U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy

Rural Communities Opioid Response Program - Technical Assistance

Funding Opportunity Number: HRSA-18-124
Funding Opportunity Type: New

Catalog of Federal Domestic Assistance (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: August 10, 2018

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

Issuance Date: June 29, 2018
Modified on July 6, 2018:
TA information in Executive Summary and Section VIII.

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2018 Rural Communities Opioid Response Program (RCORP) Technical Assistance (TA). The purpose of this program is to provide rural consortiums (either standing or in development) technical assistance to build capacity and facilitate the implementation of programs that support treatment for and prevention of substance use disorder. Technical assistance will target rural counties that are at the highest risk for substance use disorder, including the 220 counties identified by the Centers for Disease Control and Prevention (CDC) as being at risk for HIV and Hepatitis C infections due to injection drug use (**See Appendix A** for additional information).

Funding Opportunity Title:	Rural Communities Opioid Response Program -Technical Assistance
Funding Opportunity Number:	HRSA-18-124
Due Date for Applications:	August 10, 2018
Anticipated Total Annual Available FY 2018 Funding:	$3,000,000
Estimated Number and Type of Award:	One (1) cooperative agreement
Estimated Award Amount:	Up to $3,000,000 per year for 4 years dependent on the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2018 through September 29, 2022 (4 years)
Eligible Applicants:	Eligible applicants include domestic public, private, and non-profit organizations, including tribes and tribal organizations, and faith-based and community-based organizations. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Day and Date: Tuesday, July 10, 2018
Time: 3:30 p.m. – 4:30 p.m.
Weblink: **https://hrsa.connectsolutions.com/rcor_technical_assistance_program/**
Call-In Number: **877-616-0071**
Participant Code: **748521**

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for Rural Communities Opioid Response Program (RCORP) -Technical Assistance (TA).

The purpose of this cooperative agreement is to provide technical assistance (TA) support for rural communities engaging in activities to combat opioid use disorder (OUD). The TA efforts will enhance the organizational and infrastructural capacity of multi-sector consortiums at the community, county, state, and/or regional levels. The overall goal is the reduction of morbidity and mortality associated with opioid overdoses in high-risk rural communities. The RCORP -TA award recipient will provide resources and expertise in support of the execution of the following focus areas:

1. **Prevention:** reducing the occurrence of OUD among new and at-risk users as well as fatal opioid-related overdoses through community and provider education and harm reduction measures including the strategic placement of overdose reversing devices, such as naloxone;
2. **Treatment:** implementing or expanding access to evidence-based practices for opioid addiction/OUD treatment such as medication-assisted treatment (MAT), including developing strategies to eliminate or reduce treatment costs to uninsured and underinsured patients; and
3. **Recovery:** expanding peer recovery and treatment options to help people start and stay in recovery.

The RCORP-TA initiative is part of a multi-year, $130.0 million opioid focused effort by HRSA that will include: improving access to and recruitment of new substance use disorder providers; building sustainable treatment resources; increasing the use of telehealth; establishing cross-sector community partnerships; implementing new models of care, including integrated behavioral health; and providing technical assistance. The RCORP -TA award recipient will provide in-depth TA for planning and implementation to HRSA's Rural Communities Opioid Response Program award recipients. The RCORP-Planning program will seek to reduce morbidity and mortality associated with opioid overdoses in high-risk rural communities by strengthening the organizational and infrastructure capacity of multi-sector consortiums to address one or more of the focus areas of prevention, treatment, and recovery of OUD. HRSA expects to fund approximately 75 1-year planning grants in FY 2018. In FY 2019 and beyond, there will be additional funds available to provide continued support, including additional grants and National Health Service Corps (NHSC) Loan Repayment Program awards. RCORP award recipients and the communities they serve will receive tailored TA that may include, but is not limited to, the following:
   - Developing and implementing a strategic plan for the provision of TA to consortiums that are funded by HRSA through the RCORP grants;
   - Synthesizing resources for the development and strengthening of consortiums;

- Developing training and tools to support analysis of opportunities and gaps in the workforce and service delivery (to include telehealth) associated with OUD prevention, treatment, and recovery;
- Developing training and tools to educate RCORP award recipients and facilitate their strategic plan development addressing gaps in OUD prevention, treatment, and recovery;
- Identifying and developing training and tools associated with workforce recruitment and retention targeted to rural communities to build provider capacity to address OUD issues;
- Assisting RCORP award recipients in collaborating with the National Health Service Corps (NHSC) to recruit providers;
- Assisting with the identification and development of evidence-based practice models relating to OUD prevention, treatment, and recovery;
- Assisting with the identification and development of sustainability practices for consortiums;
- Assisting with the identification and development of program measures for award recipients for the RCORP grants;
- Assisting in building consortiums' capacity and infrastructure to collect data to participate in program-wide evaluation activities;
- Educating RCORP award recipients about other available federal and non-federal funding and resources to prepare them to leverage those resources, aid coordination, and avoid duplication of program efforts;
- Educating rural stakeholders of national and state laws associated with OUD prevention, treatment, and recovery;
- Assisting RCORP award recipients in developing educational materials for individuals and families about OUD prevention, treatment, and recovery;
- Evaluating the impact of the TA; and
- Other areas to be determined in collaboration with HRSA.

