

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Federal Office of Rural Health Policy
Community Based Division

Rural Health Opioid Program

Funding Opportunity Number: HRSA-17-022
Funding Opportunity Type: Initial: New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2017

Application Due Date: July 21, 2017

MODIFIED on July 14, 2017 to include:

- Correcting language to clarify that not all consortium members are required to be rural.
 - Changing the reference from "Attachment 15" to "Attachment 14" on page 5.
 - Changing the reference from "Attachment 1" to "Attachment 6" on page 17.

*Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.*

Issuance Date: July 14, 2017

Michael Blodgett
Public Health Analyst, Federal Office of Rural Health Policy
Telephone: (301) 443-0144

Fax: (301) 443-2803

E-mail: mblodgett@hrsa.gov

Authority: Public Health Service Act, Section 330A(e) (42 U.S.C. 254c(e)).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy (FORHP) is accepting applications for fiscal year (FY) 2017 Rural Health Opioid Program (RHOP). The purpose of the RHOP Program is to reduce the morbidity and mortality related to opioid overdoses in rural communities through the development of broad community consortiums to prepare individuals with opioid-use disorder (OUD) to start treatment, implement care coordination practices to organize patient care activities, and support individuals in recovery by establishing new or enhancing existing behavioral counseling, peer support, and alternative pain management activities. This program will bring together non-profit entities such as hospitals, primary care practices, substance abuse, treatment centers, social service organizations, and other community groups to respond with a multifaceted approach to the opioid epidemic in a rural community. The program will support three (3) years of funding with the primary goal of demonstrating improved and measurable health outcomes, including but not limited to, reducing opioid overdose morbidity and mortality in rural areas.

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| Funding Opportunity Title: | Rural Health Opioid Program (RHOP) |
| Funding Opportunity Number: | HRSA-17-022 |
| Due Date for Applications: | July 21, 2017 |
| Anticipated Total Annual Available FY17 Funding: | \$3,000,000 |
| Estimated Number and Type of Award(s): | Up to 12 grant(s) |
| Estimated Award Amount: | Up to \$250,000 per year |
| Cost Sharing/Match Required: | No |
| Project Period/Period of Performance: | September 30, 2017 through September 29, 2020 (three (3) years) |
| Eligible Applicants: | <p>Eligible applicants include rural public or rural non-profit private entities that represent consortiums composed of 3 or more health care providers. One member of the consortium will act as the lead applicant/grantee and submit the application.</p> <p>[See Section III-1 of this notice of funding opportunity (NOFO) formerly known as the funding opportunity announcement (FOA) for complete eligibility information.]</p> |

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

The following technical assistance webinar has been scheduled:

Webinar

Day and Date: Thursday, July 13, 2017

Time: 2:00 – 3:00 p.m. ET

Call-In Number: 1-888-790-1893

Participant Code: 6456578

Weblink: https://hrsa.connectsolutions.com/rhop_technical_assistance/

Playback Number: 1-866-501-0093

The Technical Assistance webinar is open to the public. The purpose of the webinar is to review the NOFO and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the call to answer any questions. While the webinar is not required, it is highly recommended for any organization interested in applying for the Rural Health Opioid Program.

For your reference, the Technical Assistance webinar will be recorded and available for playback within one hour of the end of the webinar and will be available until September 13, 2017.

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Rural Health Opioid Program (RHOP).

The purpose of RHOP is to promote rural health care services outreach by expanding the delivery of opioid related health care services to rural communities. The program will reduce the morbidity and mortality related to opioid overdoses in rural communities through the development of broad community consortiums to prepare individuals with opioid-use disorder (OUD) to start treatment, implement care coordination practices to organize patient care activities,¹ and support individuals in recovery through the enhancement of behavioral counselling² and peer support activities.³

This program will bring together health care providers (i.e. local health departments, hospitals, primary care practices, and substance abuse treatment providers) and entities such as social service and faith-based organizations, law enforcement, and other community-based groups to respond multifaceted to the opioid epidemic in a rural community. The consortium must include at least three (3) health care providers.

The program supports three (3) years of funding.

This program incorporates a range of objectives to respond comprehensively to the opioid crisis within rural communities. Consortiums will work towards identifying individuals at-risk of overdose and guide them towards recovery by providing outreach and education on locally available treatment options and support services. Educating community members on OUD is also a critical component of responding to the opioid epidemic, which incorporates education on OUD, treatment options, methods for preparing individuals with OUD for treatment, referring individuals with OUD to treatment, and how to best support individuals in recovery. Consortiums are encouraged to implement care coordination practices to organize patient care activities. Finally, consortiums are further encouraged to support individuals in recovery by establishing new or enhancing existing behavioral counselling and peer support activities.

2. Background

The Rural Health Opioid Program is authorized by Section 330A(e) of the Public Health Service (PHS) Act (42 U.S.C. 254c(e)), as amended to “promote rural health care services outreach by expanding the delivery of health care services to include new and enhanced services in rural areas.” The Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the U.S. Department of Health and Human Services (HHS). FORHP plays two distinct but complementary roles within HHS. The first is to advise the Secretary on rural policy issues across the Department,

¹ SAMHSA’s Working Definition of Recovery provides guiding principles and is available at <http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>.

² <https://www.samhsa.gov/treatment/substance-use-disorders>

³ What Are Peer Recovery Support Services? <http://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf>

including interactions with the Medicare and Medicaid programs, and support policy-relevant research on rural health issues. The second is to administer grant programs focused on supporting and enhancing health care delivery in rural communities. By locating both functions in the same office, FORHP is able to use its policy role to inform the development of grant programs and its grant role to provide community-level perspective when assessing the impact of HHS policy on rural areas.⁴

Fatal drug overdoses involving the illicit use of opioids including prescription painkillers and heroin have become an increasingly alarming public health issue. In 2015, 33,091 people in the United States died from a drug overdose involving an opioid, which is an increase from 28,647 deaths the previous year as reported by the Centers for Disease Control and Prevention. From 2014 to 2015, the death rate from synthetic opioids other than methadone increased by 72.2 percent and heroin death rates increased by 20.6 percent. This upwards trend in rates of drug overdose deaths has resulted in the number of deaths involving opioids to nearly triple since 1999.⁵

While urban populations have higher rates of past-year opioid use compared to rural, more people are dying in rural areas due to opioid overdose.⁶ A lack of locally available emergency naloxone devices and treatment options as well as high response times of emergency medical services due to isolation are principal factors leading to a higher mortality rate in rural areas. Furthermore, individuals in rural communities with OUD are more likely to have socio-demographic vulnerabilities than opioid users in urban areas that may affect their ability to seek treatment and maintain recovery. These vulnerabilities include being under 20 years of age, having fair or poor health, not graduating high school, earning an income of less than \$20,000, and being uninsured.

