U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Office of Rural Health Policy
Rural Strategic Initiatives Division

Rural Communities Opioid Response Program-Implementation

Funding Opportunity Number: HRSA-22-057
Funding Opportunity Types: New and Competing Continuation
Assistance Listings (CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: January 18, 2022

MODIFIED on January 12, 2022: Extended Application Due Date

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: October 15, 2021

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Telephone: (301) 945-5131
Email: ruralopioidresponse@hrsa.gov for program-specific questions

Please contact the Grants Management Specialist on page 38 of the NOFO for budget-related questions (e.g., allowable costs, SF-424 A form, etc.).

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

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2022 Rural Communities Opioid Response Program-Implementation (RCORP-Implementation). RCORP is a multi-year initiative by HRSA aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in high-risk rural communities. This funding opportunity, RCORP-Implementation, will advance RCORP's overall goal by strengthening and expanding SUD/OUD prevention, treatment, and recovery services to enhance rural residents' ability to access treatment and move towards recovery.

Funding Opportunity Title:	Rural Communities Opioid Response Program-Implementation
Funding Opportunity Number:	HRSA-22-057
Due Date for Applications:	January 18, 2022
Anticipated Total Annual Available FY 2022 Funding:	Approximately $50,000,000, subject to the availability of appropriated funds.
Estimated Number and Type of Awards:	Approximately 50 grants
Estimated Award Amount:	Up to $1,000,000 for the three-year period of performance. Award recipients will receive the full award amount in the first year of the period of performance and are required to allocate it across all three years.
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2022 through August 31, 2025 (3 years)
Eligible Applicants:	All domestic public and private entities, nonprofit and for-profit, are eligible to apply. Domestic faith-based and community-based organizations, tribes, and tribal organizations and organizations based in the territories and freely associated states are also eligible to apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, November 10, 2021
Time: 12:30 – 2:00 p.m. ET
Call-In Number: 1-833-568-8864
Meeting ID: 160 852 4742
Passcode: 23233962
Weblink: https://hrsa-gov.zoomgov.com/j/1608524742?pwd=UFJvcGs5bHFiYXRkcGRleFd6REpnZz09

The webinar will be recorded. Please email ruralopioidresponse@hrsa.gov for a link to the recording.

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I. Program Funding Opportunity Description

1. Purpose

The Rural Communities Opioid Response Program (RCORP) is a multi-year initiative by the Health Resources and Services Administration (HRSA) aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in high risk rural communities. This notice announces the opportunity to apply for funding under RCORP-Implementation. This funding opportunity, RCORP-Implementation, will advance RCORP's overall goal by strengthening and expanding SUD/OUD prevention, treatment, and recovery services to enhance rural residents' ability to access treatment and move towards recovery.

Given the complex and multifaceted nature of SUD/OUD, as well as the need to secure community buy-in and generate adequate patient volume to sustain services, HRSA requires that applicants be part of broad, multi-sectoral consortia. HRSA expects that consortia funded by RCORP-Implementation will sustain the SUD/OUD-related services in rural areas made possible by this funding opportunity both during and beyond the period of performance.

The target population for the award is: 1) individuals who are at risk for, have been diagnosed with, and/or are in treatment and/or recovery for OUD; 2) their families and/or caregivers; and 3) other community members[1] who reside in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer. In addition to this target population, applicants are encouraged to give special consideration to rural populations that have historically suffered from poorer health outcomes or health disparities, as compared to the rest of the rural population.

The primary focus of the RCORP-Implementation award program is OUD. However, recognizing that many individuals with OUD use multiple substance and/or have other co-occurring conditions, consortia may also use RCORP-Implementation support to help address other SUD-related needs of the target population of individuals and families affected by OUD. Applicants should link any additional activities they propose to the needs of their target population and service area. Please note that no competitive advantage, funding priority, or preference is associated with proposing activities beyond the core/required activities outlined in the Program-Specific Instructions section of this NOFO.

2. Background

RCORP-Implementation is authorized by Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)).

The Rural Communities Opioid Response Program is administered through HRSA's Federal Office of Rural Health Policy, which is charged with supporting activities related to improving health care in rural areas.

[1]Applicants are encouraged to include individuals in the community who are involved in improving health care in rural areas.

In 2017, HHS declared the opioid crisis a nationwide public health emergency. Rural providers and communities in particular face a number of challenges in providing and accessing SUD/OUD services. In July 2020, nearly two-thirds of all rural counties (63.1%) had at least one clinician with a Drug Enforcement Administration (DEA) waiver but more than half of small and remote rural counties lacked one.[2] In addition to workforce shortages, rural communities face barriers such as stigma, transportation, and costs associated with setting up MAT and other SUD/OUD services.[3]

Rural residents who use opioids are more likely than their urban counterparts to have socioeconomic vulnerabilities, including limited educational attainment, poor health status, lack of health insurance, and low income,[4] which may further limit their abilities to access treatment. The opioid epidemic has also led to an increase in people who inject drugs (PWID), which in turn has increased the risk of transmission of viruses such as human immunodeficiency virus (HIV) and hepatitis B and C viruses (HBV and HCV) through shared equipment. Rural communities are particularly vulnerable to outbreaks of HIV and HCV among uninfected PWID.[5]

Recent Centers for Disease Control and Prevention data suggest that synthetic opioids are increasingly playing a role in psychostimulant-involved deaths. Drug overdose deaths involving psychostimulants with abuse potential, including methamphetamine, increased by over a third in rural communities between 2016 and 2017.[6]

The COVID-19 pandemic forced rural communities to adapt and stretch limited resources and exacerbated the opioid crisis. Over 81,000 drug overdose deaths occurred in the United States in the 12 months ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period, according to recent provisional data from CDC.[7] From 1999 through 2019, the rate of drug overdose deaths increased from 4.0 per 100,000 to 19.6 in rural counties.[8]

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[2] Andrilla CHA, Patterson DG. Tracking the geographic distribution and growth of clinicians with a DEA waiver to prescribe buprenorphine to treat opioid use disorder. *J Rural Health.* 2021; 1-6. https://doi.org/10.1111/jrh.12569

[3] See, e.g., *Implementing Medication-Assisted Treatment for Opioid Use Disorder in Rural Primary Care: Environmental Scan Volume 1,* AHRQ, https://integrationacademy.ahrq.gov/sites/default/files/mat_for_oud_environmental_scan_volume_1_1.pdf

[4] Lenardson, Jennifer et al (2016), "Rural Opioid Abuse: Prevalence and User Characteristics," Maine Rural Health Research Center, http://muskie.usm.maine.edu/Publications/rural/Rural-Opioid-Abuse.pdf

[5] 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.

[6] See, e.g., Kariisa et al (2019), "Drug Overdose Deaths Involving Cocaine and Psychostimulants with Abuse Potential—United States, 2003-2017," CDC Morbidity and Mortality Weekly Report, https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6817a3-H.pdf.

[7] Center for Disease Control. (December 2020) *Expanded prevention efforts needed* [Press release]. Retrieved from https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html

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

RCORP supports and encourages projects that address the needs of a wide range of population groups, including, but not limited to, low-income populations, the elderly, pregnant women, youth, adolescents, ethnic and racial minorities, people/persons experiencing homelessness, and individuals with special health care needs.

Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.

As part of HRSA's overall strategy for addressing SUD/OUD in rural communities, in FY 2022, HRSA will provide funds for the National Health Service Corps (NHSC) Rural Community Loan Repayment Program (LRP) under separate funding opportunity to award eligible providers (Allopathic/Osteopathic Physicians, Physician Assistants, Psychiatrists, Nurse Practitioners, Certified Nurse-Midwives, Psychiatric Nurse Specialists, Health Service Psychologists, Licensed Clinical Social Workers, Marriage and Family Therapists, Licensed Professional Counselors, SUD counselors, Clinical Pharmacists, Registered Nurses and Nurse Anesthetists) who are working at a rural NHSC-approved SUD treatment facility. Clinicians working at NHSC-approved RCORP consortium member site will receive funding priority. RCORP-Implementation applicants are encouraged to leverage the NHSC Rural Community LRP to support the recruitment and retention of eligible providers from the SUD workforce.

- For additional information on the Rural Community LRP and Sites, see Appendix A. For a list of current rural NHSC-approved SUD facilities, visit HRSA's Health Workforce Connector.
- To learn how to become an NHSC site, visit the NHSC website.

In 2019, the U.S. Department of Health and Human Services (HHS) Rural Health Task Force developed the "Healthy Rural Hometown Initiative" (HRHI). The HRHI is an effort that seeks to address the underlying factors that are driving growing rural health disparities related to the five leading causes of avoidable death (heart disease, cancer, unintentional injury/substance use, chronic lower respiratory disease, and stroke). RCORP-Implementation supports the HRHI initiative by aiming to reduce mortality from unintentional injury resulting from drug overdose. While applicants and award recipients to RCORP-Implementation do not need to explicitly link their activities to the HRHI, HRSA may plan to use the performance data submitted by RCORP-Implementation award recipients to demonstrate how RCORP-Implementation supports the overall goal of the HRHI. For more information on the Healthy Rural Hometown Initiative, see page 29 of the HHS Rural Action Plan.