2. Background

This program is authorized by Section 711 of the Social Security Act (42 U.S.C. 912), which grants HRSA's Federal Office of Rural Health Policy (FORHP) authority to "administer grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas."[1]

In 2017, the U.S. Department of Health and Human Services (HHS) declared the opioid crisis a nationwide public health emergency. Drug overdoses are currently the leading cause of unintentional injury death in the United States.[2] The opioid epidemic has also led to an increase in people who inject drugs (PWID), which in turn has increased the risk of transmission of viruses such as human immunodeficiency virus (HIV) and

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[1] 42 U.S.C. 912
[2] Centers for Disease Control and Prevention, "CDC Reports Rising Rates of Drug Overdose Deaths in Rural Areas," October 19, 2017, https://www.cdc.gov/media/releases/2017/p1019-rural-overdose-deaths.html.

hepatitis B and C viruses (HBV and HCV) through shared equipment.[3] Rural communities are particularly vulnerable to outbreaks of HIV and HCV among uninfected PWID.[4]

Rural communities face a number of challenges in gaining access to health care in general, and OUD treatment in particular. These challenges include lack of specialized health services, health workforce shortages, and potentially greater stigma related to substance use disorder due to living in smaller communities. Research shows that rural opioid users are more likely to have socioeconomic vulnerabilities including limited educational attainment, poor health status, being uninsured, and low-income.[5] Furthermore, more than half of rural counties nationally (60.1 percent) still lack a physician with a Drug Enforcement Agency waiver to prescribe buprenorphine.[6]

HRSA's Federal Office of Rural Health Policy has more than 20 years of experience providing TA specifically to rural communities. The TA providers that HRSA supports have expertise and experience in providing TA to rural communities and are knowledgeable of the unique needs of and challenges faced by those communities. HRSA has learned that by providing targeted TA, award recipients are able to continue and sustain their programs after Federal funding ends. Over these years, HRSA has learned the specific needs of rural communities, and how they differ from urban communities.

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

The Rural Communities Opioid Response Program is part of a multi-year $130 million opioid-focused effort by HRSA that includes: improving access to and recruitment of new substance use disorder providers; building sustainable treatment resources; increasing use of telehealth; establishing cross-sector community partnerships; implementing new models of care, including integrated behavioral health; and TA.

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[3] Van Handel MM et al, "County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States," J Acquir Immune Defic Syndr (2016): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479631/; *See also* Centers for Disease Control and Prevention, "Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs," March 2018, https://www.cdc.gov/hiv/pdf/programresources/guidance/cluster-outbreak/cdc-hiv-hcv-pwid-guide.pdf.
[4] Van Handel MM et al, "County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States," J Acquir Immune Defic Syndr (2016): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479631/; *See also* Centers for Disease Control and Prevention, "Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs," March 2018, https://www.cdc.gov/hiv/pdf/programresources/guidance/cluster-outbreak/cdc-hiv-hcv-pwid-guide.pdf.
[5] Lenardson, Jennifer et al, "Rural Opioid Abuse: Prevalence and User Characteristics," Maine Rural Health Research Center, February 2016, http://muskie.usm.maine.edu/Publications/rural/Rural-Opioid-Abuse.pdf
[6] Holly et al, "Barriers Rural Physicians Face Prescribing Buprenorphine for Opioid Use Disorder," WWAMI Rural Health Research Center, August 2017, http://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC5505456&blobtype=pdf

The effort will include RCORP- Planning grants in FY 2018, and additional grants and NHSC loan repayment awards in FY 2019 and beyond. More information about the FY 2018 RCORP-Planning funding opportunity can be found here: https://www.grants.gov/web/grants/view-opportunity.html?oppId=305116,

Rural community, county, state, and/or regional consortiums will benefit from the TA award recipient's support of activities incorporating robust evidence-based interventions, and promising practice models in community education and workforce training. The TA provider's support will promote capacity building and sustainability strategies, and will cultivate methodologies to assist RCORP award recipients as they address prevention, treatment, and recovery services.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA Program involvement will include:
* Providing support from HRSA's programs and resources in coordination and execution of the TA;
* Participating in the recipient's advisory council;
* Participating in the planning and execution of TA workshops;
* Participating in and planning of site visits with the TA award recipient;
* Participating in planning and executing a reverse site visit for FY2019 and FY2020 HRSA RCORP award recipients;
* Participating and planning as it relates to the strategic direction of the services provided by the award recipient;
* Review and approval of project information and resources prior to dissemination; and
* Review of proposed outcome measures specific to TA provided.

The cooperative agreement recipient's responsibilities will include:

* Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (**Acknowledgement of Federal Funding**);
* Completing activities proposed by the award recipient and approved by HRSA, except as modified in consultation with HRSA through the appropriate prior approval processes;

- Applying knowledge of HRSA, HHS, and other federal programs to link potential and successful award recipients and stakeholders to appropriate resources and programs;
- Working with HRSA in identifying TA needs within high-risk rural communities as it relates to OUD prevention, treatment, and recovery, as well as the TA needs within the consortiums themselves;
- Implementing a strategy to provide TA to potential and successful applicants to the RCORP funding opportunities;
- Working with RCORP award recipients in the alignment of gap analysis results as it relates to their programs;
- Successfully developing replicable TA strategies and activities, which can be used by any entity receiving TA;
- Establishing a clearinghouse of national and state resources associated with OUD prevention, treatment, and recovery;
- Identifying and implementing methodologies to provide enhanced TA in the most effective manner possible, to include site visits and regional/national workshops, in coordination with federal resources, including HRSA's Office of Regional Operations;
- Collecting and analyzing successful RCORP- award recipients' best practices to assist in the development of evidence-based TA tool development and application;
- Disseminating evidence-based and educational materials associated with OUD prevention, treatment, and recovery at community, state, regional, and/or national forums;
- Designing and implementing a strategy for sustainability of resources created and services provided;
- Coordinating and cooperating with evaluation partners, through strategic alignment, data sharing, analysis, and report synthesis; and
- Collaborating with federal, state, and other HRSA-funded entities to include, but not limited to State Offices of Rural Health, Bureau of Primary Health Care's Primary Care Associations, Bureau of Health Workforce's Primary Care Organizations and National Health Services Corps, Network Development, Outreach, Rural Health Opioid programs, Single State Agencies, State Health Departments,, Ryan White HIV/AIDS Program, and National Organization of State Offices of Rural Health.

