

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration**

Federal Office of Rural Health Policy  
Community Based Division

***Rural Opioid Overdose Reversal Grant Program***

**Announcement Type:** Initial: New

**Funding Opportunity Number:** HRSA-15-146

**Catalog of Federal Domestic Assistance (CFDA) No. 93.155**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2015

**Application Due Date: June 8, 2015**

*Ensure 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.*

**Release Date: April 8, 2015**

**Issuance Date: April 8, 2015**

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Authority: Section 711(b) of the Social Security Act (U.S.C. 912(b), as amended; Public Law 113-235.

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Federal Office of Rural Health Policy is accepting applications for fiscal year (FY) 2015 Rural Opioid Overdose Reversal (ROOR) Grant Program. The purpose of this program is to reduce the incidences of morbidity and mortality related to opioid overdoses in rural communities through the purchase and placement of emergency devices used to rapidly reverse the effects of opioid overdoses and training of licensed healthcare professionals and emergency responders on their use.

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|---|--|
| Funding Opportunity Title:                  | Rural Opioid Overdose Reversal Grant Program (ROOR)  |
| Funding Opportunity Number:                 | HRSA-15-146  |
| Due Date for Applications:                  | June 8, 2015   |
| Anticipated Total Annual Available Funding: | \$1,500,000  |
| Estimated Number and Type of Award(s):      | Up to 15 grants  |
| Estimated Award Amount:                     | Up to \$100,000 per year   |
| Cost Sharing/Match Required:                | No   |
| Project Period:                             | September 1, 2015 through August 31, 2016 (1 year)   |
| Eligible Applicants:                        | <p>Eligible applicants include community partnerships comprised of local emergency responders, and other local non-profit and for-profit entities involved in the prevention and treatment of opioid overdoses. One member of the partnership will act as the lead and submit the application.</p> <p>[See <a href="#">Section III-1</a> of this funding opportunity announcement (FOA) for complete eligibility information.]</p> |

All applicants 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 funding opportunity announcement to do otherwise. A short video for applicants explaining the new *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

The Federal Office of Rural Health Policy will hold a technical assistance webinar on Friday, April 24, 2015 at 1:00 PM Eastern Daylight Time to assist applicants in preparing their applications. The Adobe Connect webinar and call-in information are as follows:

**Meeting Name: Rural Opioid Overdose Reversal Grant Program TA Webinar**

To join the meeting as a guest: [https://hrsa.connectsolutions.com/raedgp\\_ta/](https://hrsa.connectsolutions.com/raedgp_ta/)

Toll-free call in number: 877-917-1550 (participants must call in to verbally ask questions)

Participant Passcode for call in number: 5276714

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# **I. Funding Opportunity Description**

## **1. Purpose**

This announcement solicits applications for the Rural Opioid Overdose Reversal (ROOR) Grant Program.

The purpose of the ROOR program is to reduce the incidences of morbidity and mortality related to opioid overdoses in rural communities through the purchase and placement of emergency devices used to rapidly reverse the effects of opioid overdoses and the training of licensed healthcare professionals and emergency responders on the use of opioid devices. Community partnerships are an important component of this program and can be comprised of local emergency responders as well as other local non-profit and for-profit entities involved in the prevention and treatment of opioid overdoses. In addition, care coordination is essential to efforts in reducing incidences of morbidity and mortality related to opioid overdoses. As a result, this funding opportunity announcement is seeking innovative approaches that involve broad community partnerships which may include referral of individuals to appropriate substance abuse treatment centers where care coordination and communication is facilitated by a team of qualified health care providers.

The ROOR goals are to:

- 1) Purchase naloxone and opioid overdose reversal devices and increase the availability in rural areas through strategic placement;
- 2) Train licensed healthcare professionals and others using the devices to recognize the signs of opioid overdose, administer naloxone, administer basic cardiopulmonary life support, report results, and provide appropriate transport to a hospital or clinic for continued care after administration;
- 3) Refer those with a drug dependency to appropriate substance abuse treatment centers where care coordination is provided by a team of providers; and
- 4) Demonstrate improved and measurable health outcomes, including but not limited to, reducing opioid overdose morbidity and mortality in rural areas.