For information on other HRSA-supported SUD/OUD funding opportunities, resources, technical assistance, and training, visit https://www.hrsa.gov/opioids. For information on other federal SUD/OUD resources, please see **Appendix B**.

II. Award Information

1. Type of Application and Award

Types of applications sought: New and Competing Continuation

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $50,000,000 to be available to fund approximately 50 recipients over a three-year period of performance. The actual amount available will not be determined until the enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to $1,000,000 total cost (includes both direct and indirect, facilities and administrative costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is September 1, 2022 through August 31, 2025 (three years). Award recipients will receive the full award amount in the first year of the three-year period of performance, and must allocate the funding across each of the three years. Additionally, recipients must submit a budget and budget narrative for each of the three years of the period of performance. While you must distribute the funding across each of the three years, the budget does not need to be evenly split across the three-year period of performance, and can vary based on your community's needs.

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

III. Eligibility Information

1. Eligible Applicants

Applicant Organization Specifications

Eligible applicants include all domestic public or private, non-profit or for-profit entities, including faith-based and community-based organizations, tribes, and tribal organizations. In addition to the 50 U.S. states, organizations in the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated State of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply.

The applicant organization may be located in an urban or rural area and should have the staffing and infrastructure necessary to oversee program activities, serve as the fiscal agent for the award, and ensure that local control for the award is vested in the targeted rural communities.

Service Delivery Specifications

All planned activities supported by this program **must exclusively target and be located in HRSA-designated rural counties and rural census tracts, as defined by the HRSA Rural Health Grants Eligibility Analyzer.** Within partially rural counties, **only** HRSA-designated rural census tracts are eligible to receive activities and services supported by this award.

NOTE: Beginning with FY 2022 grants, FORHP has modified its list of areas eligible for Rural Health funding. No areas were removed from the prior listing but 295 outlying Metro counties are now considered fully rural. Applicants can check the Rural Health Grants Eligibility Analyzer or the List of Rural Census Tracts document to determine eligibility status of an address or county.

While all service delivery sites supporting RCORP-Implementation projects must be exclusively located in HRSA-designated rural areas, given the shortage of service delivery sites in HRSA-designated rural areas, some exceptions apply in the specific instances listed below. In order to qualify for one of these exceptions, the applicant must establish that the non-rural service delivery site is a primary service provider for the target rural service area and that the delivery site will directly contribute to building health service delivery infrastructure within the target rural service area (see Attachment 9 for additional instructions on submitting required documentation for these exceptions).

- Critical Access Hospitals (CAHs) that are not located in HRSA-designated rural areas.
- Entities eligible to receive Small Rural Hospital Improvement (SHIP) funding and that are not located in HRSA-designated rural areas. Eligible entities under this exception include hospitals that are non-federal, short-term general acute care and that: (i) are located in a rural area as defined in 42 U.S.C. 1395ww(d) and (ii) have 49 available beds or less, as reported on the hospital's most recently filed Medicare Cost Report.
- Entities that are located in urban areas of partially rural counties in their target service area if the service delivery site is located in an incorporated city, town, or village, or unincorporated census-designated place (CDP), with 49,999 or fewer people.
- Telehealth service delivery sites located in an urban facility, but exclusively serving patients in HRSA-designated rural areas

Consortium Specifications

HRSA requires that applicants be part of broad, multi-sectoral consortia comprised of the following:

- At least four or more separately owned entities, including the applicant organization. The entities should all have different EINs and have established working relationships. Tribal applicants may be eligible for an exception to the EIN requirement, as described in the Eligibility section.
- At least 50 percent, of members in each consortium must be located within HRSA-designated rural areas or census tracts, as defined by the **HRSA Rural Eligibility Analyzer.** Applicants must provide a single letter of commitment signed by **all consortium members reflected in the proposed work plan.** See Attachment 3 for additional information.
- Members from multiple sectors and/or disciplines that have a demonstrated history of collaborating to address SUD/OUD in a rural area. Applicants are encouraged to incorporate individuals and community sectors particularly affected by SUD/OUD, including health and social service organizations, employers, individuals in recovery, law enforcement and first responders, teachers and school systems, child welfare agencies, etc.
    - Note while individuals may be included as consortium members, there must also be at least four separately owned **entities/organizations** to meet HRSA's required consortium specifications. See **Appendix C** for a non-exhaustive list of potential consortium partners.

If awarded, recipients must notify consortium members who will be serving as subcontractors/subrecipients that they must be registered in SAM.

NOTE: HRSA is aware that tribes and tribal governments may have an established infrastructure without separation of services recognized by filing for EINs. In the case of tribes and tribal governments, only a single EIN located in a HRSA designated rural area is necessary for eligibility as long as the EIN is associated with an entity located in a HRSA-designated rural area. **Tribes and tribal entities under the same tribal governance must still meet the consortium criteria of four or more entities committed to the proposed approach**

FY 2020 and FY 2021 RCORP-Implementation Award Recipients and Consortium Members:

Applicants that are FY 2020 or FY 2021 RCORP-Implementation award recipients and/or Consortium Members are ONLY eligible to apply for this funding opportunity if they meet the following conditions:

1. **Target Geographic Rural Service Area:** The target geographic rural service area proposed in this application does not overlap **at all** with the one currently served by the consortium for the FY 20 or FY 21 RCORP-Implementation award and all proposed services are delivered in the new target rural service area. FY

2020 and FY 2021 RCORP-Implementation award recipients and/or consortium members should demonstrate they meet these conditions in **Attachment 7**; **and**

2. **Consortium Membership:** At least 50 percent of the consortium members proposed in this application are physically located in the new service area and are signatories to the letter of commitment (**Attachment 3**).

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

- Exceeds the ceiling amount;
- Fails to satisfy the deadline requirements referenced in Section IV.4; and/or
- Exceeds the page limit (80 pages).

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

NOTE: Organizations may not serve as the applicant organization on more than one FY 2022 RCORP-Implementation application. Only one application can be associated with an EIN.

- **Exception to Multiple Submissions Policy:** In general, multiple applications associated with the same EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple organizations with the same EIN could be located in **different** rural service areas that have a need for SUD/OUD services. **Therefore, at HRSA's discretion, separate applications associated with a single EIN may be considered for this funding opportunity if the applicants provide HRSA with the following information in Attachment 8**:

    1. Names, street addresses, and EINs of the applicant organizations;
    2. Name, street address, and EIN of the parent organization;
    3. Names, titles, email addresses, and phone numbers for points of contact at each of the applicant organizations and the parent organization;
    4. Proposed RCORP-Implementation service areas for each applicant organization (these should not overlap);

5. Justification for why each applicant organization must apply to this funding opportunity separately as the applicant organization, as opposed to serving as consortium members on other applications;
6. Assurance that the applicant organizations will each be responsible for the planning, program management, financial management, and decision making of their respective programs, independent of each other and/or the parent organization; and
7. Signatures from the points of contact at each applicant organization and the parent organization.

Applications associated with the same EIN must be independently developed and written. HRSA reserves the right to deem applications that provide insufficient information in **Attachment 8** to be ineligible. In this instance, assuming all other eligibility criteria are met, HRSA will only accept the last validated electronic submission associated with the EIN.

Note that this exception does not apply to a single organization (e.g., a parent organization/headquarters) that wants to apply more than once for this funding opportunity on behalf of its satellite offices or clinics.

If multiple entities that share an EIN apply for this funding opportunity, the applicant organization names (as reflected in Box 8A of the SF-424 Application Page) should be different and reflect the names of the satellite offices/clinics. If HRSA receives multiple FY 2022 RCORP-Implementation applications with the same applicant organization name (as reflected in Box 8A of the SF-424 Application Page), only the last submitted and validated application will be reviewed.

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-22-057 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA *SF-424* Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in 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 *HRSA SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limitation

The total size of all uploaded files included in the page limit 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. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-057, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit.

It is the responsibility of the applicant 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.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachments 10-15: Other Relevant Documents*.

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

Program Requirements and Expectations

HRSA requires that applicants be part of a broad, multi-sectoral consortia. For the purposes of RCORP-Implementation, a consortium is an organizational arrangement among four or more separately owned domestic public or private entities, including the applicant organization, with established working relationships. The entities, including the applicant organization, must all have different Employment Identification Numbers (EINs).[9]

HRSA expects that consortia funded by RCORP-Implementation will sustain the SUD/OUD-related services in rural areas made possible by this funding opportunity both during and beyond the period of performance. Over the course of the three-year period of performance, RCORP-Implementation award recipients will complete detailed plans for sustaining their consortia and SUD/OUD services beyond the RCORP-Implementation period of performance.