2. Summary of Funding

HRSA expects approximately $3,000,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to $3,000,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 30, 2018 through September 29, 2022 (4 years). Funding beyond the first year is dependent on the availability of appropriated funds for RCORP -TA 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

Eligible applicants include domestic public or private, non-profit entities. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

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

If you're reading this notice of funding opportunity (NOFO) (also known as "Instructions" on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

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

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

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 6: Other Relevant Documents.

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

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

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.

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

▪ *INTRODUCTION -- Corresponds to Section V's Review Criterion(a) #1 Need*
   This section should briefly describe the purpose of this proposed multi-year project to enhance the strength of potential and successful award recipients to the RCORP grant programs, through the provision of analysis, strategic planning assistance, and TA to rural communities and consortiums.

   TA should include, but is not limited to:

- Assisting and educating national, state, and local beneficiaries of HRSA OUD prevention, recovery, and treatment initiatives for RCORP by providing TA to those in need of additional support and guidance. Support can include:
  - A multifactorial approach to include evidence-based initiatives like peer-to-peer, virtual, and subject matter expert methodologies.
  - Site visits with award recipients to include assessment, analysis, and action planning.
  - Providing education that includes a dynamic strategy to address the changing OUD prevention, treatment, and recovery environment.
  - In person training to orient new consortiums on health systems issues and strategies for performance improvement and collaboration.
- Aiding in identification and dissemination of best practices for improving health care outcomes in rural communities.
  - Best practice dissemination can be through webinars, Vlogs, Blogs, manuals, video, briefs, summarization documentation, and other methods as deemed appropriate. When planning for disseminating these materials/findings, identify the best means of presenting the information to a wide audience.
  - Identifying natural connections to other HHS and HRSA grants/TA/resources will allow for broader applicability and consumption.
- Adapting any necessary TA to potential or successful grant recipients.
- Synthesis of resources for the development and strengthening of consortiums.
- Training and tool development to support analysis of opportunities and gaps associated with prevention, treatment, and recovery in workforce and service delivery (to include telehealth).
- Developing training and tools to educate RCORP- award recipients and facilitate their strategic plan development addressing gaps in OUD prevention, treatment, and recovery.

- Assisting RCORP award recipients with collaborating with the NHSC to recruit providers.
- Identifying and developing training/tools associated with workforce recruitment and retention resources targeted to rural communities for providers working on OUD issues.
- Enhancing coordination of care.
- Enhancing knowledge of and/or capacity to use telehealth to address gaps in clinical service delivery and improve access to care.
- Assisting with measure development and analysis.
- Assisting in building capacity and infrastructure to collect data and prepare them for participation in program-wide evaluation activities.
- Informing and educating successful award recipients of other federal and non-federal funding and resources available in order to prepare award recipients to leverage those resources, aid coordination, and avoid duplication of program efforts.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need*

  The needs assessment should help reviewers understand the needs to be fulfilled by the proposed projects and provide the context and rationale for the proposed work plan and budget as well as help reviewers understand rural communities at highest risk of substance use disorder that will be served by the project. You should demonstrate comprehensive knowledge and understanding of the issues facing rural communities, federally qualified health centers, critical access hospitals, small rural hospitals, rural health clinics, and other small health care providers relevant to the TA needs of the communities participating in the RCORP grant programs. Additionally, the needs assessment should reflect basic knowledge of existing federal, state, and local OUD programs.

  This section should demonstrate an understanding of the distinct health care delivery system and social service needs of providers and communities in rural America and the gaps that exist within the current infrastructure for support of OUD prevention, treatment, and recovery in this population.

  You must describe and document the target population and their unmet health needs, using demographic data whenever possible to support the information provided.

  This section should include discussion of the need for TA supporting OUD prevention, recovery, and treatment in rural America.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria 2 Response and 4 Impact*

  Outline the strategic vision of the project over the four (4) year period of performance, while identifying key milestones to measure success under pre-planning, planning, and implementation where applicable. The strategic vision should ensure that activities are complementary to, and not duplicative of, other HHS and HRSA funded activities.

You should discuss the proposed approaches for providing TA to meet the identified needs of the RCORP award recipients, which may include:

- Assisting and educating national, state, and local beneficiaries of HRSA OUD prevention, recovery, and treatment initiatives for RCORP by providing TA to those in need of additional support and guidance.
  - Support can be provided through a multifactorial approach to include evidence-based initiatives like peer-to-peer, virtual, and subject matter expert methodologies.
  - Support through site visits with award recipients to include assessment, analysis, and action planning.
  - Education should include a dynamic strategy to address the changing the OUD prevention, treatment, and recovery environment.
  - In person training to orient new consortiums on health systems issues and strategies for performance improvement and collaboration.
- Aiding in identification and dissemination of best practices for improving health care outcomes in rural communities.
  - Best practice dissemination can be through webinars, Vlogs, Blogs, manuals, video, briefs, summarization documentation, and other methods as deemed appropriate. In disseminating these materials/findings, efforts should be made to identify the best means of presenting the information to a wide audience.
- Identifying natural connections to other HHS and HRSA grants/TA/resources will allow for broader applicability and consumption.
- Adapting any necessary TA to potential or successful grant recipients.
- Synthesizing resources to develop and strengthen consortiums.
- Developing training and tools to support analysis of opportunities and gaps associated with prevention, treatment, and recovery in workforce and service delivery (to include telehealth).
- Developing training and tools to educate RCORP award recipients and facilitate their strategic plan development addressing gaps in OUD prevention, treatment, and recovery.
- Assisting HRSA RCORP award recipients with collaborating with the NHSC site approval process.
- Identifying and developing training and tools associated with workforce recruitment and retention resources targeted to rural communities for providers working on OUD issues.
- Enhancing coordination of care.
- Convening an advisory council to provide feedback relating to approach and implementation of TA to support OUD prevention, recovery, and treatment consortiums.
- Enhancing knowledge of and/or capacity to use telehealth to address gaps in clinical service delivery and improve access to care.
- Assisting RCORP award recipients with program outcome measure development and analysis of the data collected during the lifecycle of the program.