## **2. Background**

This program is authorized by Section 711(b) of the Social Security Act (42 U.S.C. 912(b)), as amended. 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). The Office is statutorily required in Title VII (Section 711) of the Social Security Act to advise the Secretary on the effects of current policies and regulatory changes in the programs established under titles XVIII (Medicare) and XIX (Medicaid) on the financial viability of small rural hospitals, the ability of rural areas to attract and retain physicians and other health professionals and access to (and the quality of) health care in rural areas. The Social Security Act also requires FORHP to coordinate activities within HHS that relate to rural health care and provide relevant information to the Secretary and others in the Department. FORHP accomplishes this mission through two broad strategies that focus on policy and programs. The office addresses the specific difficulties of providing health care in rural communities through its grant programs:  
<http://www.hrsa.gov/ruralhealth/>.

Opioid overdoses have become an increasing problem throughout the United States. In response to this, on June 19, 2014, the Office of National Drug Control Policy convened the White House Summit on the Opioid Epidemic.<sup>1</sup> The panel discussion on the “Rx Drug and Heroin Epidemic in the States” noted that in 2012, 29 states had a task force devoted to addressing prescription drug abuse.<sup>2</sup> That number increased to 34 in 2014. The Centers for Disease Control and Prevention (CDC) reports that every day in the United States 120 people die as a result of drug overdose and 51.8 percent of those overdoses are related to pharmaceuticals.<sup>3</sup> Of that 51.8 percent, 71.3 percent involved opioid pain relievers. People in rural communities are especially vulnerable and more likely to overdose on prescription painkillers than people in big cities, according to a fact sheet produced in 2011 by the CDC.<sup>4</sup>

Naloxone has proven to be effective in reversing the effects of opioid overdoses. A fact sheet produced by the World Health Organization (WHO), reported that “the distribution of approximately 50,000 naloxone kits...resulted in more than 10,000 uses to reverse overdoses.”<sup>5</sup> Increasing the availability of naloxone to reverse opioid overdoses may potentially have a significant effect in decreasing the incidence of morbidity and mortality related to opioid overdoses in rural communities. For example, Project Lazarus, a community based opioid program focused on improving education about and access to overdose reversing drugs such as naloxone, has proven to reduce overdose incidence significantly. This program, originating in Wilkes County, NC, decreased the overdose rate from 46.6 per 100,000 in 2009 to 29.0 per 100,000 in 2010.<sup>6</sup> A high quality and sustainable program, such as Project Lazarus, requires integration of resources and cooperation among many community entities. Emergency Medical Services (EMS) providers and other health entities are essential in the community partnerships.

## **II. Award Information**

### **1. Type of Application and Award**

Type of applications sought: New

Funding will be provided in the form of a grant.

### **2. Summary of Funding**

This program will provide funding during Federal Fiscal Year 2015. Approximately \$1,500,000 is expected to be available to fund fifteen (15) awardees. Applicants may apply for a ceiling amount of up to \$100,000. The project period is one (1) year.

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<sup>1</sup> Source: White House Summit on the Opioid Epidemic <http://www.whitehouse.gov/blog/2014/06/19/white-house-summit-opioid-epidemic> (accessed on January 23, 2015)

<sup>2</sup> Source: <https://www.youtube.com/watch?v=bacerrKg1uI> (accessed on January 30, 2015)

<sup>3</sup> CDC National Center for Injury Prevention and Control. Prescription Drug Overdose in the United States: Fact Sheet. Retrieved from <http://www.cdc.gov/homeandrecreationalafety/overdose/facts.html>.

<sup>4</sup> CDC Vital Signs (November 2011). Prescription Painkiller Overdose in the US. Retrieved from <http://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html>.

<sup>5</sup> World Health Organization (November 2014). Management of Substance Abuse: Information sheet on opioid overdose. Retrieved from [http://www.who.int/substance\\_abuse/information-sheet/en/](http://www.who.int/substance_abuse/information-sheet/en/).

<sup>6</sup> Albert, S., Brason II, F., Sanford, C., Dasgupta, N., Graham, J., and Lovette, B. (June 2011). Project Lazarus: Community-Based Overdose Prevention in Rural North Carolina. *Pain Medicine*. 12(Suppl 2), S77-S85.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are superseded by the Uniform Guidance [2 CFR 200](#) as codified by HHS at [45 CFR 75](#).

### **III. Eligibility Information**

#### **1. Eligible Applicants**

Eligible applicants include community partnerships comprised of local emergency responders, and other local non-profit and for-profit entities involved in the prevention and treatment of opioid overdoses. One organization in the partnership will be the lead, submit the application, and have responsibility for all aspects of award management.