The development of broad community-based consortiums that link together diverse members has proven to be an effective attribute of any program that aims to respond to local, OUD-related issues. Typically, these consortiums bring together entities such as primary care physicians, substance abuse treatment providers, social workers and recovery counselors, and law enforcement; however, other community groups such as faith based organizations, school systems, food banks, housing departments, transportation and other agencies are also integral in addressing local health care challenges. Together, these consortiums are able to provide quality assistance and services for those struggling with OUD as well as educate others to reduce the stigma of substance abuse and addiction throughout the community. Integrated consortiums are also critical in following through with the referral of individuals to treatment and ensuring a robust care coordination model exists in the community. The support that these members provide is an important factor in helping individuals avoid relapse and maintain a strong recovery process.

⁴ FORHP homepage <http://www.hrsa.gov/ruralhealth/>.

⁵ Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. *MMWR Morb Mortal Wkly Rep* 2016;65:1445–1452. <http://dx.doi.org/10.15585/mmwr.mm655051e1>

⁶ Keyes, K. M., PhD, et al. (2014). Understanding the Rural–Urban Differences in Nonmedical. *American Journal of Public Health*, 104(2), E52-E59. http://www.medscape.com/viewarticle/819985_2

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

Approximately \$3,000,000 is expected to be available annually over a 3-year project period to fund twelve (12) recipients. You may apply for a ceiling amount of up to \$250,000 total cost (includes both direct and indirect/facilities and administrative costs) per year. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. The project period is September 30, 2017 through September 29, 2020 (3 years). Funding beyond the first year is dependent on the availability of appropriated funds for the Rural Health Opioid Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

To be eligible to receive a grant under Section 330A of the Public Health Service Act (42 U.S.C. 254c), an entity must:

- be a rural public or rural non-profit private entity
- represent a consortium composed of members
 - members must include 3 or more health care providers
 - members may be nonprofit or for-profit entities
- not have previously received a grant under this subsection for the same or a similar project, unless the entity is proposing to expand the scope of the project or the area that will be served through the project.

Any state, public, or private entity may apply for this funding opportunity, assuming they meet the RHOP requirements. This includes faith-based and community-based organizations as well as federally recognized tribes and tribal organizations.

Applicants for the Rural Health Opioid Program must meet the ownership and geographic requirements stated below:

1. The applicant organization must be a public or private non-profit entity located in a rural area or in a rural census tract of an urban county, and all services must be

provided in a rural county or census tract. The applicant's EIN number should verify it is a rural entity. To ascertain rural eligibility, please refer to: <http://datawarehouse.hrsa.gov/RuralAdvisor/> and enter the applicant organization's state and county. A consortium serving rural communities but whose applicant organization is not in a designated rural area will not be considered for funding under this announcement.

2. In addition to the states listed on the Rural Advisor (link noted above) only the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. If applicants are located outside the 50 states, they still have to meet the rural eligibility requirements.

One of the following documents must be included in **Attachment 1** to prove non-profit status:

- a) A letter from the IRS stating the organization's tax-exempt status under Section 501(c)(3) or a currently valid IRS Tax exemption certificate;
- b) Statement from a state taxing body, state attorney general or other appropriate state official certifying that the applicant organization has a nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals;
- c) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization; or
- d) If the applicant is an affiliate of a parent organization, a copy of the parent organization's IRS 501(c) (3) Group Exemption letter and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.
- e) If the applicant organization is a public entity, proof of non-profit status is not necessary. The applicant organization must, however, identify themselves as a public entity and submit an official signed letter on city, county, state, or tribal government letterhead in **Attachment 1** (applicants may include supplemental information such as documentation of the law that created the organization or documentation showing that the state or a political subdivision of the state controls the organization). Tribal government entities should verify their federally recognized status via the Bureau of Indian Affairs website: <http://www.bia.gov>.

3. Funding provided through this program must be used for programs that serve populations residing in HRSA designated rural areas. Please confirm that the service area and recipients of this award reside in a HRSA designated rural area by visiting: <http://datawarehouse.hrsa.gov/RuralAdvisor/>.

4. In determining eligibility for this funding, FORHP realizes there are some metropolitan areas that would otherwise be considered non-metropolitan if the core, urbanized area population count did not include federal and/or state prison

populations. Consequently, FORHP has created an exceptions process whereby applicants from metropolitan counties in which the combined population of the core-urbanized area is more than 50,000 can request an exception by demonstrating that through the removal of federal and/or state prisoners from that count, they would have a population total of less than 50,000. Those applicants must present documented evidence of total population for the core urbanized area and demonstrate through data from the Census Bureau and state or Federal Bureaus of Prisons or Corrections Departments that show the total core urbanized area population (which is not the county or town population), minus any the state and/or federal prisoners, results in a total population of less than 50,000. Any data submitted that does not take the total core urbanized area population into consideration will not be eligible. For further information, please visit: <https://www.census.gov/geo/reference/ua/urban-rural-2010.html>. Prisoners held in local jails cannot be removed from the core urbanized area population. This exception is only for the purpose of eligibility for FORHP award programs. To find out if the applicant is eligible for a reclassification, please contact Steve Hirsch at 301-443-7322. If eligible, the applicant will be required to request the exception and present the data in **Attachment 14**, which will be verified by FORHP.