- Assisting in building capacity and infrastructure to collect data and prepare consortiums for participation in program-wide evaluation activities.
- Informing successful RCORP award recipients of other federal and non-federal funding and resources available in order to prepare award recipients to leverage those resources, aid coordination, and avoid duplication of program efforts.

Outline the method for the development of effective tools and strategies for ongoing staff training, outreach, collaborations and partnerships, clear communication, and information sharing/dissemination with efforts to involve providers, patients, families, and other community stakeholders.

Discuss the methodology for ensuring collaboration with HRSA to ensure the tools and resources developed for subsequent TA to RCORP award recipients are sufficient for carrying out the proposed activities.

Describe the process for communicating with and monitoring the progress of potential and successful award recipients of the RCORP grant programs that receive TA.

Describe the process you would initiate to get effective buy-in from consortiums in applying TA.

Discuss the methods of providing TA, including activities such as:
- Pre-onsite planning;
- Setting mutually agreed upon goals and objectives;
- Action planning;
- Developing measureable outcomes;
- Coaching to provide support of implementation;
- Delivering subject matter expertise;
- Due diligence follow-up and tracking of the impact of TA;
- Selection of TA interventions appropriate to each consortium's need. Interventions should meet local clinical need and be economically viable.

Describe the process for communicating with FORHP and other partners to meet the need of the program.

Describe the process for ensuring dissemination of information regarding other OUD-related funding and resources, assisting RCORP award recipients with leveraging those funds or resources, and avoiding duplication of efforts.

Discuss plans for broad dissemination of best practices and stories of success as the project progresses.

Describe the plan for project sustainability after the period of federal funding ends.

Describe how the strategies implemented during the period of performance for the consortiums served by the RCORP awards may still have an impact after the period of federal funding ends.

- *WORK PLAN -- Corresponds to Section V's Review Criterion(a) 2 Response*

The work plan provides a succinct overview of the cooperative agreement's goals, objectives, activities, and projected outcomes in a table format. The work plan should not be a narrative, but should refer to the narrative text to explain the relationship between needs, activities, objectives, and goals. It should clearly identify steps or activities to achieve the goals and objectives of the project and depict how program activities will achieve outcomes. The format of the work plan should include each activity, who on the staff is responsible for that activity, the timeframe for completing the activity, progress or process measures, and the intended outcome. As appropriate, identify meaningful support and collaboration with key stakeholders in designing, planning, and implementing all activities.

The RCORP - TA Program will necessitate a specialized rollout of TA activities over the course of the 4-year project period. The award recipient will need to include within their work plan a structured methodology to address the TA needs of the staggered release of RCORP funding over the period of the award. In the submitted work plan, clearly identify activities associated with the making of RCORP-Planning in FY 2018 and additional awards in FY 2019 and FY 2020.

You must submit a logic model, which will serve as the framework for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:
- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (i.e., beliefs about how the program will work and support resources). Base assumptions on research, best practices, and experience;
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

The work plan and logic model should be included in the application as **Attachment 1**.

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

   Discuss challenges expected pertaining to the design and implementation of the activities described in the work plan, and approaches to resolve such challenges.

   Discuss potential challenges expected as it relates to providing TA to consortiums, as well as approaches to resolve those challenges. You should highlight both anticipated intra-consortium challenges (e.g., maintaining cohesiveness among diverse member organizations, keeping consortium members committed and engaged throughout the period of performance, and/or others) and external ones (e.g., stigma around OUD in the target rural service area, geographical limitations, health workforce shortages, and/or others).

   Identify any infrastructure that is in place that will assist in overcoming any potential barriers, and describe how.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 3 Evaluative Measures*

   This section describes how progress toward meeting project goals will be tracked, measured, and evaluated. Applicants should include the following information:

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

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

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

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

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

Applicants may come in as a single entity or consortium of entities as long as there is evidence of national experience working in the rural application of OUD prevention, treatment, and recovery and with a diverse stakeholder group, to include, but not limited to: law enforcement agencies, schools, local and state governments, and community organizations. Applicant skillset should include evidence of familiarity with health and social services aspects of OUD, and experience in providing TA. The scope of the work of RCORP -TA is national in scale and the entity or entities that apply should have the necessary staffing and infrastructure to oversee the program activities and serve as the fiscal agent.

Provide information on your organization's current mission and structure, scope of current activities, and an organizational chart (include as **Attachment 5**).

Describe how these elements contribute to the ability of the organization to meet program expectations and conduct all program requirements.

Discuss the capability of the organization to follow the proposed work plan, and properly account for the federal funds.

Describe current experience, knowledge, and skills, including individuals on staff, materials published, and previous work of a similar nature. Include a staffing plan and job descriptions for key personnel as **Attachment 2**. Include biographical sketches for all key personnel as **Attachment 3**.

Describe the ability of the organization to provide TA to a diverse set of rural consortiums across the country.