Finally, RCORP-Implementation award recipients are expected to work closely with a HRSA-funded technical assistance (TA) provider throughout the three-year period of performance. Targeted TA is provided to each award recipient at no additional cost, and is intended to help recipients achieve desired project outcomes, sustain services, align their performance reporting/evaluative activities, implement quality improvement efforts, and overcome challenges to project implementation. HRSA will provide more information about TA support upon receipt of award.

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:

Core Activities

Over the course of the three-year period of performance, consortia must implement **all core activities** described below, which are aimed at improving health care in HRSA-designated rural areas. If a consortium is already implementing one or more of the core activities within the service area, applicants may propose to expand or enhance those activities.

Note: Applicants must make progress on each core activity in every year of the grant. Consortium members do not have to complete all required core activities individually, nor do all core activities have to be implemented in every part of the target rural service area. Implementation of the core activities should reflect the demonstrated needs and capacity of the target rural service area.

Foundational Core Activities

[9]Tribal entities may be exempt from this requirement. Please reference Eligible Applicants for more information.

- Track and collect aggregate data and other information from consortium members to fulfill HRSA reporting requirements, and use this data to support continuous improvement of services and activities.
- Develop processes for achieving financial and programmatic sustainability beyond the period of performance, including (but not limited to) training providers, administrative staff, and other relevant stakeholders to optimize reimbursement for clinical encounters through proper coding and billing across insurance types.
- Address the SUD-related needs of populations that have historically suffered from poorer health outcomes or health disparities, as compared to the rest of the target rural population. Examples of these populations include, but are not limited to, persons/people experiencing homelessness, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.
- Leverage partnerships at the local/community, state, and regional levels, including with rural counties and municipalities, health plans, law enforcement, community recovery organizations, faith-based organizations, and others to secure buy-in for the proposed project and ensure that it complements (versus duplicates) existing SUD/OUD resources.

Prevention Core Activities

- Support culturally and linguistically appropriate substance use prevention activities and evidence-based programs, delivered in diverse environments (e.g., schools, community centers) and to diverse participants.
- Increase access to naloxone within the target rural service area and provide training on overdose prevention and naloxone administration for community members likely to respond to an overdose.
- Train community members and other stakeholders on safe storage and disposal of prescription drugs with potential for misuse.
- Identify and screen individuals at risk for SUD/OUD and co-occurring disorders disorders/infectious complications (including HIV, viral hepatitis, mental illness, etc.), and provide, or make referrals to, prevention, harm reduction, early intervention, treatment, and other support services.
- Train and strengthen collaboration with and between law enforcement and first responders to enhance their capability of responding and/or providing emergency treatment to those with SUD/OUD.

Treatment and Recovery Core Activities

- Recruit, train, mentor, and retain interdisciplinary teams of clinical and social service providers, to support an integrated approach to SUD/OUD treatment, including evidence-based behavioral therapy (e.g., cognitive behavioral therapy, community reinforcement approach, etc.), U.S Food and Drug Administration-approved pharmacotherapy (e.g., buprenorphine, naltrexone), and any other necessary supportive services. This activity must include providing support to providers who are seeking DATA 2000 waivers.
- Create community linkages and referral systems for a seamless entry into MAT/SUD treatment from primary care, emergency departments, law enforcement/first responders, community-based organizations, social service organizations, etc.
- Ensure linkages to and coordination with home and community-based social services (such as case management, housing, employment, food assistance, transportation, etc.) to support individuals in recovery, including those discharged from inpatient treatment facilities and/or the criminal justice system.
- Expand the peer workforce to provide support in various settings, including hospitals, emergency departments, law enforcement departments, jails, SUD/OUD treatment programs, and in the community.
- Support the development of recovery support services such as recovery community organizations, recovery homes, mutual aid groups, and other recovery resources and infrastructure to expand the availability of and access to recovery support services.

Additional Activities

If capacity exists, award recipients may use funding to implement additional activities that strengthen the consortium's ability to deliver prevention, treatment, and/or recovery services for SUD/OUD that improve health care in their service area. Applicants must provide detailed descriptions of all additional activities in the Project Narrative, as well as justifications for how those activities will advance RCORP-Implementation's goal and fulfill the needs of the target population. No funding priority or preference is associated with proposing additional activities. Please see **Appendix D** for a non-exhaustive list of allowable additional activities

Requirements for Service Provision

All activities funded by this award must exclusively occur in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer. Please note the exceptions under Eligible Applicants. Additionally, RCORP-Implementation is a payer of last resort, and award recipients should bill for all services covered by a reimbursement plan and make every reasonable effort to obtain payments. At the same time, award recipients may not deny services to any individual because of an inability to pay.

Services should aim to eliminate pre-requisites to entering MAT, be individualized to the needs and circumstances of the patient, promote retention in treatment, recognize the need to manage recurrence of substance use and address ambivalence in patient motivation.

Target Population

The target population for this award are: 1) individuals who are at risk for, have been diagnosed with, and/or are in treatment and/or recovery for OUD; 2) their families and/or caregivers; and 3) other community members[10] who reside in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer.

Applicants are encouraged to focus on rural populations that have historically suffered from poorer health outcomes, health disparities, and other inequities, as compared to the rest of the target population, when addressing SUD in the proposed service area. Examples of these populations include, but are not limited to, racial and ethnic minorities, people/persons experiencing homelessness, pregnant women, youth and adolescents, etc.

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

Please include the following information in your abstract:

1. Project Title
2. Requested Award Amount
3. Applicant Organization Name
4. Applicant Organization Address
5. Applicant Organization Facility Type (e.g., Rural Health Clinic, Critical Access Hospital, Tribe/Tribal Organization, Health System, Institute of Higher Learning, Community-based Organization, Foundation, Rural Health Network, etc.)
6. Project Director Name and Title
7. Project Director Contact Information (phone and email)
8. Are you a current FY20 or FY21 RCORP-Implementation award recipient?
9. EIN Exception Request in **Attachment 8**? (Y/N) - Note: HRSA reserves the right to deem applications that provide insufficient information in **Attachment 8**, or are nearly identical in content, to be ineligible. In this instance, assuming all other eligibility criteria are met, HRSA will only accept the last submitted application associated with the EIN.
10. How the Applicant **First** Learned About the Funding Opportunity (**select one**: State Office of Rural Health, HRSA News Release, Grants.gov, HRSA Project

[10] Applicants are encouraged to include individuals in the community who are involved in improving health care in rural areas.

Officer, HRSA Website, Technical Assistance Provider, State/Local Health Department)

11. Number of Consortium Members & List of Consortium Members
12. Previous or Current RCORP Award Recipient? (**specify:** FY18 RCORP-Planning Applicant Organization; FY18 RCORP-Planning Consortium Member; FY19 RCORP-Planning Applicant Organization; FY19 RCORP-Planning Consortium Member; FY20 RCORP-Planning Application Organization; FY20 RCORP-Planning Consortium Member; FY19 RCORP-MAT Expansion; FY19 RCORP- Implementation Applicant Organization; FY19 RCORP-Implementation Consortium Member, FY20 RCORP-Implementation Applicant Organization; FY20 RCORP-Implementation Consortium Member; FY 21 RCORP- Implementation Applicant Organization; FY21 RCORP-Implementation Consortium Member; FY20 RCORP-NAS Applicant Organization; FY20 RCORP-NAS Consortium Member; FY21 RCORP-Psychostimulant Support Applicant Organization; FY21 RCORP-Psychostimulant Support consortium member)
13. Brief Description of the Target Population
    - Indicate approximately what percentage (if any) of the target population is American Indian/Alaskan Native;
    - If applicable, provide 2-3 sentences regarding how this project specifically targets tribal populations;
    - If applicable, provide 2-3 sentences regarding how this project will target populations who have historically suffered from poorer health outcomes or health disparities, as compared to the rest of the target rural population (e.g., racial/ethnic minorities; persons/people experiencing homelessness; veterans; etc.).
14. Target Service Area (**must be exclusively rural, as defined by the Rural Health Grants Eligibility Analyzer**)
    - Fully Rural Counties: Provide the county name and state
    - Partially-Rural Counties: Provide county name, state, **and** the rural census tract (**list of rural census tracts**)
15. Does target service area overlap with an existing FY 19 or FY 20 RCORP-Implementation award recipient's service area? (Y/N)

NARRATIVE GUIDANCE

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

Narrative Section	Review Criteria
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (4) Impact
Organizational Information	(3) Evaluative Measures and (5) Resources/Capabilities
Budget Narrative	(6) Support Requested - the budget narrative section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

ii. Project Narrative

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 – "Need"*

  This section should clearly and succinctly summarize the overarching goals of the proposed project. In particular, you should provide a description of the target rural service area counties and/or rural census tracts; the characteristics and needs of the target population and service area; the consortium's proposed approach to meeting those needs; and the consortium's history of collaborating to address SUD/OUD in rural areas and capacity to implement the proposed project.