If the applicant organization is owned by or affiliated with an urban entity or health care system, the rural component may still apply as long as the rural entity has its own Employer Identification Number (EIN) and can directly receive and administer the grant funds in the rural area. The rural entity must be responsible for the planning, program management, financial management, and decision making of the project and the urban parent organization must assure the FORHP in writing that, for the grant, they will exert no control over or demand collaboration with the rural entity. This letter must be included in **Attachment 15**.

NOTE: Consortium members (aside from the lead applicant) are not required to meet non-profit status. As long as the lead applicant is a rural entity, other consortium members may be located in either a rural or an urban area. Please contact FORHP with any questions or further clarification.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

Notifying your State Office of Rural Health

Applicants are required to notify the State Office of Rural Health (SORH) of their intent to apply to this program. A list of the SORHs is accessible at <https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/>. Applicants must include in **Attachment 2** a copy of the letter or email sent to the SORH describing their project and any response to the letter received.

Each state has a SORH and the FORHP recommends contacting the SORH entity early in the application process to advise them of your intent to apply. The SORH may be able to provide some consultation to applicants including information on model programs, data resources, technical assistance for consortiums, evaluation, introductions to member organizations, or support of information dissemination activities. Applicants should make every effort to seek consultation from the SORH no later than three weeks in advance, as feasible, of the due date, and provide the SORH a simple summary of the proposed project. If no response is received, please include the original letter of intent requesting the support in **Attachment 2**.

Applicants located in the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau do not have a designated SORH. Therefore, applicants from these areas can request an email or letter confirming the contact from the National Organization of State Offices of Rural Health (NOSORH). The email address is: donnap@nosorh.org.

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 through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

Effective December 31, 2017 - You **must** use the [Grants.gov Workspace](#) to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the NOFO (also known as “Instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished 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 [Find Grant Opportunities](#) 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. Applications must be submitted in the English language and must be 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 application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted 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 the announcement.

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. **Attachment 15:** 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), please include the following:

i. Project Abstract

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

Please place the following at the top of the abstract:

1. Project Title
2. Applicant Organization Name
3. Address
4. Type of Entity
 - a) (Rural Health Clinic, Critical Access Hospital, tribal organization, Health Center (HRSA-funded), Public Health Department, etc.)
5. Project Director Name
6. Contact Information (Phone, Fax, E-Mail)
7. Web Site Address, if applicable
8. Funding Preference, if applicable
 - a) The applicant must explicitly request a qualifying funding preference and cite the qualification that is being met (see 42 U.S.C. 254c(h)(3)). FORHP highly recommends that the applicant include this language: "[Applicant's organization name] is requesting a funding preference based on qualification X. County Y is in a designated HPSA." at the bottom of the abstract if requesting funding preference so as to minimize confusion as to whether the applicant is certainly requesting funding preference. If applicable, the applicant needs to provide supporting documentation in **Attachment 12**. Please refer to [Section V.2](#) for further information.

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.

Use the following section headers for the Narrative:

- **INTRODUCTION** -- Corresponds to Section V's Review Criterion #1 (Need)
This section should clearly describe the purpose of the project, goals and objectives, and the various entities involved in the project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.
- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review Criterion #1 (Need)
This section outlines the needs of the community. This section should help reviewers understand the rural community and/or entities that will be served by the proposed project. The following items must be addressed within the needs assessment.

1. Describe the purpose of the project and the various entities involved.
2. Provide evidence of the unmet health care needs related to opioid abuse, treatment, and recovery that the consortium proposes to address, including quantifiable data on the lack of existing services and/or programs within the targeted rural community and any gaps in health care delivery as related to the program objectives and goals identified in the Purpose section. The applicant must:
 - a) Use appropriate data sources (e.g., local, state, federal) in their analysis of the environment in which the consortium is functioning.
 - b) Describe the nature of the OUD problem and document the extent of the need (i.e., current prevalence rates or incidence data) for the population in the proposed service area.
 - c) Identify differences in access, service use, and outcomes for the target population in comparison with the general population in the state or region.
3. Identify key challenges and barriers related to addressing OUD in the proposed service area.
 - a) The applicant must include any pertinent geographic, socio-economic, linguistic, cultural, ethnic, workforce or other barriers that prohibit access to substance abuse and recovery services in the target community.
4. Include a map that shows the geographic service area that will be served by the consortium and any other information that will help reviewers visualize and understand the scope of the proposed activities. (**Attachment 4**).
5. Include a description of the target population, including:
 - a) Estimated size of the target population
 - b) Number of counties that will be served
 - c) Demographics of the target population
 - d) Incidences of opioid overdoses
 - e) Morbidity and mortality rates related to opioid overdoses
 - f) Previous and/or current efforts to address opioid overdoses within the target population
6. Include the number and type of service facilities in the area (such as hospitals, emergency departments, urgent care centers, rural health clinics, federally qualified health centers, substance abuse treatment centers, and others).
7. Describe the community consortium that will be established or strengthened to meet the goals and objectives of the project. Identify the organizations' names, types, and roles in the project.

Relevant demographic data should be used and cited whenever possible to support the information provided.

- **METHODOLOGY** -- Corresponds to Section V's Review Criterion #2 (Response)
Propose methods that the applicant will use to meet each of the program's objectives and expectations in this funding announcement, such as to:
 1. Define the specific activities and strategies that will be implemented to accomplish the project goals and objectives outlined in the Introduction.
 2. Explain how the project will benefit the target population and overcome existing challenges and barriers to providing and receiving treatment and recovery services in the community.
 3. The applicant should describe how they will collect and analyze data (including the data collection system), assess program effectiveness, and make recommendations for improving program effectiveness.
 4. The applicant should identify potential barriers and challenges to forming the consortium and implementing activities along with possible solutions to address the barriers and challenges.
 5. The applicant should submit a preliminary sustainability plan that includes factors and strategies that will lead to viability and sustainability after federal funding ends in addition to describing how the consortium plans to continue to work together once the project period ends. See [Section VIII.2 Resources](#) for helpful tools on creating a sustainability plan.

Please include your preliminary sustainability plan in Attachment 10.

