separate applications associated with a single UEI number and/or EIN are allowable, as long as the applicants provide HRSA with the following information in Attachment 7. Single organizations (e.g., a parent organization/headquarters) cannot apply more than once for this funding opportunity on behalf of its satellite offices or clinics.**

- Names, street addresses, EINs, and UEI numbers of the applicant organizations;
- Name, street address, EIN, and UEI number of the parent organization;
- Names, titles, email addresses, and phone numbers for points of contact at each of the applicant organizations and the parent organization;
- Proposed RCORP-Overdose Response service areas for each applicant organization (these should not overlap);
- Assurance that the applicant organizations will each be responsible for the planning, program management, financial management, and decision making of their respective projects, independent of each other and/or the parent organization; and
- Signatures from the points of contact at each applicant organization and the parent organization.

Applications associated with the same UEI number or EIN should be independently developed and written. HRSA reserves the right to deem applications that provide insufficient information in Attachment 7, or are nearly identical in application content, to be ineligible. In this instance, assuming all other eligibility criteria are met, HRSA will only accept the last submitted application HRSA-23-038 associated with the EIN or UEI number. Note that this exception does not apply to a single organization (e.g., a parent organization/headquarters) that wants to apply more than once for this funding opportunity on behalf of its satellite offices or clinics.

Attachments 8–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including indirect cost rate agreements, letters of support from external entities, etc. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by [SAM](#) has replaced the Data Universal Numbering System (DUNS) number.
- Register at [SAM.gov](#) and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not

qualified to receive an award, and HRSA may 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 two separate systems:

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM.gov Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

For more details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

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 application due date under this NOFO is *Thursday, January 19, 2023 at 11:59 p.m. ET*. HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

RCORP-Overdose Response program is 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 one year, at no more than \$300,000 (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

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

- To acquire real property;
- To purchase syringes;
- For construction;
- To pay for any equipment costs not directly related to the purposes for which this grant is awarded;
- To supplant any services that already exist in the service area(s); and
- To duplicate any existing services in the target rural service area

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 specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's [SF-424 Application Guide](#). Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has 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.

Reviewers will evaluate and score the merit of your application based upon these criteria.

Six review criteria are used to review and rank RCORP-Overdose Response applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (15 points) – Corresponds to Section IV’s [Introduction and Needs Assessment](#)

Introduction (3 points)

- The quality and extent to which the application clearly and succinctly summarizes the key strategies and activities of the proposed project, and how they will support the program goals.
- The extent to which the applicant clearly summarizes the characteristics and needs of the proposed target population and target rural service area.

Needs Assessment (12 points)

- The extent to which the applicant describes any structural and systemic barriers to SUD/ODU prevention, treatment, and recovery services.
- The extent to which the applicant clearly outlines the needs of the target rural population as they relate to the planned activities.
- The extent to which the applicant uses recent data sources to clearly justify why there is a need for these funds, including comparing the data of the target population and rural service area to regional, statewide, and/or national data to demonstrate need.
- The extent to which the applicant clearly and comprehensively describes any populations within the target rural service area that have historically suffered from poorer behavioral health/SUD outcomes, health disparities, and other inequities as compared to the rest of the population.
- The extent to which the applicant clearly and specifically explains why they are unable to support their project through other existing resources, including through existing RCORP funding, if applicable.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV’s [Methodology, Work Plan, and Resolution of Challenges](#)

Methodology (20 points)

- The extent to which the applicant’s proposed project provides clear, actionable strategies and activities for how they will achieve the purpose of the program through the selected activities.
- The extent to which the applicant clearly states which allowable activities they are proposing to conduct under this project.
- The extent to which the applicant describes how the selected activities will address needs described in their needs assessment, and improve access, capacity, and sustainability across the SUD/ODU prevention, treatment, and recovery spectrum of care.
- The extent to which the applicant provides a detailed description of how they will accomplish the selected allowable activities.
- The extent to which the proposed activities and strategies are data driven and needs-based.