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

  Describe, in detail, the needs of the target rural population as they relate to the core activities and any additional proposed activities. Provide supporting data and statistics from appropriate sources (e.g., local, state, tribal, and federal) that reflects the most recent timeframe available. Where possible, compare the data for the target rural population to regional, statewide, and/or national data to

demonstrate need. Please cite the data sources (including year) you use to provide this data.

Applicants encountering difficulty obtaining data are encouraged to contact their state or local health departments and/or refer to data and information provided by the Rural Health Information Hub and the Opioid Misuse Community Assessment Tool developed by NORC at the University of Chicago. If you are still unable to locate appropriate and accurate data, please provide an explanation for why the data could not be found and how you will leverage the RCORP-Implementation award to strengthen the quality and availability of OUD/SUD data in your target rural service area.

Specifically, the Needs Assessment section should include detailed, quantitative descriptions of the following:

- The target rural population, including demographic and social determinants of health indicators;
    - Describe the extent to which the population you propose to serve includes subpopulations that have historically suffered from poorer health outcomes, health disparities, and other inequities compared to the rest of the target population. Examples of these populations include, but are not limited to, persons/people experiencing homelessness, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.
    - Describe which segments of the target rural population are most at risk for, and/or are most likely to be diagnosed with, OUD. This may include certain age groups, racial/ethnic groups, persons/people experiencing homelessness, etc.
- The prevalence and impact of SUD/OUD in the target rural service area. Examples can include, but are not limited to, the number/ percentage of children in the foster care system as a result of their caregivers' OUD; number of individuals with infectious complications as a result of OUD; the number of SUD/OUD hospitalizations and/or emergency room visits; etc.
- Overview of existing SUD/OUD-related prevention, treatment, and recovery support services in the target rural service area, including any federal, state, or locally funded SUD/OUD initiatives such as other RCORP projects.
    - Please reference the RCORP website for a list of RCORP award recipients in each program—Planning, Implementation, Neonatal Abstinence Syndrome, and MAT Expansion—as well as this table of RCORP award recipient service areas for more information.
- SUD/OUD-related health care needs and gaps in prevention, treatment, and recovery services in the **target rural service area**.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion #2 – "Response"*

The Methodology Section should provide clear, actionable strategies for how you will achieve each of the core activities. Your methodology should directly link to and reflect the data and information provided in the "Needs Assessment" section of the Project Narrative.

The methodology should include a thorough, detailed explanation of how you will achieve each core activity and how you will collaborate, and not duplicate, existing OUD/SUD programming in the target rural service area, including other RCORP awards. In addition, the methodology should also address the following for each set of core activities:

Foundational Core Activities

Explain in detail how your proposed approach to achieving the foundational core activities will improve health care in the target rural area and:

- Support consortium members to ensure that they are able to collect and report accurate, reliable data to fulfill HRSA reporting requirements. Examples can include, but are not limited to, providing financial support to consortium members to strengthen their capacity to track and report data, and/or designating an individual at each consortium member organization who will be responsible for reporting that organization's data to the applicant organization (in addition to the required Data Coordinator described in the Staffing Plan);
- Ensure that all activities and services complement, and do not duplicate, any existing initiatives and efforts in the target rural service area.
- Utilize the data collected as part of HRSA's reporting requirements to inform and improve the project's activities and service delivery;
- Ensure that activities and services are sustainable beyond the period of performance, particularly for underinsured/uninsured populations, and for those populations that have historically suffered from poorer health outcomes or health disparities, as compared to the rest of the target rural population (examples of these populations include, but are not limited to, persons/people experiencing homelessness, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.);
- Sustain consortium membership beyond the period of performance;
- Secure target population support and engagement; and
- Ensure that proper coding and billing across insurance types is implemented across the consortium and that billing/coding information/education is available to other key service providers in the target rural service area, as needed.

Prevention Core Activities

Explain in detail how your proposed approach to achieving the prevention core activities will improve health care in the target rural area and will:

- Directly address the demonstrated need of the target rural service area;
- Improve family members', caregivers', and the public's understanding of evidence-based prevention, treatment, and recovery strategies for SUD/OUD,
- Reduce stigma associated with SUD/OUD;
- Reach populations that have historically suffered from poorer health outcomes or health disparities, as compared to the rest of the rural population. Examples of these populations include, but are not limited to, persons/people experiencing homelessness, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.
- Ensure that those who are most likely to witness an overdose are prepared to respond;
- Minimize the potential for the development of SUD/OUD; and,
- Minimize the potential for those with SUD/OUD to develop infectious complications or other co-occurring disorders.

Treatment and Recovery Core Activities

Explain in detail how your proposed approach to achieving the treatment and recovery core activities will improve health care in the target rural area and will:

- Reduce stigma and other barriers to care;
- Enable individuals, families, and caregivers to find, access, and navigate evidence-based, affordable treatments for SUD/OUD;
- Support integration of health care delivery and social service entities for seamless, coordinated, whole-person-oriented care;
- Ensure access to care and supportive services for populations that have historically suffered from poorer health outcomes or health disparities, as compared to the rest of the rural population. Examples of these populations include, but are not limited to, persons/people experiencing homelessness, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.

Additional Activities (if applicable)

- If proposing additional activities, you must provide a detailed description of the activities, clearly justify why they are needed, and explain how they will improve health care in the target rural area and benefit the target population.

- *WORK PLAN -- Corresponds to Section V's Review Criterion #2 – "Response"*

This section describes the processes that you will use to achieve the strategies in the "Methodology" section. Note that while the "Methodology" section of the Project Narrative centers on the overall strategy for fulfilling the core/additional activities, the work plan is more detailed and focuses on the tasks, activities, and timelines by which you will execute your strategy.

The work plan activities should align with your methodology section, and should include the following:

- Specific tasks/sub-activities that you will undertake to achieve all core activities and, if applicable, any additional activities, (as outlined in the "Program-Specific Instructions" section of this NOFO);
- Responsible individual(s) and/or consortium member(s) for each task/sub-activity;
- Timeframes to accomplish all tasks/sub-activities;
- How the proposed task/sub-activity will improve the health care delivery system in the target rural service area;
- Any products/deliverables associated with each task/required core activity/ additional activity.

The work plan must reflect a three-year period of performance. Each task/activity in the work plan should have beginning and completion dates. It is not acceptable to list "ongoing" as a timeframe. Note that while award recipients should make progress towards completing each core activity during each year of the award, activities do not need to be **completed** until the end of the three-year period of performance.

Please provide your work plan in **Attachment 1.** (It is appropriate to refer reviewers to **Attachment 1** in this section instead of including the work plan twice in the application.)

It is strongly encouraged that you provide your work plan in a table format and that you clearly delineate which tasks/deliverables/sub-activities correspond to which core and/or additional activities.

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

  Describe challenges that your consortium is likely to encounter in implementing the proposed work plan and the approaches you will use to resolve each challenge. You should highlight both internal challenges (e.g., maintaining cohesiveness among consortium members) and external challenges (e.g., stigma around SUD/OUD in the target rural service area, securing patient engagement in treatment, geographical limitations, policy barriers, etc.). **You must detail potential challenges to sustaining services after the period of performance ends and how your consortium intends to overcome them.**

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

  Describe the process (including staffing and workflow) for how you will track, collect, aggregate, and report data and information from all consortium members to fulfill HRSA reporting requirements. **You must clearly demonstrate how the applicant organization will support and enable consortium members to collect accurate data in response to HRSA reporting requirements.** Examples include, but are not limited to, allocating a portion of award funding to each consortium member to support data collection, and/or designating an individual at each member organization who will be responsible for collecting and reporting the HRSA-required data to the application organization.

  Applicants should also demonstrate that the consortium has the capacity and is committed to working with a HRSA-funded evaluator to take part in a larger, RCORP-wide evaluation. Finally, applicants should clearly describe their plan for updating participating entities, the target rural service area, and the broader public on the program's activities, lessons learned, and success stories. You should provide examples of mediums and platforms for disseminating this information.

  It is the applicant organization's responsibility to ensure compliance with HRSA reporting requirements. Applicants should make every reasonable effort to track, collect, aggregate, and report data and information from all consortium members throughout the period of performance. Finally, consortium members should commit to sharing aggregate (**not** patient-level or other personally identifiable information) performance data and information with the applicant organization to fulfill HRSA reporting requirements in the signed Letter of Commitment (**Attachment 3)**.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #s 3 and 5 – "Evaluative Measures" and "Resources and Capabilities"*

  This section provides insight into the organizational structure of the consortium and the consortium's ability to implement the activities outlined in the work plan. See the Program-Specific Instructions and the Eligibility sections for additional information on consortium requirements and specifications.

NOTE: It is appropriate to refer reviewers to the relevant attachment(s) in this section instead of including the information twice in the application.

Applicants should include the following information:

Consortium Membership (Attachment 2)

For each member of the consortium reflected on the proposed work plan, including the applicant organization, include the following information. It is **highly encouraged** that you provide this information in a table format.