6. Evidence-Based, Effective and Promising Practices: Community health projects adapted from evidence-based frameworks or models that have proven to lead to successful outcomes are encouraged. Proposals should emphasize innovations and creative approaches in responding to community substance abuse issues. If portions of the proposed methodology to address an objective are based upon a project or program that has produced positive results in another community or consortium, please describe that program or include an abstract of that practice in **Attachment 11**. If applicable, describe why the selected approach will succeed in your community and what elements will be different in your community. (i.e. How will it be tailored?)

See [Section VIII Resources](#) for a link to the Community Health Gateway, which maintains a collection of evidence-based, effective and promising practices related to substance abuse that may be replicable in your community.

NOTE: Any project or model not listed on the Community Health Gateway is acceptable if a formal program evaluation has been conducted that shows the practice(s) produces positive results.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 (Response) and #4 (Impact)*

Describe the process that will be used to achieve each of the activities proposed in the methodology section. Use a timeline that includes completion dates for each activity and identifies responsible staff. This section should clearly demonstrate that completion of Work Plan activities will utilize a collaborative approach across consortium members and that the consortium has the capacity to implement the proposed activities. The following should be addressed in this section:

1. The applicant describes a clear and coherent Work Plan that is aligned with the program's goals and objectives. The Work Plan must outline the individual or organization responsible for carrying out each activity and include a timeline for all three years of the award (**Attachment 5**).
 - a) Describe the roles, shared responsibilities, and collaboration across participating organizations in carrying out the activities in the Work Plan.
 - b) Describe the integration of activities into the participating organizations' activities.
 - c) Provide evidence of how the consortium has the capacity to carry out the project.
 - d) Describe how the consortium will leverage resources with local, state, regional, and/or federal members to accomplish the project's goals and avoid duplication of effort.
 - e) Discuss the consortium's communication plan that will be implemented to update participating entities on Work Plan progress, evaluation measures, and other activities. Include the approach, frequency of meetings, and communication tools used by the consortium. Please describe the medium used for meetings and why the particular method was chosen (i.e. if meetings are virtual or face-to-face).

NOTE: It is expected that all yearly reporting requirements and an overall satisfactory level of achievement on Work Plan activities will be accomplished by the end of each award year. The accomplishment of these activities will factor into the decision to fund subsequent fiscal years. Additionally, FORHP requires all recipients to submit several reporting requirements throughout the three years of the award. Please refer to reporting information requested in Section VI.3 Reporting on page 28 for more information.

2. The applicant describes measures monitored by the project staff for effective performance on the proposed award-funded activities. Describe the quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts. For example, if a key strategy for reaching a goal turns out to be ineffective, the applicant describes the measures in place to identify and address this situation.
3. Explain how information about your program, including results and data of the project, will be shared regionally or nationally. Describe the medium or platforms by which you will share the successes and lessons learned from your program.

4. Describe how the proposed project may be replicable in other communities.

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

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 (Evaluative Measures) and #5 (Resources/Capabilities)*

In this section, the applicant includes an approach for evaluating the consortium's progress towards achieving the desired outcomes and describes how progress toward meeting award-funded goals will be tracked, measured, evaluated, and communicated.

1. The applicant will identify baseline measures that will be tracked throughout the duration of the award. The baseline measures must align with the goals and objectives of the proposed project including the program objectives identified in the Purpose section. It is expected that recipients will be able to articulate the outcomes of their project by utilizing these baseline measures. Include all baseline measures in **Attachment 8**.

NOTE: FORHP will develop standard measures to assess the impact that RHOP has on rural communities and to enhance ongoing quality improvement. FORHP has incorporated these performance measures as a requirement for all FORHP grant programs in order to achieve the stated objectives. Award recipients are required to report on the Performance Improvement Measurement System (PIMS) through HRSA's Electronic Handbook (EHB) after each budget period. Award recipients will be required to provide data on these measures annually for continued funding. Please see below for **draft** PIMS measures. These PIMS measures are subject to change and final PIMS measures will be shared upon notice of award.

- a) Number of individuals with OUD contacted through outreach activities and educated on available OUD treatment options and support services
- b) Number of individuals with OUD referred to a treatment provider through outreach activities
- c) Number of individuals with OUD who, after referral through outreach activities, met with a treatment provider and began treatment
- d) Number of individuals who have been in recovery/treatment for 3 to 6 months without interruption
- e) Number of individuals who have been in recovery/treatment for 6 months or longer without interruption
- f) Number of community members (without OUD) educated on OUD, treatment for OUD, and methods for preparing individuals with OUD for treatment, referring individuals with OUD to treatment, and supporting individuals with OUD while in recovery

- g) Number of individuals in recovery who attended 3 or more behavioral counselling sessions or peer support activities that were created and/or enhanced during the project period
 - h) Rates of opioid overdose-related deaths in the project's service area
 - i) Number of OUD prevention and treatment providers trained during the project period, including physicians, nurse practitioners, physician assistants, nurses, counselors, social workers, case managers, etc.
2. The applicant describes the process and frequency by which data/information for evaluation measures will be collected, analyzed, and communicated.
 3. The applicant explains how the data will be used to inform program development and service delivery. Both outcome and process measures may be used to assess the progress of efforts.
 4. The applicant describes the process they will use to create a robust evaluation plan. A preliminary evaluation plan should be included in **Attachment 9**.
 5. The applicant identifies existing resources and capabilities within both the lead organization and other consortium members for data collection and analysis.
- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria #5 (Resources/Capabilities) and #6 (Support Requested)*
Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart and describe how these all contribute to the ability and capacity of the organization to conduct the program requirements and meet program expectations. Describe in detail current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature for all organizations in the consortium. Applicants should describe evidence of success with other similar projects, particularly collaborative endeavors.

Describe the consortium members and how the consortium has the capacity and collective mission and vision to collaborate effectively to achieve the goals of the program.

1. The applicant must have financial and administrative management systems in place and must have the capability to manage the award. Briefly explain how the applicant organization is able to:
 - a) Exercise administrative and programmatic direction over award-funded activities.
 - b) Be responsible for hiring and managing the award-funded staff.
 - c) Demonstrate the administrative and accounting capabilities to manage the award funds.
 - d) Have at least one permanent staff at the time an award is made.
2. The applicant must provide information on consortium members, identifying the types of members included in the consortium, the value the members bring to the consortium, and the organizational structure of the consortium.