The lead applicant organization must be 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. Eligibility can also be determined by entering the street address of the organization. A network serving rural communities but whose applicant organization is not in a designated rural area will not be considered for funding under this announcement. Rural faith-based and community-based organizations, Tribes, and tribal organizations are eligible to apply.

In addition to the eligible rural areas in the 50 states, applicants or members of the partnership can be located in the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin 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.

#### **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

#### **3. Dun and Bradstreet Universal Numbering System (DUNS) Number and System for Award Management (SAM)**

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant organizations 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 it has 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 an applicant/awardee organization has already completed Grants.gov registration for HRSA or another Federal agency, confirm that it 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://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- 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](#).

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

#### **4. 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.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

All devices must be FDA approved.

## **IV. Application and Submission Information**

### **1. Address to Request Application Package**

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this funding opportunity following the directions provided at [Grants.gov](#).

### **2. Content and Form of Application Submission**

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, 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. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the FOA to do otherwise.

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 FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. 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 print your application to ensure it 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.**

## **Program-Specific Instructions**

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget justification, 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](#).

### ***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 Need #1***  
This section should briefly describe the purpose of the proposed project and general information on the goals and activities that the project will undertake and accomplish.
- ***NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion Need #1***  
This section outlines the needs of the community to support the request for devices to reverse the effects of opioid overdose.

Applicants must:

1. Define the proposed service area.
2. Specify the number and types of devices, distribution methods, and storage locations of FDA approved opioid reversal devices proposed to be purchased (*Please note: intranasal forms of administration are not approved by the FDA*).
3. Describe the target populations demographics in the service area (include population demographics, information on drug use and abuse, and other data to support the need for the project).
4. 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), indicating which are participating in the project.



5. Estimate the number and type of clinical providers and first responders participating (physicians, nurse practitioners, nurses, nurse assistants, physician assistants, police, emergency medical services (EMS), community paramedics, community health workers, and others).
6. Define the problem in the proposed service area and target population – include the incidence of opioid overdoses, morbidity and mortality rates related to opioid overdoses, previous or current efforts to address opioid overdoses, documented cases or estimates within the service area where having ready access to overdose reversal would have made a difference in morbidity and mortality, current availability and gaps of opioid reversal agents, and the number of providers trained to use them (**Attachment 4**). Document or cite relevant opioid overdose reversal outcomes stated in literature.
7. Describe how the proposal’s specific intervention will measurably improve outcomes.
8. Discuss relevant barriers in the service area and how the project will work to overcome them.
9. Describe the project’s potential to impact existing providers who are not part of the project; reduce adverse effects; and enhance the existing EMS and health care infrastructure in the proposed service area.

**Demographic data should be used and cited whenever possible to support the information provided.**

- *METHODOLOGY -- Corresponds to Section V’s Review Criterion Response #2*  
Provide an overview on how the proposed project will:
  1. Be developed, implemented, and evaluated;
  2. Use innovative strategies;
  3. Use methods to address the nine (9) factors discussed in the Needs Assessment section;
  4. Implement processes for prescribing and acquiring the medication for opioid reversal and who is responsible for prescribing;
  5. Provide medical oversight for the project; and
  6. Assure quality standards are maintained (e.g. storage, packaging, labeling, training, and authorizing privileges for access and use).

This section should include information on the number and type of training sessions to be provided, the mode of training (in person, electronic), and the anticipated number and type of providers that will be trained, and certification requirements (such as continuing education credits) as appropriate. The training should include instruction on the proper technique for administering the medication, recognition of opioid overdose symptoms (to include recognition of if/when to administer an additional dose), proper medication storage, basic life support and/or other methods of cardiopulmonary resuscitation, and administration challenges such as what to do if the individual refuses additional care and how to respond to adverse side effects (such as vomiting, nausea, agitation). Describe how the training will be incorporated into any existing training mechanisms. Include an outline of proposed training and training curriculum and responsible parties in **Attachment 8**.

Applicants should describe how physician medical oversight will be utilized for the development, implementation, and review of outcomes for the project. Applicants should

describe the role of physician oversight to refer individuals to substance abuse treatment centers and/or counseling services.