Provide specific examples to describe knowledge of, as well as successful experience working with: quality improvement organizations, HRSA's Regional Telehealth Resource Center(s), Primary Care Organizations, national, state, and local rural health and social service organizations, rural health care providers and systems of care, and rural application of OUD prevention, treatment, and recovery techniques.

Provide information that shows knowledge of relevant FORHP, HRSA, HHS, public, private and other programs to be able to link stakeholders to appropriate resources and programs and avoid duplication.

If multiple partner organizations are submitting an application as a consortium to provide TA, be sure to include the capabilities and requested information for each member organization and highlight what role they will have in ensuring success of the program. Ensure that the organizational chart (**Attachment 5**) shows the lead organization that is responsible for the overall management of the program and the relationship of all other involved partner organizations. Discuss the capability of the lead organization to provide overall program management.

If as part of the application you are integrating partner organizations to fulfill work plan requirements, include Letters of Agreement, MOU, etc. as **Attachment 4**.

Provide evidence of the ability to provide TA in the following areas:

- Assisting and educating national, state, and local beneficiaries of HRSA OUD prevention, recovery, and treatment initiatives for RCORP by providing TA to those in need of additional support and guidance.
    - Support can be provided through a multifactorial approach to include evidence-based initiatives like peer-to-peer, virtual, and subject matter expert methodologies.
    - Support through site visits with award recipients to include assessment, analysis, and action planning.
    - Education should include a dynamic strategy to address the changing the OUD prevention, treatment, and recovery environment.
    - In person training to orient new consortiums on health systems issues and strategies for performance improvement and collaboration.
- Aiding in identification and dissemination of best practices for improving health care outcomes in rural communities.
    - Best practice dissemination can be through webinars, Vlogs, Blogs, manuals, video, briefs, and summarization documentation. In disseminating these materials/findings, efforts should be made to identify the best means of presenting the information to a wide audience.
    - Identifying natural connections to other HHS and HRSA grants/TA/resources will allow for broader applicability and consumption.
- Adapting any necessary TA to potential or successful grant recipients.
- Synthesizing resources to develop and strengthen consortiums.
- Developing training and tools to support analysis of opportunities and gaps associated with prevention, treatment, and recovery in workforce and service delivery (to include telehealth).
- Developing training and tools to facilitate strategic plan development addressing gaps in OUD prevention, treatment, and recovery.
- Assisting RCORP award recipients in collaborating with the NHSC.
- Identifying and developing training/tools associated with workforce recruitment and retention resources targeted to rural communities for providers working on OUD issues.
- Enhancing coordination of care.
- Enhancing knowledge of and/or capacity to use telehealth to address gaps in clinical service delivery and improve access to care.
- Assisting RCORP award recipients with program measure development and analysis.
- Assisting in building capacity and infrastructure to collect data and prepare consortiums for participation in program-wide evaluation activities.
- Informing and educating successful award recipients of other federal and non-federal funding and resources available in order to prepare award

recipients to leverage those resources, aid coordination, and avoid duplication of program efforts.

Narrative Section	Review Criteria
NARRATIVE GUIDANCE To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

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

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

Travel: HRSA may require award recipient to travel to conference(s) and/or TA workshop(s). HRSA will provide further information to the award recipient during the period of performance and project officers will work with the award recipient to make any budget adjustments if necessary.

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

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

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

Attachment 1: Work Plan
Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide)*
Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel
Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual whom you have not yet hired, please include a letter of commitment from that person with the biographical sketch. As a reminder, the biographical sketch is included in the page count.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)
Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be signed and dated.

Attachment 5: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project.

Attachments 6– 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.). Letters of support are counted as part of the overall page limitation/count. Organizations providing less specific support can be listed on one page.

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 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*.

> **ALERT from SAM.gov:** You must now provide an original, signed notarized letter stating that you are the authorized Entity Administrator before your registration will be activated by SAM.gov. Please read these FAQs to learn more about this process change. Plan for additional time associated with submission and review of the notarized letter. This requirement is effective March 22, 2018 for **new** entities registering in SAM. This requirement is effective April 27, 2018 for **existing** registrations being updated or renewed. Entities already registered in SAM.gov are advised to log into SAM.gov and review their registration information, particularly their financial information.
>
> SAM.gov is experiencing high volume and delays. If you have tried to create or update your SAM.gov registration but have not been able to complete the

process, you may not be able to apply for a HRSA funding opportunity via Grants.gov in a timely manner prior to the application deadline. If so, please email DGPwaivers@hrsa.gov, per the instructions in Section 3.6 of your HRSA 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 *August 10, 2018 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

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

5. Intergovernmental Review

The Rural Communities Opioid Response TA is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than $3,000,000 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 General Provisions in Division H of the Consolidated Appropriations Act, 2018 (P.L. 115-141) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2019, as required by law.

You cannot use funds under this notice for the following purposes:
1. To acquire real property;
2. For construction; and
3. To pay for any equipment costs not directly related to the purposes for which the grant is awarded.

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

all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

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

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The Rural Communities Opioid Response TA has six (6) review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment

Introduction (5 points)
- The extent to which the application demonstrates comprehensive knowledge and understanding of issues related to OUD prevention, recovery, and treatment in rural communities.

- The extent to which the application cites demographic data to support their knowledge and understanding of the target population and unmet health needs when addressing OUD prevention, recovery, and treatment.

Needs Assessment (5 points)
- The extent to which the application demonstrates comprehensive knowledge and understanding of the issues facing rural communities, CAHs, small rural hospitals, Rural Health Clinics, and other small health care providers relevant to TA needs of the communities participating in the RCORP grant programs.

- The extent to which the application describes a clear understanding of the purpose of this program as well as an understanding of the distinct unmet needs associated with working in rural communities addressing OUD prevention, treatment and recovery.