- a) This section identifies and describes each of the consortium members and should include each member organization's name, address, EIN number, primary contact person along with contact information, and current role in the community/region. A table may be used to present this information and must be included with **Attachment 3**.

NOTE: List the consortium members that are actively involved and their role in their organization, not the CEO/CFO of the organization if they do not regularly attend consortium meetings or actively participate in the consortium.

- b) The consortium must have a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU), signed and dated by all participating organizations. The MOA/MOU should reflect the mutual commitment of all members. Include the MOA/MOU and any letters of commitment in **Attachment 3**.
3. The applicant must provide clear and coherent staffing plan, including the role, responsibilities, and qualifications of proposed project staff should be included in **Attachment 6** along with staff resumes and/or biographical sketches in **Attachment 7**. Specifically, the following should be addressed in the staffing plan:
 - a) The number and titles of all staff positions, qualification levels for key staff, and FTE equivalents necessary to support the consortium and complete Work Plan activities.
 - b) Staffing needs should have a direct link to the activities proposed in the project narrative and budget portion of the application.
 4. Within 120 days of the award, the consortium must have a Project Director (PD) in place to oversee the daily functions and coordination of activities that support the award. This position should be 1.0 FTE. If there will not be a permanent PD at the time of the award, discuss the process and timeline for hiring a full-time PD (i.e. the number of known candidates, the projected starting date for the position of full-time director, etc.). The PD is responsible for managing an award/project at the strategic level. The PD is typically the project's point person, managing resources and overseeing finances to ensure that the project progresses on time and on budget. The PD reviews regular progress reports and makes staffing, financial, or other adjustments to align the developing project with the broader outcome goals.
 - a) Briefly discuss how the PD's role contributes to successfully achieving the goals of the program.
 - b) Indicate how the PD will facilitate collaborative input across consortium members in the creation of HRSA required reports (evaluation plan, strategic plan, business plan, sustainability plan, etc.).

| NARRATIVE GUIDANCE | |
|--|---|
| In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. | |
| <u>Narrative Section</u> | <u>Review Criteria</u> |
| 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. Please follow the instructions included in the Application Guide and, *if applicable*, the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if the application is selected 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 Rural Health Opioid Program requires the following:

Travel: Please allocate travel funds for two (2) program staff to attend a two (2) day technical assistance workshop at a location to be determined and include the cost of this as a budget line item.

The Consolidated Appropriations Act, 2017 (P.L. 115-31), 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.” Please 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 2017, as required by law.

iv. Budget Narrative

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

v. Attachments

Please 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. **Each attachment must be clearly labeled.**

Attachment 1: Proof of Nonprofit Status

The applicant must include a letter from the IRS or eligible state entity that provides documentation of nonprofit status. In place of the letter documenting nonprofit status, public entities may indicate their type of public entity (state or local government) and include it here. Refer to Section III 1 for more information.

This attachment **will not count** against the 80-page limit.

Attachment 2: State Offices of Rural Health Letter or other Appropriate State Government Entity Letter

All applicants are required to notify their State Offices of Rural Health (SORH) or other appropriate state government entity early in the application process to advise them of their intent to apply. State Offices of Rural Health may or may not, at their own discretion, offer to write a letter of support for the project. In the case that you do not receive a response from the SORH, submit a copy of your request for consultation to the SORH.

Attachment 3: Consortium Organizational Chart and Memorandum of Agreement/Understanding

1. Consortium Organizational Chart -Provide a one page organizational chart of the consortium that depicts the relationships between the membership organizations. The organizational chart of the consortium should include each member organization’s name, address, EIN number, primary contact person along with contact information, and current role in the community/region.
2. Memorandum of Agreement/Understanding -The consortium must have a Memorandum of Agreement or Memorandum of Understanding (MOA/MOU) signed and dated by all members that reflects the mutual commitment of the members. Note: The original signed and dated MOA/MOU should be kept by the

applicant organization and a copy of the document(s) must be included with the application.

Attachment 4: Service Area Map

Provide a map that shows the geographic service area that will be served by the consortium and any other information that will help reviewers visualize and understand the scope of the proposed activities. Include a list of counties within the proposed service area.

Attachment 5: Work Plan

Attach the Work Plan for the project that includes all information detailed in Section IV.ii. Project Narrative. The Work Plan should be presented in a matrix that illustrates the consortium's goals, objectives, strategies, activities, and targeted process and outcome measures. The Work Plan must outline the individual or organization responsible for carrying out each activity and include completion dates for all activities listed for all three years of the award.

Attachment 6: 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 7: Resumes/Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in **Attachment 6**, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 8: Baseline Measures

List all proposed measures and corresponding baseline data. Organize your proposed measures to differentiate between required measures and any additional measures being proposed.

Attachment 9: Preliminary Evaluation Plan

Applicants are required to submit a preliminary evaluation plan. An evaluation plan should address both process and outcome measures. It should include evaluation questions, data sources, evaluation methods (e.g. review of documents, interviews with project staff and participants, surveys of participants etc.), targeted outcome measures, and how the evaluation findings will be communicated throughout the project.

Attachment 10: Preliminary Sustainability Plan

Applicants are required to submit a preliminary sustainability plan that demonstrates a cohesive plan for sustaining the project after federal support for the project has ended. This sustainability plan should include how the consortium will document the value of project activities and how the consortium plans to continue to work together once the project period ends.

Attachment 11: Evidence-Based Practice Abstract, if applicable

If portions of the proposed methodology to address a selected topic area(s) are based upon a project or program that has worked in another community or consortium, include an abstract of the practice, evidence of its success in other project(s) or program(s), and a plan for how the practice will be implemented in the proposed service area.

Attachment 12: Request for Funding Preference, if applicable

If requesting a funding preference, the application must provide documentation that supports the funding preference qualifications. For further information on funding preferences and the required documentation, please refer to [Section V.2](#).

This attachment **will not count** against the 80-page limit.