- The extent to which the applicant clearly states strategies for disseminating information about the selected activities, such as community outreach and collaborations with external organizations.
- The extent to which the applicant clearly explains how the needs and perspectives of individuals with lived experience are taken into account throughout the project.
- The extent to which the proposed project will address the unique needs of populations that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population.
- The extent to which the applicant clearly and specifically explains how they will sustain new access and capacity resulting from this funding after the project period concludes.

Work Plan (15 points)

- The clarity and completeness of the proposed work plan, including its inclusion of each specific activity/step, the responsible individuals, and the timeframes associated with each activity.
- The extent to which the activities in the work plan align with the activity/activities you have selected from the list of allowable activities.
- The extent to which the activities in the work plan align with the strategies proposed in the “Methodology” section of the application.
- The extent to which the work plan reflects a one-year period of performance.

Resolution of Challenges (5 points)

- The extent to which the applicant describes the challenges that they will likely encounter in carrying out the work plan, and the quality of the solutions proposed to resolve them.
- The extent to which the applicant details potential challenges to sustaining services after the period of performance ends, and the quality of solutions to overcome them.

Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV’s [Evaluation and Technical Support Capacity](#)

Evaluation and Technical Support Capacity

- The extent to which the applicant describes the process (including staffing and workflow) for how they will track and monitor project activities.
- The quality and extent to which the applicant details the systems and processes that will support HRSA data reporting requirements, including details on how the organization will collect and manage data (e.g., assigned skilled staff, data management software) and work with a HRSA-funded evaluator in a way that allows for accurate and timely reporting of performance outcomes.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s [Evaluation and Technical Support Capacity and Methodology](#)

- The clarity and comprehensiveness of the applicant’s proposed plan for updating external entities, the target rural service area, and the broader public on the program’s activities, lessons learned, and success stories; and
- The extent to which the applicant provides examples of mediums and platforms for disseminating this information.
- The extent to which the applicant clearly describes the anticipated impact of that activity for their organization and target rural service area.
- The extent to which the applicant estimates the number of individuals with SUD/ODU reached through this initiative.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s [Organizational Information](#)

Organizational Capacity (10 Points)

- The extent to which the applicant organization clearly demonstrates how its current mission, structure, and scope of current activities contribute to the organization’s ability to achieve the program goals.
- The clarity and specificity of how the applicant organization will execute the proposed work plan, including completing any proposed procurement of equipment or supplies within the period of performance.
- The extent to which the applicant organization has the ability to properly account for all federal funds.
- The extent to which the applicant clearly describes their organization’s capacity to maintain the staffing and infrastructure necessary to oversee program activities.
- The extent to which the applicant clearly describes how the target rural service area will be engaged and participating throughout the project.

Staffing Plan (10 Points)

- The clarity and completeness of the applicant’s proposed staffing plan includes the information requested in Attachment 2.
- The extent to which the staffing plan directly links to the activities proposed in the work plan.
- The clarity and comprehensiveness with which the applicant describes how the Project Director will serve as the point person on the award and will make sure all staffing, financial, and other decisions align project activities with project outcomes.
- The extent to which the applicant demonstrates that the Project Director will devote adequate time and resources to the proposed project.

- The extent to which the applicant demonstrates that the Project Director is responsible for all HRSA reporting requirements, unless another staff member is given this responsibility.
- If a staff member has yet to be hired, the extent to which the applicant details the process and timeline for recruiting, hiring and onboarding the new staff, as well as the qualifications and expertise required by the position.
- The extent to which all proposed staff members have the appropriate training, qualifications, and expertise to fulfill their roles and responsibilities.
- The extent to which the applicant clearly links staff members' qualifications and experience to their designated RCORP-Overdose Response project activities (Attachment 3).

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's [Budget and Budget Narrative Section](#)

- The reasonableness of the proposed budget that is reflective of the applicant's ability to complete all expenditures and activities within the one-year period of performance.
- The clarity and comprehensiveness of the budget narrative, including the extent to which the applicant logically documents how and why each line item request (such as personnel, travel, equipment, supplies, and contractual services) supports the goals and activities of the proposed work plan and project over the period of performance.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications 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

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.