- The extent to which the application cites demographic data to support their knowledge and understanding of the target population and unmet care related to OUD prevention, treatment, and recovery, including OUD incidence rates.

- The extent to which the application provides a strong knowledge and understanding of TA needs of rural communities participating in the consortiums associated with the RCORP grant programs in the following areas:

    o Health care workforce recruitment and retention as it relates to OUD prevention, treatment, and recovery;
    o Gaps in the existing infrastructure to address OUD prevention, treatment, and recovery;
    o Availability and state of telehealth services, including broadband capacity, to address gaps in clinical service delivery that could be provided via telehealth to better serve the community's needs;
    o Coordination of care for OUD prevention, treatment, and recovery

- If the applicant does not provide all of the requested data/information, the extent to which the applicant provides a detailed plan for obtaining it during the period of performance.

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

Methodology (20 points)
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 described in the application are capable of addressing the problem and attaining the project objectives.

- The extent to which the application includes a realistic approach for providing TA to meet the identified needs of rural communities applying for and participating in the RCORP grant programs. Those needs could include the following areas:
    o Assisting and educating national, state, and local beneficiaries of HRSA OUD prevention, recovery, and treatment initiatives for RCORP by providing TA to those in need of additional support and guidance.
        ▪ Support can be provided through a multifactorial approach to include evidence-based initiatives like peer-to-peer, virtual, and subject matter expert methodologies.
        ▪ Support through site visits with award recipients to include assessment, analysis, and action planning.
        ▪ Education should include a dynamic strategy to address the changing the OUD prevention, treatment, and recovery environment.
    o In person training to orient new consortiums on health systems issues and strategies for performance improvement and collaboration.
    o Aiding in identification and dissemination of best practices for improving

health care outcomes in rural communities.
- Best practice dissemination can be through webinars, Vlogs, Blogs, manuals, video, briefs, and summarization documentation. In disseminating these materials/findings, efforts should be made to identify the best means of presenting the information to a wide audience.
  - o Identifying natural connections to other HHS and HRSA grants/TA/resources will allow for broader applicability and consumption.
  - o Adapting any necessary TA to potential or successful grant recipients.
  - o Synthesis of resources for the development and strengthening of consortiums.
  - o Training and tool development to support analysis of opportunities and gaps associated with prevention, treatment, and recovery in workforce and service delivery (to include telehealth).
  - o Develop training and tools to educate and facilitate strategic plan development addressing gaps in OUD prevention, treatment, and recovery.
  - o Assisting RCORP award recipients with collaborating with the NHSC site approval process.
  - o Identifying and developing training/tools associated with workforce recruitment and retention resources targeted to rural communities for providers working on OUD issues.
  - o Enhancing coordination of care.
  - o Enhancing knowledge of and/or capacity to use telehealth to address gaps in clinical service delivery and improve access to care.
  - o Assisting RCORP award recipients with program outcome measure development and analysis of the data collected during the lifecycle of the program.
  - o Assisting in building capacity and infrastructure to collect data and prepare them for participation in program-wide evaluation activities.
  - o Informing and educating successful award recipients of other federal and non-federal funding and resources available in order to prepare award recipients to leverage those resources, aid coordination, and avoid duplication of program efforts.

- The extent to which the applicant describes an effective process for assisting in building capacity and infrastructure to collect data and prepare award recipients for participation in program-wide evaluation activities.

- The extent to which the applicant describes an effective process for Informing and educating successful award recipients of other federal and non-federal funding and resources available in order to prepare award recipients to leverage those resources, aid coordination, and avoid duplication of program efforts.

- The extent to which the application clearly outlines the method for development of any applicable tools or strategies for outreach, collaborations and partnerships, clear communication, and information sharing/dissemination.

- The extent to which the application describes the process for communicating with the consortiums that will receive TA.

- The extent to which the application clearly describes a method for ensuring commitment and buy-in from any consortiums receiving TA.

- The extent to which, in the discussion of TA, the application clearly describes activities including:
  - Pre-onsite planning;
  - Setting mutually agreed upon goals and objectives;
  - Action planning;
  - Developing measureable outcomes;
  - Coaching to provide support of implementation;
  - Subject matter expertise;
  - Due diligence follow-up and tracking of the impact of TA.

- The extent to which TA interventions align services to community need in an economically viable manner.

- The extent to which the application thoroughly describes the four-year strategic vision, and that proposed activities are complementary to, and not duplicative of, FORHP funded activities.

- The extent to which the application demonstrates a clear understanding of the need to work cooperatively with FORHP and other identified partners to meet the needs of the program, and proposes a rational methodology to ensure successful collaboration.

Work Plan and Logic Model (15 points)
- The extent to which the application provides a detailed work plan that is logical and has strong objectives and goals to ensure that projected outcomes are met.

- The extent to which the application clearly identifies responsible staff for each activity.

- The extent to which the work plan clearly identifies activities requiring collaboration with relevant partners, and a workable plan to ensure that those collaborative relationships are successful.

- The extent to which the logic model provides a one-page overview capturing the strategic plan describing start to finish activities with expected outcomes.

Resolution of Challenges (5 Points)
- The extent to which the application identifies and clearly describes potential challenges and barriers that may be encountered in implementing program activities and attaining the project objectives.

- The extent to which the application clearly describes approaches to address challenges and barriers that may be encountered during implementation of program activities.

- The extent to which the application clearly describes infrastructure that is in place that will assist in overcoming any potential barriers, and describes how.

Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity
- The extent to which the application clearly describes the plan for monitoring the progress of the program that will contribute to continuous quality improvement of services provided by the TA provider to the consortiums executing the RCORP grant programs.