- Organization (or individual) name;
- Street address;
- Contact information (Consortium member representative's name, title, email);
- EIN (tribal entities may be exempt from this requirement; for individuals, indicate N/A);
- Service delivery sites (street address, including county) where services supported by the RCORP-Implementation award will be administered;
- Sector represented (e.g., health care, public health, education, law enforcement, tribal entity, etc.);
- Current and/or previous RCORP awards received (list award name, year, and whether the entity served as the applicant organization or consortium member);
- Specify (yes/no) whether consortium member is a National Health Service Corps (NHSC) site or NHSC–eligible site (see https://nhsc.hrsa.gov/sites/eligibility-requirements.html for more details);
- Specify (yes/no) whether consortium member is located in a HRSA-designated rural county or rural census tract of an urban county, as defined by the Rural Health Grants Eligibility Analyzer; and
- Specify (yes/no) whether consortium member has signed the Letter of Commitment (**Attachment 3**).

Consortium Letter of Commitment (Attachment 3)

All consortium members reflected in the proposed work plan, including the applicant organization, must sign and date a **single** letter of commitment (**Attachment 3**) that delineates the expertise, roles, responsibilities, and commitments of each consortium member. At least 50 percent of signatories must be physically located in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer. Consortium members must represent diverse sectors and disciplines. Electronic signatures are acceptable. If you are unable to obtain a given signature, please provide a brief explanation why.

The letter of commitment must identify each consortium member organization's roles and responsibilities in the project, the activities in which they will be included, how the organization's expertise is pertinent to the project, and the length of commitment to the project. The letter must also include statements indicating that:

- Consortium members understand that the RCORP-Implementation award is to be used for the activities proposed in the work plan;

- That the activities must exclusively benefit populations in the target rural service area and that the award is not to be used for the exclusive benefit of any one consortium member; and
- A commitment to sharing accurate, aggregate (**not** patient-level or other personally identifiable information) performance data and information with the applicant organization to fulfill HRSA reporting requirements.

Stock or form letters are not recommended.

Letters of Commitment should be submitted as part of the electronic application package through Grants.gov. HRSA will not accept or consider Letters of Commitment or Support received through other means, including through the mail, e-mail, etc.

Organizational Chart (Attachment 4)
Provide a one-page organizational chart that clearly depicts the relationships and/or hierarchy among all consortium members participating in the project.

Staffing Plan (Attachment 5)
Provide a detailed and clear staffing plan that includes the following information for each proposed project staff member reflected in the proposed work plan. It is recommended that you provide this information in a table format:

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

The staffing plan should directly link to the activities proposed in the work plan. If a staff member has yet to be hired (TBH), please put "TBH" in lieu of a name and detail the process and timeline for hiring and onboarding the new staff, as well as the qualifications and expertise required by the position. All key staff associated with the project should be hired within 60 days of the project start date.

All staffing plans must include a Project Director and a Data Coordinator (although not recommended, the same individual can serve both roles):

- **Project Director:** The Project Director is the point person on the award and makes staffing, financial, and other decisions to align project activities with project outcomes. You should detail how the Project Director will facilitate collaborative input and engagement across consortium members to complete the proposed work plan during the period of performance**. The Project Director is a key staff member and an FTE of at least 0.25 is required for this position. If awarded, the Project Director is expected to attend monthly calls with HRSA/Technical Assistance team.** If the Project Director serves as a Project Director for other federal awards, please list the federal awards as well as the percent FTE for that respective federal award. Any given staff member, including the Project Director, may not bill

for more than 1.0 FTE across federal awards. **More than one Project Director is allowable in the staffing plan. However, only one Project Director can be designated in Box 8f of the SF-424 A Application Page. If awarded, this is the Project Director who will be officially reflected in the Notice of Award. If there is more than one Project Director, a total FTE of at least 0.25 between the two Project Directors is allowable.**

- **Data Coordinator:** Applicants must designate at least one individual in the staffing plan to serve as a "Data Coordinator." The Data Coordinator is responsible for tracking, collecting, aggregating, and reporting quantitative and qualitative data and information from consortium members to fulfill HRSA's quarterly and biannual reporting requirements. Though not required, this position may include analyzing the data or utilizing the data to inform process or quality improvement. There is no minimum FTE for this position.

Finally, applicants should designate staff to attend regular meetings of the FY22 RCORP-Implementation Learning Collaborative. Further details will be available upon award.

Staff Biographical Sketches (Attachment 6)

All proposed staff members should have the appropriate qualifications and expertise to fulfill their roles and responsibilities on the award. For each staff member reflected in the staffing plan, provide a brief biographical sketch (not to exceed one page per staff member) that directly links their qualifications and experience to their designated RCORP-Implementation project activities. The names reflected in the staffing plan must align with the names identified in the biographical sketches

If a staff member will serve two separate and distinct roles on the award that do not overlap, please submit two separate biosketches for that individual. Please note that the individual must not exceed 1.0 FTE.

iii. Budget

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

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

The Consolidated Appropriations Act, 2021 (P.L. 116-260), 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 the following fiscal years, as required by law.

Indirect costs are those costs incurred for common or joint objectives, which cannot be readily and specifically identified with a particular project or program but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For some institutions, the term "facilities and administration" (F&A) is used to denote indirect costs. If your organization does not have an indirect cost rate, you may wish to obtain one through HHS's Cost Allocation Services (CAS) (formerly the Division of Cost Allocation (DCA)). Visit CAS's website to learn more about rate agreements, the process for applying for them, and the regional offices, which negotiate them. If indirect costs are included in the budget, attach a copy of the indirect cost rate agreement. If the indirect cost rate agreement is required per the NOFO, it will not count toward the page limit. Any non-federal entity that has never received a negotiated indirect cost rate, (except a governmental department or agency unit that receives more than $35 million in direct federal funding) may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC) which may be used indefinitely. If chosen, this methodology once elected must be used consistently for all federal awards until such time as a non-federal entity chooses to negotiate for a rate, which the non-federal entity may apply to do at any time.

In addition, RCORP-Implementation requires the following:

1. **Technical Assistance Workshop:** Applicants should budget for two individuals to travel **annually** to a workshop. The workshop will likely be located in the Washington, DC area. If funded, more information will be provided upon receipt of award. Project officers will work with award recipients to make any budget adjustments if necessary once the details of these meetings are finalized.

iv. Budget Narrative

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

In addition, the RCORP Implementation program requires the following:

RCORP-Implementation award recipients will receive the full award amount in the first year, but must allocate the award funding across each year of the three-year period of performance. Applicants are required to submit a budget and budget narrative for each of the three years of the grant.

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

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment**. You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative

Attachment 2: Consortium Membership

Attach the information for each consortium member detailed in the work plan (see Section IV.2.ii. Project Narrative). As a reminder, the consortium must consist of at least four separately owned entities (i.e., different EINs), including the applicant organization, and a majority (or at least 50 percent) must be located in a HRSA-designated rural area, as defined by the Rural Health Grants Eligibility Analyzer.

Attachment 3: Letter of Commitment

Attach a **single** letter of commitment signed by **all consortium members reflected in the proposed work plan**, including the applicant organization that delineates the expertise, roles, responsibilities, and commitments of each consortium member. At least 50 percent of signatories must be physically located in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer. Electronic signatures are acceptable. If you are unable to obtain a given signature, please provide a brief explanation why.

The letter of commitment must identify each consortium member organization's roles and responsibilities in the project, the activities in which they will be included, how the organization's expertise is pertinent to the project, and the length of commitment to the project. The letter must also include a statement indicating that consortium members understand that the RCORP-Implementation award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the target rural service area; and that the award is not to be used for the exclusive benefit of any one consortium member. Finally, consortium members should commit to sharing aggregate (**not** patient-level or other personally identifiable information) performance data and information with the applicant organization to fulfill HRSA reporting requirements. Stock or form letters are not recommended.

Attachment 4: Organizational Chart

Attach the one-page organizational chart in accordance with the instructions provided in Section IV.2.ii. Project Narrative.

Attachment 5: Staffing Plan

Attach the staffing plan that includes all of the information detailed in Section IV.2.ii. Project Narrative. As a reminder, all staffing plans should include a Project Director and a Data Coordinator position (the same individual may serve both roles).

Attachment 6: Staff Biographical Sketches

Attach brief biographical sketches (not to exceed one page per staff member) for each of the staff members listed on the staffing plan in accordance with the instructions provided in Section IV.2.ii. Project Narrative.

Attachment 7: Other RCORP Awards (if applicable)

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

- Name of RCORP award (e.g., RCORP-Planning)
- Dates of award (e.g., September 30, 2018 to September 29, 2019)
- Indicate whether you serve/d as the applicant organization or consortium member
- Target rural service area for past or current RCORP award
    - For fully rural counties, list the county and state
    - For partially rural counties, list the county, state, and eligible rural census tract(s)
- Target rural service area for proposed FY 22 RCORP-Implementation award
    - For fully rural counties, list the county and state
    - For partially rural counties, list the county, state, and eligible rural census tract(s)
- List of consortium members for past or current RCORP award
- List of consortium members for proposed FY 22RCORP-Implementation award
- Detail how, if funded, activities performed under the RCORP-Implementation award will complement—and not duplicate—activities performed under current or previous RCORP awards.