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 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 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](#)).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2023. 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](#).

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See [Providers of Health Care and Social Services](#) and [HHS Nondiscrimination Notice](#).

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see [Fact Sheet on the Revised HHS LEP Guidance](#) and [Limited English Proficiency](#).
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see [Discrimination on the Basis of Disability](#).
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See [Discrimination on the Basis of Sex](#).
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see [Conscience Protections for Health Care Providers](#) and [Religious Freedom](#).

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the 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 under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA mid-way through the project period. More information will be available in the NOA.
- 2) **Performance Integrity Management System (PIMS) Reports:** The award recipient must submit quantitative performance reports on an annual basis. Example measures are included in Appendix E. Award recipients will receive additional data collection and reporting guidance upon receipt of award.
- 3) **Copy of RCORP-Overdose Response Application:** You will be expected to submit a copy of your RCORP-Overdose Response application to the HRSA-funded RCORP technical assistance provider and evaluator to provide them with background and context for your proposed project.
- 4) **Final performance/closeout report(s):** Organizations 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 activities and RCORP-Overdose Response program 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.

- 5) **Federal Financial Report (FFR):** Award recipients must submit the FFR (SF-425) no later than January 30 for each budget period. The report is an accounting of expenditures under the project that year. The recipient must submit financial reports electronically through EHBs. HRSA will provide more detailed information in the NOA.
- 6) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

Kimberly Dews
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-0655
Email: kdews@hrsa.gov

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

Diana Wang
Public Health Analyst
Attn: RCORP-Overdose Response
Federal Office of Rural Health Policy
Health Resources and Services Administration
Phone: (301) 443-2302
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
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
[Self-Service Knowledge Base](#)

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

See [TA details](#) in Executive Summary.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's [SF-424 Application Guide](#).

Appendix A: NOFO Applicant Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified [page limit](#). [\(Do not submit this worksheet as part of your application.\)](#) The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit. Attachments should follow Section 4.2 of the [SF424 Application Guide](#) for formatting instructions.

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	<i>My attachment = ___ pages</i>
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 1 : Work Plan	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 2: Staffing Plan	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 3: Biographical Sketches of Key Personnel	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 4: Other RCORP Awards	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 5: Exception of Delivery Sites	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 6: General Project Information	<i>My attachment = ___ pages</i>

Standard Form Name <i>(Forms themselves do not count against the page limit)</i>	Attachment File Name <i>(Unless otherwise noted, attachments count against the page limit)</i>	# of Pages <i>Applicant Instruction – enter the number of pages of the attachment to the Standard Form</i>
Attachments Form	Attachment 7: UEI/EIN Exception Request	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 8-15 Other Relevant Documents	<i>My attachment = ___ pages</i>
Project/Performance Site Location Form	Additional Performance Site Location(s)	<i>My attachment = ___ pages</i>
Project Narrative Attachment Form	Project Narrative	<i>My attachment = ___ pages</i>
Budget Narrative Attachment Form	Budget Narrative	<i>My attachment = ___ pages</i>
# of Pages Attached to Standard Forms		<i>Applicant Instruction</i> Total the number of pages in the boxes above.
Page Limit for HRSA-23-038 is 40 pages		My total = ___ pages

Appendix B: Example Performance Measures

We will assess recipients' progress towards enhancing capacity, access, sustainability, through an annual quantitative performance report and biannual progress reports. Some performance metrics may include, **but will not be limited to:**

- Estimated # of individuals with SUD reached through this award.
- # of new SUD/ODU access points established as a result of the award.
 - Sub-measures on # of access points providing SUD/ODU prevention, treatment, and recovery services
- # of SUD/ODU providers newly hired as a result of the award.
 - Disaggregate by # of medical providers, non-medical counseling staff, and peer recovery support specialists
- # of individuals trained in SUD/ODU service provision as a result of the award.
 - Disaggregate by # of providers and paraprofessionals
- # of individuals who were tested for HIV.
- # of individuals who were tested for HCV.
- # of individuals who were screened for SUD.
- Will your organization sustain the services/activities established by this award after the period of performance ends? (yes/no)