- The extent to which the application clearly provides a strategy to collect, track, and analyze data to measure outcomes and impact.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Methodology
- The extent to which the application clearly describes a plan for broad dissemination of best practices and stories of success throughout the project.

- The extent to which the applicant proposes a plan for project sustainability, describing how the strategies implemented within the consortiums during the period of performance may still have an impact after the period of federal funding ends.

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV's Organizational Information

Organizational Capacity (15 points):
- The extent to which the applicant clearly describes the mission and structure of the organization, the scope of current activities and provides information on the mission and structure of the organization as well as an organizational chart.

- The extent to which the application clearly describes the capability of the organization to follow the proposed work plan, and properly account for the federal funds.

- The extent to which project personnel are qualified and have appropriate experience to carry out all aspects of the project.

- The extent to which the application clearly provides the organization's capability to collaborate with appropriate partners to carry out all the program requirements. The extent to which the application includes letters of support/agreement from all proposed partners.

- The extent to which the application clearly provides evidence of knowledge of FORHP, HRSA, HHS, public, private, and other relevant programs in order to link stakeholders to appropriate resources and programs and avoid duplication.

Organizational Expertise (15 points):
- The extent to which the application provides specific examples of related experience that highlights their proven ability to achieve successful outcomes and results working with consortiums and working with OUD prevention, treatment, and recovery initiatives.

- The extent to which the applicant provides specific evidence of extensive organizational experience and success assisting with the development of strategies that may include the following:

  - Aiding in identification and dissemination of best practices for improving health care outcomes in rural communities;
  - Adapting any necessary TA to potential or successful grant recipients;
  - Enhancing coordination of care
  - Training and tool development to support analysis of opportunities and gaps associated with prevention, treatment, and recovery in workforce and service delivery (to include telehealth);
  - Synthesizing resources for the development and strengthening of consortiums;
  - In person training to orient new rural stakeholders on health systems issues and strategies for improvements;
  - Providing support through site visit visits with award recipients to include assessment, analysis, and action planning;
  - Development of training and tools to educate and facilitate strategic plan development addressing gaps in OUD prevention, treatment, and recovery;
  - Supporting award recipients through a multifactorial approach to include evidence-based initiatives like peer-to-peer, virtual, and subject matter expert methodologies;
  - Educating through a dynamic strategy to address OUD prevention, treatment, and recovery;
  - Identifying workforce recruitment and retention resources targeted to rural communities for providers working on OUD issues.

- The extent to which the applicant organization clearly describes the ability to provide TA to a diverse set of rural areas working on OUD prevention, treatment, and recovery.

- The extent to which the applicant organization provides specific examples to describe knowledge of, as well as successful experience, working with quality improvement organizations, HRSA's Regional Telehealth Resource Center(s), Primary Care Organizations, Network Development, Rural Opioid Overdose Reversal, and National Organization of State Offices of Rural Health. Note: an applicant does not have to work with all of these.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and Budget Narrative
- The extent to which the proposed budget for the four-year period of performance is reasonable to execute the activities and objectives outlined within the application to attain the anticipated results.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

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

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

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity

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

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

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

Requirements under Subawards and Contracts under Grants

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

3. Reporting

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

> 1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis. HRSA will provide further information in the Notice of Award.

2) **Federal Financial Report**. The Federal Financial Report (SF-425) is required no later than January 30 for each budget period. The report is an accounting of expenditures under the project that year. The recipient must submit financial reports electronically through EHB. HRSA will provide more specific information in the Notice of Award.

3) **Quarterly Reports**. The recipient must submit a quarterly progress report through the EHB. The quarterly report is for two purposes: 1) demonstrates award recipient's progress on program-specific goals within the quarter, and 2) as a method to ensure response to timely programmatic issues.

4) **Final Closeout Report:** A final report is due within 90 days after the period of performance ends. HRSA will provide additional instructions in the Notice of Award.

VII. Agency Contacts

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

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

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

Contact Name: Michael McNeely, MBA, MPH, CPHIMS
Deputy Director, Hospital-State Division
Federal Office of Rural Health Policy
Phone: 301-443-5812
Fax: 301-443-2803
Email: mmcneely@hrsa.gov

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

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

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

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

VIII. Other Information

Logic Models

You can find additional information on developing logic models at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find information on how to distinguish between a logic model and work plan at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance

HRSA has scheduled following TA webinar:

Day and Date: Tuesday, July 10, 2018
Time: 3:30 p.m. – 4:30 p.m.
Weblink: **https://hrsa.connectsolutions.com/rcor_technical_assistance_program/**
Call-In Number: **877-616-0071**
Participant Code: **748521**

Tips for Writing a Strong Application

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

Appendix A: Additional Information

Note: RCORP grantees do not have to be located in one of the counties listed below. All rural-communities at high-risk for substance use disorder are eligible to apply for the RCORP- Planning grants so long as they meet the programmatic and eligibility criteria as outlined in the RCORP-Planning NOFO which is currently accepting applications until July 30, 2018. The counties listed in this Appendix reflect only those that were identified by CDC as being at risk for HIV and Hepatitis C infections due to injection drug use.