Note that an applicant organization who is a current recipient of an FY20 or FY 21 RCORP-Implementation award, as either the applicant organization or consortium member, is not eligible to apply for this funding opportunity unless certain criteria are met, as detailed in the Eligibility Section of this NOFO.

Attachment 8: EIN Exception Request (if applicable)

In general, multiple applications associated with the same EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple organizations with the same EIN could be located in different rural service areas that have a need for SUD/OUD services. **Therefore, at HRSA discretion, separate applications associated with a single EIN may be considered for this funding opportunity if the applicants provide HRSA with the following information in Attachment 8**:

1. Names, street addresses, or EINs of the applicant organizations;
2. Name, street address, or EIN of the parent organization;
3. Names, titles, email addresses, and phone numbers for points of contact at each of the applicant organizations and the parent organization;
4. Proposed RCORP-Implementation service areas for each applicant organization (these should not overlap);
5. Justification for why each applicant organization must apply to this funding opportunity separately as the applicant organization, as opposed to serving as consortium members on other applications;
6. Assurance that the applicant organizations will each be responsible for the planning, program management, financial management, and decision making of their respective projects, independent of each other and/or the parent organization; and
7. Signatures from the points of contact at each applicant organization and the parent organization.

Applications associated with the same EIN should be independently developed and written. HRSA reserves the right to deem applications that provide insufficient information in **Attachment 8**, or are nearly identical in content, to be ineligible. In this instance, assuming all other eligibility criteria are met, HRSA will only accept the last submitted application associated with the EIN.

If multiple entities that share an EIN apply for this funding opportunity, the applicant organization names (as reflected in Box 8A of the SF-424 Application Page) should be different and reflect the names of the satellite offices/clinics. If HRSA receives multiple FY 2021 RCORP-Implementation applications with the same applicant organization name (as reflected in Box 8A of the SF-424 Application Page), only the last submitted and validated application will be reviewed.

Attachment 9: Exceptions to Service Delivery Sites

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

a) **Critical Access Hospitals (CAHs) that are not located in HRSA-designated rural areas** must provide the six-digit CMS Certification Number/Medicare Provider Number for the relevant service delivery site(s) in **Attachment 9**. If the service delivery site has been recently designated a CAH (less than a year ago), please submit the CAH approval letter from CMS in **Attachment 9.**

b) **Entities eligible to receive Small Rural Hospital Improvement (SHIP) funding and that are not located in HRSA-designated rural areas** must provide their six-digit CMS Certification Number/Medicare Provider Number for the relevant service delivery site(s) in **Attachment 9**. Eligible entities under this exception include hospitals that are non-federal, short-term general acute care and that: (i) are located in a rural area as defined in 42 U.S.C. 1395ww(d) and (ii) have 49 available beds or less, as reported on the hospital's most recently filed Medicare Cost Report.

c) **Entities that are located in urban areas of partially rural counties in their target service area** must provide a screenshot from the census website (2010 Census) documenting that service delivery sites are located in an incorporated city, town, or village, or unincorporated census-designated place (CDP), with 49,999 or fewer people. If the applicant searches a place and it does not appear in the Quick Facts dropdown list, this means that the place has less than 5,000 residents, and therefore, the site would be eligible. In this instance, please include screenshot documentation.

Attachments 10-15: Other Documents (if applicable)

If applicable, include other relevant documents including indirect cost rate agreements, letters of support from non-consortium members, etc.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following webpages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

You must register with 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 you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

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

Currently, the Grants.gov registration process requires information in three separate systems:

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

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages; instead the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM.gov.

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 *January 18, 2022 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

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

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

6. Funding Restrictions

You may request funding for a three-year period of performance for a ceiling amount of $1,000,000 (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's SF-424 Application Guide for additional information. Awards will be made subsequent to enactment of the FY 2022 appropriation. The NOA will reference the FY 2022 appropriation act and any restrictions that may apply. Note that these or other restrictions will apply in the next fiscal year, as required by law.

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

- To acquire real property;
- To purchase syringes;
- To supplant any services that already exist in the service area;
- For construction; and
- To pay for any equipment costs not directly related to the purposes of this award.

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

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

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

Minor Alteration and Renovation (A/R) Costs

Minor alteration and renovation (A/R) costs to enhance the ability of the consortium to deliver SUD/OUD services are allowable, but must not exceed $200,000 total over the three-year period of performance (or 20 percent of the total award amount). Additional post-award submission and review requirements apply if you propose to use RCORP-Implementation funding toward minor A/R costs**. You may not begin any minor A/R activities or purchases until you receive HRSA approval.** You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your minor

A/R plans do not affect your ability to execute work plan activities and HRSA deliverables on time.
Examples of minor A/R include, but are not limited to:

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

The following activities are not categorized as minor A/R:

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

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

Telehealth Infrastructure

If a service delivery site is located in an urban setting, the applicant organization may use RCORP-Implementation funds to purchase telehealth infrastructure for that site if the infrastructure will exclusively be used to provide services to rurally-located facilities within the target HRSA-designated rural service area.

Mobile Units or Vehicles

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

Participant Support Costs

Participant support costs—i.e., direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with conferences, or training projects—are allowable costs, subject to HRSA review and approval upon receipt of award.

NOTE: For the purposes of participant support costs, "employees" refer to individuals directly employed on an hourly, salaried or employment contract basis by the applicant

organization/award recipient. Individuals employed by subcontractors, consortium members and subrecipients are not included in this definition.

Medication

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

Payer of Last Resort

If awarded, recipients may use RCORP-Implementation funding as a payer of last resort -- i.e., all services covered by reimbursement should be billed and every effort should be made to obtain payment from third-party payers. Only after award recipients receive a final determination from the insurer regarding lack of full reimbursement can the RCORP-Implementation award be used to cover the cost of services for underinsured individuals. RCORP-Implementation award funds can also be used to cover the cost of services for uninsured patients.

*RCORP-Implementation funds **cannot** be used for the following purposes:*

- To supplant existing funding sources;
- To pay down bad debt. Bad debt is debt that has been determined to be uncollectable, including losses (whether actual or estimated) arising from uncollectable accounts and other claims. Related collection and legal costs arising from such debts after they have been determined to be uncollectable are also unallowable.
- To pay the difference between the costs to a provider for performing a service and the provider's negotiated rate with third-party payers (i.e., anticipated shortfall).

V. Application Review Information

1. Review Criteria

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

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.

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

Criterion 1: NEED (20 points) – Corresponds to Section IV's "Introduction" and "Needs Assessment" sections

- The extent to which the applicant clearly outlines the project goals and anticipated outcomes of the project.
- The extent to which the applicant clearly defines and describes the target rural service area.
- The quality and relevance of the data that the applicant provides to demonstrate the target rural service area's need in the "Needs Assessment" section of the Project Narrative.
- The quality and appropriateness of the sources used to provide the data/information in the "Needs Assessment" section of the Project Narrative, **or** if the applicant is unable to locate appropriate and accurate data, the extent to which they provide an explanation for why the data could not be found and how they will leverage the RCORP-Implementation award to strengthen the quality and availability of OUD/SUD data in their target rural service area;
- The extent to which the applicant demonstrates that the target population's need for SUD/OUD prevention, treatment, and recovery services is high compared to the rest of the state, region, and/or country.
- The level of detail and clarity with which the applicant describes the target rural population, including the subpopulations most at risk for and/or most likely to be diagnosed with OUD and those who have historically suffered from poorer health outcomes, health disparities, and other inequities compared to the rest of the target population.
- The thoroughness with which the applicant details the existing SUD/OUD services in the target rural service area, including the anticipated impact the RCORP-Implementation project will have on those services.
- The thoroughness with which the applicant details the SUD/OUD needs and gaps within the target rural service area.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's "Methodology," "Work Plan," and "Resolution of Challenges" sections

Methodology (10 points):

- The clarity and comprehensiveness of the applicant's proposed methods for fulfilling all core activities, as outlined in Section IV.2 of the NOFO.
    - If applicable, the extent to which the applicant details methods for fulfilling any additional activities and provides compelling justification for how those activities will advance RCORP's goal and fulfill the needs of the target population.
- The extent to which the proposed methods improve health care in the target rural area and:
    - Reduce stigma associated with SUD/OUD and other barriers to care;
    - Minimize the potential for developing SUD/OUD
    - Minimize the potential for individuals with SUD/OUD to develop infectious complications and other co-occurring disorders;
    - Support integration of health care delivery and social services;

    - Improve health access and reduce outcome disparities experienced by vulnerable populations within the target rural service area;
    - Secure target populations support and engagement;
    - Support the consortium's ability to report accurate, reliable data to fulfill HRSA's reporting requirements; and
    - Improve family, caregivers, and community members' understanding of SUD/OUD services and their ability to navigate SUD/OUD treatment options.
- The appropriateness of the methods proposed for fulfilling all core and additional activities given the needs and characteristics of the target population.
- The clarity and comprehensiveness of the applicant's proposed methods to ensure programmatic and financial sustainability of the proposed activities beyond the period of performance.