Applicants should describe how the State EMS office and/or State Health Department will be notified of the project and what role, if applicable, they will play in the development and execution of the project and training. Applicants should describe marketing and public relations efforts that will be used to notify local health departments, rural hospitals and clinics, other EMS providers, and the project's community. Applicants should discuss the plans and methods for disseminating project results and educational activities.

Applicants should explain how the project is expected to benefit the target population and community. Applicants should describe how they will collect and analyze data (including the data collection system), assess program effectiveness, and make recommendations for improving program effectiveness.

Applicants should identify strategies for project sustainability after initial Federal funding. Applicants should discuss how the project may be replicated in other communities via dissemination of project results.

- *WORK PLAN -- Corresponds to Section V's Review Criterion Response #2 and Impact #4*  
Provide a clear and coherent work plan that is aligned with the proposed project's goals and objectives. Identify the anticipated outputs, evidence of progress, and the responsible agent for completing each step. Include a time line to encompass the entire length of the proposed project with completion dates and deadlines by which to accomplish each goal, objective, and activity.

Applicants must plan for ways to continuously increase the quality of the proposed project. Describe on-going quality improvement strategies that will assist in the early identification and modification of ineffective project activities.

The components of the work plan include: goals, objectives, activities, outputs/outcomes, and responsible agents. A goal is the target outcome or result that is to be accomplished through the proposed project activities. Applicants may state a single goal or multiple goals. Applicants should indicate how significant the realization of the goal(s) will be for the target population and for others in the community; for example, the number of saved lives due to naloxone administration.

An objective is a plan to accomplish a goal, or a portion of a goal. An activity is an action step toward completion of an objective. Goals and objectives should be measurable, realistic, and achievable in a specific timeframe.

Outcomes are used to determine whether a goal, an objective, or an activity has been achieved. Responsible agents are persons or organizations that are responsible for completing activities. Completion dates are deadlines by which goals, objectives, and activities are to be completed by responsible agents. Using these measures, the applicant should identify a process for periodic feedback and program modification as necessary.

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

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 them. Potential barriers may include placement, prescribing, administering and training issues such as geographical isolation and barriers related to EMS policy or scope of practice guidelines. Any barriers to storage limits for the medication (ex. inability to provide proper storage facilities, limits on storage for first responders or police, etc.) should be described. Applicants should describe barriers related to developing the partnership and defining roles and responsibilities.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion Evaluative Measures #3 and Resources and Capabilities #5*

Applicants should include an assessment plan (**Attachment 6**) describing the process by which data are collected and the outcomes tracked. Applicants should develop benchmarks for: the number of devices/doses distributed and administered; the number and type of persons trained; the time lag between arrival on the scene, assessment and appropriate administration of naloxone; the number of referrals; and the patient disposition status after treatment with naloxone.

Applicants should provide baseline data for morbidity and mortality related to opioid overdoses. For example, the applicant should be able to show the reduction in the rate of opioid drug abuse, overdose, and mortality between 2014 (before grant award received) and August 30, 2016 (end of grant project period). The applicant should also set a target or goal rate. The baseline data should be included in Attachment 6 in tabular format. Applicants should describe how data will be collected on the average time between finding the patient in distress to administration of naloxone. Applicants should describe how the data collection system will be used to analyze the use of devices and evaluate the project's overall effectiveness. Applicants should describe how the system will be used to make improvements to the project. Applicants should describe how information will be collected. The applicant should include a list of the metrics that will be collected, including, but not limited to the following:

- Number and type of device purchased and distributed
- Total cost by type
- Number of operational uses by type
- Disposition (outcome of use - revived or deceased)
- Who used the device?
- Was there follow-up transport to a hospital or other health care facility?
- Was there referral to a medical care coordination model utilizing substance abuse treatment centers or counseling services? If so, the number of individuals referred and the type of care provided.
- Was there reporting of any violent behavior after administering naloxone?
- Placement of devices (ex. police vehicle, ambulance, other location)
- Number of persons trained by type of training provided
- Number of training sessions and mode of training (in person, webinar, etc.)

Applicants should demonstrate how the data collection activities will be integrated with the State EMS data collection system or other comparable system to sustain monitoring of the project after the grant period and reference specific data reporting elements that may potentially be integrated into national datasets. Applicants should describe any potential obstacles for implementing the assessment plan and how those obstacles will be addressed.