- **220 counties identified by the Centers for Disease Control and Prevention as being at risk**

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

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

FIPS	County	Rank	FIPS	County	Rank	FIPS	County	Rank	FIPS	County	Rank
Alabama			**Kentucky (cont.)**			**Missouri (cont.)**			**Tennessee (cont.)**		
01127	Walker	37	21133	Letcher	50	29153	Ozark	185	47063	Hamblen	138
01093	Marion	100	21115	Johnson	53	29229	Wright	194	47007	Bledsoe	139
01133	Winston	109	21207	Russell	54	**Montana**			47159	Smith	140
01059	Franklin	206	21063	Elliott	56	30061	Mineral	161	47109	McNairy	141
Arizona			21125	Laurel	65	30103	Treasure	211	47139	Polk	142
04015	Mohave	208	21041	Carroll	67	**Nevada**			47089	Jefferson	149
Arkansas			21217	Taylor	75	32029	Storey	52	47163	Sullivan	151
05135	Sharp	157	21081	Grant	77	32009	Esmeralda	118	47181	Wayne	160
05075	Lawrence	201	21001	Adair	93	**North Carolina**			47101	Lewis	168
California			21137	Lincoln	97	37043	Clay	63	47091	Johnson	169
06063	Plumas	152	21231	Wayne	99	37193	Wilkes	104	47099	Lawrence	172
06033	Lake	199	21057	Cumberland	101	37075	Graham	124	47179	Washington	198
Colorado			21077	Gallatin	108	37023	Burke	176	47177	Warren	203
08025	Crowley	220	21011	Bath	125	37039	Cherokee	189	47095	Lake	216
Georgia			21085	Grayson	126	**Ohio**			**Texas**		
13111	Fannin	82	21089	Greenup	129	39001	Adams	51	48155	Foard	204
13281	Towns	120	21087	Green	132	39131	Pike	72	**Utah**		
13213	Murray	159	21045	Casey	153	39079	Jackson	111	49007	Carbon	84
13143	Haralson	200	21043	Carter	154	39105	Meigs	123	49001	Beaver	114
Illinois			21171	Monroe	163	39015	Brown	127	49015	Emery	186
17069	Hardin	68	21079	Garrard	167	39145	Scioto	136	**Vermont**		
Indiana			21201	Robertson	175	39163	Vinton	146	50009	Essex	143
18143	Scott	32	21135	Lewis	178	39053	Gallia	155	50025	Windham	219
18175	Washington	57	21061	Edmonson	179	39009	Athens	173	**Virginia**		
18149	Starke	70	21003	Allen	180	39027	Clinton	190	51027	Buchanan	28
18041	Fayette	81	21019	Boyd	187	39071	Highland	196	51051	Dickenson	29
18155	Switzerland	94	21105	Hickman	191	**Oklahoma**			51167	Russell	61
18025	Crawford	112	21027	Breckinridge	202	40067	Jefferson	89	51105	Lee	73
18065	Henry	128	21037	Campbell	212	40025	Cimarron	217	51195	Wise	78
18079	Jennings	158	21167	Mercer	214	**Pennsylvania**			51185	Tazewell	96
18137	Ripley	195	**Maine**			42079	Luzerne	38	51141	Patrick	166
18029	Dearborn	213	23027	Waldo	135	42021	Cambria	131	51197	Wythe	210
Kansas			23025	Somerset	145	42039	Crawford	188	**West Virginia**		
20207	Woodson	144	23029	Washington	170	**Tennessee**			54047	McDowell	2
20001	Allen	171	23011	Kennebec	193	47067	Hancock	13	54059	Mingo	7

Code	County	No.	Code	County	No.	Code	County	No.	Code	County	No.
20205	Wilson	181				47087	Jackson	19	54109	Wyoming	16
20153	Rawlins	218	26129	Ogemaw	86	47005	Benton	24	54081	Raleigh	18
Kentucky			26035	Clare	87	47151	Scott	26	54045	Logan	20
21237	Wolfe	1	26135	Oscoda	88	47135	Perry	33	54005	Boone	22
21025	Breathitt	3	26119	Montmorency	91	47071	Hardin	36	54019	Fayette	27
21193	Perry	4	26085	Lake	137	47029	Cocke	41	54065	Morgan	44
21051	Clay	5	26141	Presque Isle	174	47015	Cannon	42	54063	Monroe	47
21013	Bell	6	26001	Alcona	184	47137	Pickett	43	54029	Hancock	49
21131	Leslie	8	26143	Roscommon	192	47013	Campbell	46	54015	Clay	60
21121	Knox	9	26039	Crawford	197	47019	Carter	59	54099	Wayne	62
21071	Floyd	10	26079	Kalkaska	207	47027	Clay	64	54009	Brooke	76
21053	Clinton	11	26031	Cheboygan	215	47057	Grainger	66	54053	Mason	85
21189	Owsley	12	**Mississippi**			47073	Hawkins	71	54013	Calhoun	90
21235	Whitley	14	28141	Tishomingo	164	47173	Union	74	54067	Nicholas	98
21197	Powell	15	**Missouri**			47059	Greene	79	54089	Summers	110
21119	Knott	17	29179	Reynolds	55	47025	Claiborne	80	54101	Webster	113
21195	Pike	21	29123	Madison	58	47085	Humphreys	83	54043	Lincoln	121
21153	Magoffin	23	29187	St. Francois	69	47145	Roane	92	54011	Cabell	122
21065	Estill	25	29039	Cedar	107	47133	Overton	95	54091	Taylor	133
21129	Lee	30	29093	Iron	117	47041	DeKalb	102	54055	Mercer	147
21165	Menifee	31	29223	Wayne	119	47143	Rhea	103	54007	Braxton	150
21159	Martin	34	29221	Washington	130	47121	Meigs	105	54095	Tyler	162
21021	Boyle	35	29055	Crawford	148	47129	Morgan	106	54087	Roane	165
21127	Lawrence	39	29085	Hickory	156	47049	Fentress	115	54051	Marshall	182
21203	Rockcastle	40	29013	Bates	177	47111	Macon	116	54003	Berkeley	205
21095	Harlan	45	29181	Ripley	183	47185	White	134	54039	Kanawha	209
21147	McCreary	48									