Attachments 13: Letters of Support, if applicable

Applicants should supply letters of support from other organizations that are not official members of the consortium, but may play a role in the implementation of the proposed award project.

Attachment 14: Exception Request, if applicable

Applicants from Metropolitan counties in which the combined population of the core-urbanized area is more than 50,000 that request an exception by demonstrating that through the removal of federal and/or state prisoners from that count, they would have a population total of less than 50,000. Provide the required documentation for this attachment. This exception is only for the purpose of eligibility for FORHP award programs. To find out if you are eligible for a reclassification, please contact Steve Hirsch (SHirsch@hrsa.gov).

This attachment **will not count** against the 80-page limit.

Attachment 15: Other Relevant Documents, if applicable

Any additional, relevant documents should be included in **Attachment 15**, such as a letter from an urban parent organization, a rural eligibility exception request for communities that include federal and/or state prison populations, and/or an explanation of prior debarment and/or suspension.

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](#).

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 21, 2017 at 11:59 p.m. Eastern Time*.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The Rural Health Opioid Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

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

6. Funding Restrictions

You may request funding for a project period of up to 3 years, at no more than \$250,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The HHS Grants Policy Statement (HHS GPS) includes information about allowable expenses. Funds under this announcement may not be used for the following purposes:

- Incentives (e.g., gift cards, food)
- Fundraising
- Lobbying
- Build or acquire real property
- Construction/renovation costs
- Facility or land purchases
- Vehicle purchases

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) 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 FY 2017, as required by law.

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(s) applied to the award(s) under the program will be addition. Post-award requirements for program income can be found at [45 CFR part 75.307](#).

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed 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. Review criteria are 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 Rural Health Opioid Program has six (6) review criteria:

Criterion 1: NEED (25 points) – Corresponds to Section IV's Introduction and Needs Assessment

The quality and extent to which the application demonstrates the problem and associated contributing factors to the problem.

1. The extent to which the applicant describes the purpose of the project and the various entities involved.
2. The extent to which the applicant identifies and establishes the unmet health care needs of the target population as evidenced by:
 - a) Using local data to describe unmet need and service gaps, supplemented with state and/or national data.
 - b) Describing the nature of the OUD problem and the extent of the need for the population in the proposed service area.
 - c) Identifying the differences in access, service use, and outcomes for the proposed population of focus in comparison with the general population in the state or region, citing relevant data.
 - d) Describing how the proposed project will improve these disparities in access, service use, and outcomes.
3. The extent to which the applicant describes the relevant challenges and barriers related to addressing OUD in the proposed service area, and how the project will work to overcome them.
 - a) Include any pertinent geographic, socio-economic, linguistic, cultural, ethnic, workforce or other barriers that prohibit access to substance abuse and recovery services in the target community.
4. The extent to which the applicant defines the service area and clearly presents the scope of the proposed activities.
5. The extent to which the applicant describes the target population, including:
 - a) Estimated size of the target population
 - b) Number of counties that will be served
 - c) Demographics of the target population
 - d) Incidences of opioid overdoses
 - e) Morbidity and mortality rates related to opioid overdoses

- f) Previous and/or current efforts to address opioid overdoses within the target population
- 6. The extent to which the applicant identifies the number and type of service facilities in the area (such as hospitals, emergency departments, urgent care centers, rural health clinics, federally qualified health centers, substance abuse treatment centers, and others) and indicates which are participating in the project.
- 7. The extent to which the applicant describes the community consortium that will be established or strengthened to meet the goals and objectives proposed in the application, including the organizations' names, types, and roles in the project.

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

The extent to which the proposed project responds to the "Purpose" included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

- 1. The extent to which the applicant defines the goals and objectives of the consortium's proposed award-funded activities and explains the consortium's strategy for accomplishing them.
 - a) The extent to which the goals and objectives of the proposed project align with the overall goal of the program, program objectives identified in the Purpose section, performance measures identified in Section IV's Evaluation and Technical Support Capacity, as well as any performance measures proposed by the applicant in **Attachment 8**.
- 2. The extent to which the applicant explains how the project will benefit the target population and overcome existing challenges and barriers to providing and receiving treatment and recovery services in the community.
- 3. The extent to which the applicant describes how they will collect and analyze data, assess program effectiveness, and make recommendations for improving program effectiveness.
- 4. The extent to which the applicant describes barriers and challenges in establishing a consortium and the methods that may be used to overcome them.
- 5. The strength and feasibility of the preliminary sustainability plan.
- 6. The extent to which the proposed project will use a promising practice, evidence-based practice, and/or evidence informed practice as a model to accomplish proposed goals and objectives.
- 7. The feasibility of the proposed Work Plan that is aligned with the program's goals and objectives, including the strength and effectiveness of the following elements:
 - a) The roles, shared responsibilities, and collaboration across participating organizations in carrying out the activities in the Work Plan.
 - b) The integration of activities into the participating organizations' activities.
 - c) Rationale of how the consortium has the capacity to carry out the project.

- d) Identification of how the consortium will leverage resources with local, state, regional, and/or federal members to accomplish the project's goals and avoid duplication of effort.
 - e) The proposed communication plan among and between the Project Director, the applicant, and the participating organizations in the consortium.
8. The extent to which the applicant describes the quality assurance/quality improvement strategies that will assist in the early identification and modification of ineffective efforts.
 9. The extent to which the applicant discusses challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

1. The extent to which the applicant provides additional baseline measures, other than the nine (9) baseline measures proposed in the Evaluation and Technical Capacity section.
2. The strength and feasibility of the proposed process for which data/information for evaluation measures will be collected, analyzed, and communicated.
3. The extent to which the applicant explains how the data will be used to inform program development and service delivery.
4. The strength and feasibility of the preliminary evaluation plan.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Work Plan

The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope, and the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

1. The extent to which the proposed project will be replicable in other communities with similar needs.
2. The feasibility and effectiveness of the proposed approach for widely disseminating information regarding results of the project.
3. Explain how information about your program will be shared regionally or nationally, including efforts by grassroots, faith-based or community-based organizations. Describe the medium or platforms by which you will share the successes and lessons learned from your program.
4. The extent to which the applicant's targeted outcome measures align with the proposed objectives and the consortium's capacity to carry out the activities in the Work Plan to reach these outcomes.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and capacity of personnel to fulfill the needs and requirements of the proposed project.