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 partnership. Applicants should describe evidence of success with other similar projects, particularly collaborative endeavors.

▪ *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion Resources and Capabilities #5*

Provide information on the applicant organization's current mission and structure, scope of current activities, and an organizational chart (**Attachment 3**), and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Describe current experience, skills, and knowledge of opioid overdose reversal programs and techniques, including individuals on staff at the time of award who will initiate the project's activities.

Describe the community partnership in this section (provide the MOA/MOU in **Attachment 5**). It is anticipated that community partnerships will be composed of local emergency response entities such as community training facilities, local emergency responders, fire and rescue departments, police, community hospitals, substance abuse treatment centers, counseling services, local non-profit entities and for-profit entities concerned about opioid overdose reversal in rural areas. Each community partnership must include EMS and/or other medical direction. Each community partnership must clearly identify the applicant organization in the group of entities making up the partnership. Include members of the partnership responsible for referral to substance abuse treatment. Applicants should relate how the structure of the partnership was developed and describe how their participation in this partnership is important in fulfilling the project's goals. A listing of the various organizations and the tasks each is responsible for should be clearly delineated. Governance and decision making should be clearly defined. Applicants should also describe potential problems (for example, partner disagreements, personnel actions, expenditure activities) that are likely to be encountered in designing and implementing the activities described in the work plan. Include approaches that will be used to resolve these identified challenges.

Include a list of all partners including their full address, phone/fax numbers, email address, and contact person. Applicants should describe how authority will flow from the applicant receiving the Federal grant funds to the partners and how accountability to the project objectives will be reinforced. Applicant organizations should provide the name and contact information for the person responsible for ensuring the day-to-day operations and the fiscal integrity of the program. Include both an organizational chart for the applicant organization and the project community partnership in **Attachment 3**. Applicants should include the staffing plan and job descriptions in **Attachment 1** and the biographical sketches in **Attachment 2**.

**iii. Budget**

**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 grant-supported project or activity.

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). In addition, ROOR Program requires the following:

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) 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 will apply in FY 2016, as required by law.

**iv. Budget Justification 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 will not count toward the page limit. **Each attachment must be clearly labeled.**

*Attachment 1: 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 2: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in Attachment 1, 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 3: Project Organizational Chart*

Provide an organizational chart for the applicant organization. Also provide an organizational chart for the project's community partnership that depicts the organizational structure of the project. Include a listing of all the partnership members including full addresses, phone/fax numbers, email addresses, and key contact person.

*Attachment 4: Opioid Overdose Data*

Provide information regarding the incidence of opioid overdoses and deaths related to opioid overdoses. Provide information on current treatment or prevention efforts for opioid overdoses.

*Attachment 5: Partnership Memorandum of Agreement/Understanding*

The partnership 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 must be included with the application.

*Attachment 6: Assessment Plan*

Please include an assessment plan describing the process used to collect, track, and analyze data.

*Attachment 7: State statute or legislation regarding the use of naloxone for opioid overdose reversal*

Please attach the state statute or legislation on the use of naloxone for opioid overdose reversal and related “Good Samaritan” laws.

*Attachment 8: Training Module*

Please attach an outline of proposed training and training curriculum and responsible parties.

*Attachments 9 – 15: Other Relevant Documents*

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

### **3. Submission Dates and Times**

#### **Application Due Date**

The due date for applications under this funding opportunity announcement is ***June 8, 2015 at 11:59 P.M. Eastern Time.***

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

### **4. Intergovernmental Review**

ROOR Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

### **5. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to one (1) year, at no more than \$100,000 per year.

Funds under this announcement may not be used for the following purposes:

Grant funds may not be spent, either directly or through contract, to pay for the purchase, construction, renovation or improvement of facilities or real property.

The General Provisions in Division G, of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235), 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 2016, as required by law.

All program income generated as a result of awarded grant funds must be used for approved project-related activities.