Work Plan (15 points):

- The clarity and completeness of the proposed work plan, including its inclusion of:
    - Responsible individuals and/or consortium members;
    - Feasible timeframes for achieving tasks/sub-activities ("ongoing" is not an acceptable timeframe);
    - Description of how each proposed task will improve health care delivery in rural areas;
    - Specific tasks/sub-activities to achieve all core activities and the deliverables associated with each core activity and, if applicable, additional activity(ies).
- The clarity with which the work plan reflects a three-year period of performance;
- The comprehensiveness and feasibility of the processes detailed for decreasing health access and outcome disparities within the target rural service area as identified by the applicant in the needs assessment;
- The extent to which the work plan details processes for achieving financial and programmatic sustainability beyond the period of performance, including the deliverables, responsible individuals and/or consortium members, and timelines associated with these processes; and
- The extent to which the work plan includes specific activities related to the tracking and collection of aggregate data and other information from consortium members to fulfill reporting requirements.

Resolution of Challenges (5 points):

- The clarity with which the applicant describes both internal and external challenges they are likely to face in implementing their proposed work plan, and the quality and feasibility of the solutions proposed to address them; and
- The extent to which the applicant details potential challenges and solutions to sustaining services after the period of performance ends.

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

- The clarity and comprehensiveness of the applicant's proposed processes (including staffing and workflow) for tracking, collecting, aggregating, and reporting data and information from all consortium members to fulfill HRSA reporting requirements;
- The clarity with which the applicant designates at least one qualified individual in the staffing plan (**Attachment 5**) to serve as a "Data Coordinator"; and
- The extent to which the Letter of Commitment (**Attachment 3**) contains an explicit commitment by consortium members to sharing aggregate (**not** patient-level or other personally identifiable information) performance data and information with the applicant organization to fulfill HRSA reporting requirements.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's "Evaluation and Technical Support Capacity" section

- The clarity and comprehensiveness of the applicant's proposed plan for updating participating entities, the target rural service area, and the broader public on the program's activities, lessons learned, and success stories; and
- The extent to which the applicant provides examples of mediums and platforms for disseminating this information.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's "Organizational Information" section

- The clarity with which the applicant demonstrates that the consortium is comprised of at least four separately owned (i.e., different EINs) entities, including the applicant organization (**see Attachment 2**);
    - **Note: Tribal applicants are exempt from this requirement (applicant organizations will indicate whether they are a tribal entity in the Project Abstract). Applicants who meet this exception should not be penalized for not meeting this criteria during the review process**
- The clarity with which the applicant demonstrates that at least 50 percent of the consortium members are physically located in HRSA-designated rural areas, as defined by Rural Health Grants Eligibility Analyzer (**see Attachment 2**);
- The clarity with which the applicant details consortium members representation of diverse sectors and disciplines;
- The clarity with which the applicant demonstrates that all services will be provided exclusively in HRSA-designated rural areas, as defined by Rural Health Grants Eligibility Analyzer or meets the exception requirements **(Attachments 9, 10,12);**
- The extent to which all consortium members reflected in the proposed work plan, including the applicant organization, have signed and dated a **single** letter of commitment (**Attachment 3**) that contains, at a minimum, the following elements:
    - Description of each consortium member organization's roles and responsibilities in the project, the activities in which they will be included, how the organization's expertise is pertinent to the project, and the length of commitment to the project;

    - A statement indicating that consortium members understand that the RCORP-Implementation award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the target rural service area; and that the award is not to be used for the exclusive benefit of any one consortium member; and
    - An explicit commitment by consortium members to sharing aggregate (**not** patient-level or other personally identifiable information) performance data and information with the applicant organization to fulfill HRSA reporting requirements.
    - **Note: Tribal applicants are exempt from the four separate EINs requirement.**
- The clarity of the Organizational Chart (**Attachment 4**) and extent to which it depicts the relationships and/or hierarchy among all consortium members participating in the project.

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

- The degree to which the estimated cost to the government for proposed award-funded activities is reasonable given the scope of work;
- The extent to which the applicant includes a budget and budget narrative for each of the three years of the award;
- The extent to which the applicant allocates the award across a three-year period of performance (i.e., the applicant should not plan to spend the entire award in the first two years); and
- The clarity and comprehensiveness of the budget narrative, including the extent to which the applicant logically documents how and why each line item request (such as personnel, travel, equipment, supplies, and contractual services) supports the goals and activities of the proposed work plan and project.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2022. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

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

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

Accessibility Provisions and Non-Discrimination Requirements
Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. Non-discrimination legal requirements for recipients of HRSA federal financial assistance are available at the following address: https://www.hrsa.gov/about/organization/bureaus/ocrdi#non-discrimination. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

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

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

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

3. Reporting

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

a) **Progress Report**. The recipient must submit a progress report to HRSA on a **biannual** basis. These progress reports should reflect data and information from across consortium members, not just the applicant organization. These

reports should reflect award recipients' progress towards completing the core/required activities as outlined in this NOFO to ensure that continuation of the award is in the best interests of the Federal government. More information will be provided upon receipt of award.

b) **Performance Improvement Measurement System (PIMS) Reports.** The recipient must submit quantitative performance reports on a **biannual basis** to demonstrate that their project is advancing the overall goal of RCORP of strengthening and expanding prevention, treatment, and recovery services for rural individuals who misuse opioids to enhance their ability to access treatment and move towards recovery. These data should reflect the performance of all consortium members, not just the applicant organization. Performance indicators have been developed and approved for RCORP-Implementation and focus on service provision, workforce, sustainability, and demographics. As a reminder, RCORP-Implementation award recipients are expected to work with a HRSA-funded evaluator to take part in a larger, RCORP-wide evaluation. Further information will be provided upon receipt of award.

c) **Sustainability Plan.** Building off the sustainability strategies outlined in your application, award recipients will submit a sustainability plan that identifies strategies for achieving programmatic and financial sustainability beyond the period of performance and ensuring that services remain accessible and affordable to individuals who need them most, including the uninsured and the underinsured. HRSA will provide further information during the period of performance.

d) **Mental/Behavioral Health Disparities Impact Statement.** The award recipient will submit an "Impact Statement" within the first nine months of the award that describes how the consortium will reduce mental/behavioral health disparities in the target rural service area and continuously monitor and measure the project's impact on health disparities to inform process and outcome improvements. This deliverable will be modeled from the Substance Abuse and Mental Health Services Administration (SAMHSA) Disparities Impact Statement (DIS), and will entail developing a plan to improve access to care, use of service and outcomes related to behavioral health disparities of the identified subpopulation(s) within the target rural service area. The plan should identify subpopulation(s) within the target rural service area experiencing disparities, current access/use of care, capacity building needs, quality of care, prevalence of SUD and psychostimulant use. In this statement, you may be asked to include elements, including, but not limited to: (1) the number of individuals to be reached during the award period and identify subpopulations (i.e., racial, ethnic, sexual, and gender minority groups) vulnerable to behavioral health disparities; (2) a quality improvement plan for the use of program data on access, use, and outcomes to support efforts to decrease the differences in access to care, use of services, and outcomes of award activities; and (3) methods for the development of policies and procedures to ensure adherence to the National Culturally and

Linguistically Appropriate Services Standards. Further information will be provided during the period of performance.

e) **Federal Financial Report (FFR).** The FFR (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. HRSA will provide more detailed information in the NOA.

f) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

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

VII. Agency Contacts

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

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

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

Sabrina Frost
Public Health Analyst
Attn: RCORP-Implementation
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 945-5131
Email: sfrost@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). Always obtain a case number when calling for support. For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Wednesday, November 10, 2021
Time: 12:30 – 2:00 p.m. ET
Call-In Number: 1-833-568-8864
Meeting ID: 160 852 4742
Passcode: 23233962
Weblink: https://hrsa-gov.zoomgov.com/j/1608524742?pwd=UFJvcGs5bHFiYXRkcGRleFd6REpnZz09

The webinar will be recorded. Please email ruralopioidresponse@hrsa.gov for a link to the recording.