1. The extent to which the applicant provides an organizational chart for the applicant organization and an organizational chart for the project consortium, with a listing of all the consortium members including full addresses, phone/fax numbers, email addresses, and key contact person.
2. The extent to which the applicant provides a clear and robust staffing plan that includes the roles, responsibilities, and qualifications of proposed project staff and consortium members.
3. The extent to which consortium members have the capacity to achieve the goals of the program.
4. The extent to which the applicant identifies existing resources and capabilities within both the organization and other consortium members for data collection and analysis.
5. The extent to which the applicant has the financial and administrative management systems in place to manage the award.
6. The extent to which the applicant describes the value and expertise each member is able to bring to the consortium.
7. The extent to which the applicant provides a Memorandum of Agreement or Memorandum of Understanding signed and dated by all participating organizations.
8. The extent to which the applicant ensures that a Project Director (1.0 FTE) will be in place to oversee the daily functions and coordination of activities within 120 days of the award date.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Justification

The reasonableness of the proposed budget for each year of the three-year project period in relation to the objectives, the complexity of the research activities, and the anticipated results.

1. The extent to which the proposed budget is reasonable in relation to the objectives, the complexity of the activities, and the anticipated results.
2. The extent to which the proposed budget is reasonable in relation to travel, equipment, and legal services.
3. The budget justification logically documents how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed grant-funded activities over the length of the three-year project period.
4. 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. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

PLEASE NOTE: In order to achieve this distribution of awards, HRSA may need to fund out of rank order.

For this program, HRSA will use funding preferences.

Funding Preferences

This program provides a funding preference for some applicants, as authorized by Section 330A(h) of the Public Health Service Act (42 U.S.C. 254c(h)). Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. HRSA staff will determine the funding factor. Funding preference will be granted to any qualified applicant that specifically requests and demonstrates that they meet the criteria for one or more of the following preferences:

Name of the funding preferences: Health Professional Shortage Area (HPSA), Medically Underserved Community/Populations (MUC/MUPs), focus on primary care and wellness and prevention strategies

Qualifications to meet the funding preferences:

Qualification 1: Health Professional Shortage Area (HPSA)

You can request funding preference if your service area is located in an officially designated health professional shortage area (HPSA). You must include a screenshot or printout from the HRSA Shortage Designation website that indicates if a particular address is located in a HPSA:

<http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>

Qualification 2: Medically Underserved Community/Populations (MUC/MUPs)

You can request funding preference if you are located in a medically underserved community (MUC) or serve medically underserved populations (MUPs). You must include a screenshot or printout from the HRSA Shortage Designation website, which indicates if a particular address is located in a MUC or serves an MUP:

<http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>

Qualification 3: Focus on primary care and wellness and prevention strategies

You can request funding preference if the project focuses on primary care and wellness and prevention strategies. This focus must be evident throughout the project narrative.

If requesting a funding preference, please indicate which qualification is being met in the Project Abstract. See page 41 of the HRSA [SF-424 Application Guide](#). FORHP highly recommends that the applicant include this language: “Your organization name is requesting a funding preference based on qualification X. County Y is (in a designated HPSA; or in a MUC/MUP; or is focusing on primary care and wellness and prevention strategies).”

Please label documentation as “Proof of Funding Preference Designation/Eligibility” in **Attachment 12**. If the applicant does not provide appropriate documentation in **Attachment 12**, the applicant will not receive the funding preference.

Applicants only have to meet one of the three qualifiers stated above to receive the preference. Meeting more than one qualifier does not increase an applicant’s competitive position.

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 part 75.205](#)).

Applications receiving a favorable objective review are reviewed 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. You may be asked 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 an award will be made. Following review of all applicable information, HRSA’s approving and business management officials will determine whether an award can be made, 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](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 30, 2017.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 30, 2017. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's [SF-424 Application Guide](#).

3. Reporting

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

1. Submit a **Federal Financial Status Report (FFR)**. A FFR is required at the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.
2. Submit a **Strategic Plan**. Awardees will be required to submit a Three-Year Strategic Plan during the first year of their grant period. This strategic plan will provide guidance for program development throughout the grant period and beyond. Further information will be provided upon receipt of the award.

3. Submit an **Assessment Plan**. Awardees will be required to submit an Assessment Plan during the first year of the grant period. This assessment plan will provide guidance for program assessment throughout the grant period and beyond. An assessment plan should address both process and outcome measures. It should include: assessment questions; indicators; data sources; assessment methods (e.g., review of documents, interviews with project staff and participants, surveys of participants, etc.); and how the assessment findings will be shared throughout the project. FORHP recognizes that this plan may change as the project is implemented. However, success of the project is enhanced if an assessment strategy is identified in the beginning phases of the project, project staff are engaged in the design and implementation of assessment, and if feedback is provided to project staff and key stakeholders throughout the project to allow for any mid-course corrections.
4. Submit a final **Sustainability Plan**. As part of receiving the grant, awardees are required to submit a final Sustainability Plan during the third year of their grant period. Further information will be provided upon receipt of the award.
5. Submit a **Progress Report**. Awardees must submit a progress report to HRSA on an annual basis. *Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds.* This report demonstrates award recipients' progress on program-specific goals. Further information will be provided in the award notice.
6. Submit a **Performance Measures Report**. A performance measures report is required after the end of each budget period in the Performance Improvement Measurement System (PIMS). Upon award, award recipients will be notified of specific performance measures required for reporting. NOTE: FORHP will create specific performance measures that award recipients will be required to report within the Performance Improvement System (PIMS) located in HRSA's Electronic Handbook (EHB). This data helps HRSA to determine the larger impact of its Rural Health Programs and in particular, will help determine the impact of the new Rural Health Opioid Program. Performance measures can be process or outcome measures that allow award recipients to track their progress toward meeting stated objectives. Award recipients will be expected to track their performance over the life of their grant. Once these measures are finalized by FORHP, all Rural Health Opioid Program award recipients will be required to use the approved measures and to provide data on these measures annually for continued funding.
7. Submit a **Final Assessment Report**. Awardees are required to submit a final Program Assessment Report at the end of their grant period that would show, explain, and discuss their results and outcomes. Further information will be provided in the award notice.
8. Submit **Final Closeout Report**. A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the award recipient achieved the mission,

goal and strategies outlined in the program; award recipients' objectives and accomplishments; barriers encountered; and responses to summary questions regarding the award recipients' overall experiences over the entire project