## 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 the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant 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 the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The ROOR Program has six (6) review criteria:

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

Quality of and extent to which the applicant:

- 1) Clearly defines the service area and target population.
- 2) Clearly identifies the number and type of opioid overdose reversal devices to be purchased, as well as how they will be distributed and stored.
- 3) Clearly identifies the number and type of relevant service facilities in the area; identifies the clinical providers and first responders participating in the project; demonstrates a thorough understanding of the potential impact of the project on the providers not part of the project; and demonstrates a thorough understanding of how it can enhance the existing EMS and healthcare infrastructure and the effects of the project on the existing EMS structure.
- 4) Documents or cites relevant opioid overdose reversal outcomes stated in the literature, complemented by available public health data, and then delineates a clear benefit for the target community or population to be served.
- 5) Clearly establishes and documents the unmet needs as evidenced by the strength and appropriateness of local data to document the needs (see also **Attachment 4**).
- 6) Clearly provides information regarding the availability of opioid reversal programs and outcome related data, if applicable.
- 7) Clearly describes the community partnership and the current access to opioid overdose reversal devices.

- 8) Includes the state statute or legislation governing the use of naloxone for reversal of opioid overdoses (**Attachment 7**).

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

- 1) Extent to which the proposed project represents innovation in addressing the identified needs.
- 2) Extent to which the applicant demonstrates a full understanding of the needs of the target population and the community in general and details relevant barriers, such as access to emergency care and access to providers, etc., in the target community.
- 3) Appropriateness of anticipated outputs and the extent to which the proposed timeframe for the project activities is feasible and realistic.
- 4) The degree of integration with the overall EMS response system and how this project will be integrated and complement other existing programs focusing on opioid overdose reversal.
- 5) Strength of the proposed training (**Attachment 8**) and appropriateness of those targeted to receive training.
- 6) Strength of the public relations efforts that will be used to enhance community awareness of the proposed project.
- 7) Strength of the proposed plan outlining how the community will sustain the project (e.g., what public and/or private partnerships will be created via this project).
- 8) The extent to which the applicant demonstrates a clear understanding of the barriers to care or providers, and the strength of the proposed plan to overcome those barriers.
- 9) The extent to which the applicant describes barriers to establishing a partnership and the methods used to overcome them. The extent to which the applicant clearly describes the State, regional and/or community structure of the partnership, and identifies the partner organization(s) and/or person(s) responsible for carrying out each project activity and describes potential problems and resolutions. Clearly describes the partnership structure including resources to manage the project.
- 10) The extent to which the applicant provides a clear and coherent work plan that is aligned with the goals and objectives of the proposed project.
- 11) The extent to which the applicant identifies the anticipated outputs, evidence of measurable progress, the strength of the responsible agent for completing each step, and the reasonableness of the anticipated timeframe for the project activities.
- 12) The extent to which the applicant documents the process for prescribing and acquiring the opioid reversal devices.
- 13) The extent to which the applicant clearly details the medical oversight and quality standards for the project and describe any barriers to developing the standards.
- 14) The extent to which the applicant clearly details the role of medical oversight and referral to substance abuse treatment centers and/or counseling.

*Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity*

- 1) The extent to which the applicant documents the strength and appropriateness of a data collection system that will provide an analysis of the use of devices to reverse the effects of opioid overdoses, assess the overall program effectiveness (e.g., comparison of survival rates before and after implementation of the project), assesses the extent to which the outcome can be attributed to the project, and facilitates the identification of any necessary improvements during the project period.
- 2) The extent to which the applicant documents the strength of the process by which benchmark measures will be monitored and tracked throughout the project period on the



following: number and type of devices purchased and distributed; number of persons trained by type of training provided (includes lay public, emergency medical dispatchers, etc.); number of training sessions and mode of training (in person, webinar, etc); type of and number of operational uses with status of patient after use (e.g., restoration of pulse and respirations, without need for inpatient hospitalization); and number of referrals to substance abuse or treatment centers (see **Attachment 6**).

- 3) Strength of the proposal in discussing how an average time interval from finding the patient in distress to use of naloxone will be provided.
- 4) Strength of the process by which the program's data collection activities will be integrated with a State EMS data-collection system or comparable system to sustain monitoring after the grant period. The appropriateness of specific data reporting elements to potentially be integrated into national datasets, if applicable.

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

- 1) Extent and quality of the proposed plans for dissemination of project results and educational activities.
- 2) Quality of the evidence that demonstrates how program results may be replicable in other communities.
- 3) Extent to which the development of the partnership will impact the target community as evidenced by stated outcomes.

*Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Organizational Information*

- 1) The strength of the applicant as evidenced by the history of successfully managing similar programs, particularly in collaborative endeavors.
- 2) The success of previous efforts to acquire and deploy opioid reversal devices, if applicable.
- 3) The extent to which the applicant demonstrates an ability to manage the partnership, administer grant funds, and deliver the services proposed for the project.
- 4) The qualifications of the paid staff that will be available at the time of award and their capability to initiate the activities described in the project narrative (see **Attachments 1 and 2**).
- 5) The extent to which the community partnership includes and defines the roles of local emergency response entities.
- 6) The extent to which the applicant defines lines of authority from the applicant that receives the Federal funding to all partners. The applicant clearly outlines the process reinforcing accountability to program objectives among such partners. The applicant includes a memorandum of agreement or memorandum of understanding (**Attachment 5**).
- 7) The extent to which the applicant provides an organizational chart for the applicant organization and an organizational chart for the project partnership, with a listing of all the partnership members including full addresses, phone/fax numbers, email addresses, and key contact person (**Attachment 3**).

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

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

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

## 2. Review and Selection Process

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#). Applicants have the option of providing specific salary rates or amounts for individuals specified in the application budget or the aggregate amount requested for salaries.

This program does not have any funding priorities, preferences or special considerations.

## 3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2015.

# VI. Award Administration Information

## 1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2015. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

## 2. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 Application Guide](#).

## 3. Reporting

The successful applicant under this funding opportunity announcement must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

1. **Please note:** FORHP will create specific performance measures that grantees will be required to report within the Performance Improvement System (PIMS) located in HRSA's Electronic Handbook (EHB). These data help HRSA to determine the larger impact of its rural health programs and in particular, will help determine the impact of the ROOR Program. Grantees will be expected to provide data on these measures at the end of the project period. Further information on the specific performance measures will be provided to successful grantees.
2. **Progress Report(s).** The awardee must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.
3. **Performance Measures.** A performance measures report is required after the end of the budget period in the Performance Improvement Measurement System (PIMS). Upon award, grantees will be notified of specific performance measures required for reporting.

## VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Adejumoke Busola Oladele  
Grants Management Specialist  
HRSA, OFAM, DGMO, HRB  
5600 Fishers Lane, Room 18-75  
Rockville, MD 20857  
Phone: 301-443-2441  
Fax: 301-443-9810  
Email: [AOladele@hrsa.gov](mailto:AOladele@hrsa.gov)

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Michele Gibson, M.H.S.  
Public Health Analyst  
Attn: Rural Opioid Overdose Reversal Grant Program  
Federal Office of Rural Health Policy, HRSA  
Parklawn Building, Room 17W-21  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-7320  
Fax: (301) 443-2803  
E-mail: [mpray@hrsa.gov](mailto:mpray@hrsa.gov)

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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)  
E-mail: [support@grants.gov](mailto:support@grants.gov)  
iPortal: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/awardees 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 EHB, contact the HRSA Call Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

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

## VIII. Other Information

### Technical Assistance Conference Call Information

The Federal Office of Rural Health Policy will hold a technical assistance webinar on Friday, April 24, 2015 at 1:00 PM Eastern Daylight Time to assist applicants in preparing their applications. The Adobe Connect webinar and call-in information are as follows:

*Meeting Name:* **Rural Opioid Overdose Reversal Grant Program TA Webinar**

*To join the meeting as a guest:* [https://hrsa.connectsolutions.com/raedgp\\_ta/](https://hrsa.connectsolutions.com/raedgp_ta/)

*Toll-free call in number:* 877-917-1550 (participants must call in to verbally ask questions)

*Participant Passcode for call in number:* 5276714

The number to access the playback is 1-800-282-5731. **The passcode is 4715.** The play back will be available until **May 25, 2015.**

The purpose of the call is to go over the grant guidance, 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 call is not required, it is highly recommended that anyone who is interested in applying for the ROOR Program plan to listen to the call. It is most useful to the applicants when the grant guidance is easily accessible during the call and if questions are written down ahead of time for easy reference.

### Helpful Resources

Federal Office of Rural Health Policy: <http://ruralhealth.hrsa.gov>

Rural Assistance Center (RAC) - <http://www.raonline.org>

National Association of State EMS Officials - <http://www.nasemsd.org/>

Designing Medicaid Health Homes for Individuals with Opioid Dependency - <http://www.chcs.org/media/HH-IRC-Health-Homes-for-Opioid-Dependency.pdf>

Project Lazarus - <http://projectlazarus.org/>

## IX. Tips for Writing a Strong Application

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