VII. Agency Contacts

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

Ardena Githara
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-4903
Fax: (301) 443-6343
Email: agithara@hrsa.gov

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

Michael Blodgett
Public Health Analyst
Attn: Rural Health Opioid Program
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane, Room 17N72D
Rockville, MD 20857
Telephone: (301) 443-0144
Fax: (301) 443-2803
Email: mblodgett@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, seven 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

1. Technical Assistance

Webinar

Day and Date: Thursday, July 13, 2017
Time: 2:00 – 3:00 p.m. ET
Call-In Number: 1-888-790-1893
Participant Code: 6456578
Weblink: https://hrsa.connectsolutions.com/rhop_technical_assistance/
Playback Number: 1-866-501-0093

The Technical Assistance webinar is open to the public. The purpose of the webinar is to review the NOFO and to provide any additional or clarifying information that may be necessary regarding the application process. There will be a Q&A session at the end of the call to answer any questions. While the webinar is not required, it is highly recommended for any organization interested in applying for the Rural Health Opioid Program.

For your reference, the Technical Assistance webinar will be recorded and available for playback within one hour of the end of the webinar and will be available until September 13, 2017.

2. Common Definitions

For the purpose of this notice of funding opportunity, the following terms are defined:

Budget Period – An interval of time into which the project period is divided for budgetary and funding purposes.

Equipment – Tangible nonexpendable personal property that has a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit or the capitalization threshold established by the recipient, whichever is less. See [Section 45 CFR 75.320](#).

Health Care Provider – Health care providers are defined as: hospitals, public health agencies, home health providers, mental health centers, substance abuse service providers, rural health clinics, primary care providers, oral health providers, social service agencies, health profession schools, local school districts, emergency services providers, community and migrant health centers, federally qualified health centers, tribal health programs, churches, and civic organizations that are/will be providing health related services.

Memorandum of Agreement/Understanding – The Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) is a written document that must be signed by all consortium member CEOs, Board Chairs or tribal authorities to signify their formal commitment as consortium members. An acceptable MOA/MOU must describe the consortium purpose and activities in general; member responsibilities in terms of financial contribution, participation, and voting; and consortium benefits.

Nonprofit – Any entity that is a corporation or association of which no part of the net earnings may benefit private shareholders or individuals and is identified as nonprofit by the IRS.

Notice of Award – The legally binding document that serves as a notification to the recipient and others that grant funds have been awarded, contains or references all terms of the award and documents the obligation of federal funds in the Health and Human Services accounting system.

Opioid-Use Disorder (OUD) – a condition that leads to a clinically significant impairment or distress due to a strong desire for opioids. Symptoms include an inability to control or reduce use, continued use despite interference with major obligations or social functioning, use of larger amounts over time, development of tolerance, spending a great deal of time to obtain and use opioids, and withdrawal symptoms that occur after stopping or reducing use.⁷

Consortium - A formal organizational arrangement among at least two separately owned health care providers or other entities that provide or support the delivery of health care services. The purpose of a consortium is to foster collaboration and integration of functions among participating entities to strengthen the rural health care system.

Project – All proposed activities specified in a grant applicant as approved for funding.

Project Director – An individual designated by the award recipient institution to direct the project or program being supported by the grant. The Project Director is responsible and accountable to the recipient organization officials for the proper conduct of the project or program. The entity (organization) is, in turn, legally responsible and accountable to the Office of Rural Health Policy and the Department of Health and Human Services for the performance and financial aspects of the grant-supported activity. The interim Project Director may be employed by or under

⁷SAMHSA <https://www.samhsa.gov/disorders/substance-use>

contract to the award recipient organization. The permanent Project Director may be under contract to the award recipient and the contractual agreement must be explained.

Project Period – The total time for which support of a discretionary project has been approved. A project period may consist of one or more budget periods. The total project period comprises the original project period and any extension periods.

Recipient – An entity, usually but not limited to non-federal entities, that receives a federal award directly from a federal awarding agency to carry out an activity under a federal program. The term recipient does not include sub-recipients.

Recovery - a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.⁸

State – Includes, in addition to the 50 states, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, and the Republic of Palau.

Telehealth – The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.

Treatment (for OUD) - Treatment can incorporate several components, including withdrawal management (detoxification), counseling, and the use of FDA-approved addiction pharmacotherapies.⁹

Tribal Government – Includes all federally recognized tribes and state recognized tribes.

Tribal Organization – Includes an entity authorized by a tribal government or consortia of tribal governments.

3. Resources

Several sources offer data and information that will help you in preparing the applicant. You are especially encouraged to review the reference materials available at the following websites:

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>

⁸ SAMHSA <https://www.samhsa.gov/recovery>

⁹ SAMHSA <https://www.samhsa.gov/prescription-drug-misuse-abuse/samhsas-efforts>

Community Health Systems Development team of 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>

Health Resources and Services Administration (HRSA)

Offers links to helpful data sources including State Health Department sites, which often offer data.

Website: www.hrsa.gov

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 Center for Health Statistics

Provides statistics for the different populations.

Website: <http://www.cdc.gov/nchs/>

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 – Sustainability Resources

Offers toolkits and resources to help rural consortiums plan for sustainability.

Website: <https://www.ruralhealthinfo.org/sustainability>

Rural Health Research Gateway

Provides access to projects and publications of the FORHP-funded Rural Health Research Centers, 1997-present.

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/>

Technical Assistance and Services Center

Provides information on the rural hospital flexibility and network resource tools.

Website: <http://www.ruralcenter.org/tasc>

IX. Tips for Writing a Strong Application

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