Tips for Writing a Strong Application

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

Appendix A: Rural Communities Opioid Response Program (RCORP) and the National Health Service Corps (NHSC)

HRSA encourages award recipients to leverage National Health Service Corps funding to strengthen the SUD workforce in rural communities. The Further Consolidated Appropriations Act, 2021 (P.L.116-260) appropriated funding to the NHSC for the purpose of expanding and improving access to quality Opioid Use Disorder (OUD) and other SUD treatment in underserved areas nationwide. A portion of the NHSC's funding will be used for rural workforce expansion to combat the opioid epidemic, which has had a particularly significant impact on rural communities. Accordingly, the NHSC Rural Community LRP will make loan repayment awards in coordination with the Rural Communities Opioid Response Program (RCORP) initiative within the Federal Office of Rural Health Policy (FORHP).

A part of this initiative, the NHSC Rural Community Loan Repayment Program (LRP) will recruit and retain medical, nursing, and behavioral/mental health clinicians with specific training and credentials, and are part of an integrated care team, providing evidence-based SUD treatment and counselling in eligible communities of need, designated as Health Professional Shortage Areas (HPSAs). The NHSC will make awards of up to $100,000 for three years to eligible providers under the NHSC Rural Community LRP. HRSA seeks providers with Drug Addiction Treatment Act of 2000 (DATA) waivers and SUD-licensed or SUD-certified professionals to provide quality evidence-based SUD treatment health care services at SUD treatment facilities located in Health Professional Shortage Areas (HPSAs). For this initiative, the NHSC Rural Community LRP has expanded the list of eligible disciplines to include pharmacists, registered nurses, SUD counselors and nurse anesthetists. NHSC Rural Community LRP will provide a funding preference for applicants serving at rural NHSC-approved SUD treatment facilities that are RCORP Consortium member sites.

Eligibility
To be eligible for NHSC service, a provider must:

- Be a U.S. citizen or national;
- Currently work, or have accepted employment , at a rural-NHSC-approved site;
- Have unpaid government or commercial loans for school tuition, reasonable educational expenses, and reasonable living expenses, segregated from all other debts; and
- Be licensed to practice in state where the employer site is located.

Eligible Occupations
Members of the SUD integrated treatment team who qualify for NHSC SUD expansion include:

Primary Care:
Physician (MD or DO)
Nurse Practitioner
Certified Nurse-Midwife
Physician Assistant

New Program Disciplines:
Substance Use Disorder Counselors
Pharmacists
Registered Nurses
Nurse Anesthetists (RCORP NHSC LRP only)

Mental Health:
Physicians (MD or DO)
Health Service Psychologist
Licensed Clinical Social Worker
Psychiatric Nurse Specialist
Marriage and Family Therapist
Professional Counselor
Physician Assistant
Nurse Practitioners

Eligible Site Criteria
NHSC-approved sites must:

- Be located in and serve a federally designated HPSA;
- Be an outpatient facility providing SUD services;
- Utilize and prominently advertise a qualified discounted/sliding fee schedule (SFS) for individuals at or below 200 percent of the federal poverty level;
- Not deny services based on inability to pay or enrollment in Medicare, Medicaid, and Children's Health Insurance Program (CHIP);
- Ensure access to ancillary, inpatient, and specialty care;
- Have a credentialing process that includes a query of the National Practitioner Data Bank; and
- Meet all requirements listed in the NHSC Site Agreement.

For more complete information about site eligibility and the site application process, please see the NHSC Site webpage and the NHSC Site Reference Guide. For a list of current NHSC-approved sites, please see HRSA's Health Workforce Connector.

Eligible Site Types
Regular Application Process:
1. Certified Rural Health Clinics;
2. State or Local Health Departments;
3. State Prisons;
4. Community Mental Health Centers;
5. School-Based Clinics;
6. Mobile Units/Clinics;
7. Free Clinics;
8. Critical Access Hospitals (CAH);
9. Community Outpatient Facilities; and
10. Private Practices.

Newly-eligible SUD Site Types:
1. Opioid Treatment Program (OTP);
2. Office-based Opioid Agonist Treatment (OBOT); and
3. Non-Opioid SUD treatment sites.

Auto-Approval Process:
1. Federally-Qualified Health Centers (FQHC);
2. FQHC Look-Alikes;
3. American Indian Health Facilities: Indian Health Service (IHS) Facilities, Tribally Operated 638 Health Programs, and Urban Indian Health Programs);
4. Federal Prisons; and
5. Immigration and Customs Enforcement.

Please note that all NHSC sites must deliver comprehensive mental/behavioral health on an outpatient basis, with the exception of CAHs and IHS hospitals. NHSC-approved sites must provide services for free or on a SFS to low-income individuals, and:
1. Offer a full (100 percent) discount to those at or below 100 percent of the federal poverty level;
2. Offer discounts on a sliding scale up to 200 percent of the federal poverty level;
3. Use the most recent HHS Poverty Guidelines;
4. Utilize family size and income to calculate discounts (not assets or other factors); and
5. Have this process in place for a minimum of 6 months.

Note:
• A health care organization of a consortium must receive NHSC site approval prior to members of their workforce applying for NHSC Rural Community Loan Repayment Program.
• Consortium members do not receive auto-approval based on their RCORP status.

Consortium members must meet all NHSC site eligibility criteria. All NHSC sites, except SUD treatment facilities, Critical Access Hospitals and Indian Health Service Hospitals, are required to provide an appropriate set of services for the community and population they serve. NHSC-approved sites must provide services for free or on a sliding fee schedule to low-income individuals. More information can be found here.

Additional information on the SFS can be found in the recently updated SFS Information Package.

Appendix B: Resources for Applicants

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

HRSA Resources:

- **HRSA Rural Communities Opioid Response Program (RCORP) Website**
  Provides information regarding HRSA's RCORP initiative.
  Website: https://www.hrsa.gov/rural-health/rcorp
  RCORP Technical Assistance website: https://www.rcorp-ta.org/
  RCORP-Rural Centers of Excellence on Substance Use Disorder: https://www.hrsa.gov/rural-health/rcorp/rcoe

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

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

- **Ending the HIV Epidemic: A Plan for America**
  Learn how HRSA—in conjunction with other key HHS agencies, including the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA)—is supporting the President's new initiative to reduce new HIV infections by 75 percent in the next five years and by 90 percent in the next 10 years.
  Website: https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview

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

- **National Health Service Corps (NHSC)**
  HRSA's Bureau of Health Workforce administers the NHSC Loan Repayment Program, which is authorized to provide loan repayment to primary health care professionals in exchange for a commitment to serve in a Health Professional Shortage Area.

- For general information about NHSC, please visit: https://nhsc.hrsa.gov/
- For state point of contacts, please visit here: https://nhsc.hrsa.gov/sites/helpfullcontacts/drocontactlist.pdf

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

Other Resources:

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

- **Case Study: Medication Assisted Treatment Program for Opioid Addiction**
  Learn about Vermont's Hub & Spoke Model for treating opioid addiction here: http://www.astho.org/Health-Systems-Transformation/Medicaid-and-Public-Health-Partnerships/Case-Studies/Vermont-MAT-Program-for-Opioid-Addiction/

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

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

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

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

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

- **Legal Services Corporation**
  Legal Services Corporation (LSC) is an independent nonprofit established by Congress in 1974 to provide financial support for civil legal aid to low-income Americans.
  Website: https://www.lsc.gov/

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

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

- **National Institutes of Health (NIH)**
  - **HEALing Communities Study:** Learn about the multi-site implementation research study launched by NIH and SAMHSA to test the impact of an integrated set of evidence-based practices across health care, behavioral health, justice, and other community-based settings.
    Website: https://heal.nih.gov/research/research-to-practice/healing-communities

  - **National Institute on Drug Abuse (NIDA):** NIDA advances science on the causes and consequences of drug use and addiction and applies that knowledge to improve individual and public health.
    Website: https://www.drugabuse.gov/about-nida

- **National Opinion Research Center (NORC) at the University of Chicago—Overdose Mapping Tool**
  NORC and the Appalachian Regional Commission have created the Overdose Mapping Tool to allow users to map overdose hotspots in Appalachia and overlay them with data that provide additional context to opioid addiction and death.
  Website: http://overdosemappingtool.norc.org/

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

- **Providers Clinical Support System**
  PCSS is a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) created in response to the opioid overdose epidemic to train primary care providers in the evidence-based prevention and treatment of opioid use disorders (OUD) and treatment of chronic pain.
  Website: https://pcssnow.org/

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

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

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

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

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

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

    - **SAMHSA Evidence-Based Practices Resource Center**
      Contains a collection of scientifically based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources.
      Website: https://www.samhsa.gov/ebp-resource-center

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

    - **SAMHSA State Opioid Response Grants**
      The program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs).

Website: https://www.samhsa.gov/grants/grant-announcements/ti-18-015
List of awarded states: https://www.hhs.gov/about/news/2019/09/04/state-opioid-response-grants-by-state.html

- **SAMHSA Peer Recovery Resources**
  - https://www.samhsa.gov/brss-tacs
  - https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers

- **Other Opioid Use Disorder Resources**
  - "TIP 63: Medications for Opioid Use Disorder" https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP20-02-01-006
  - "The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder – 2020 Focused Update" https://www.asam.org/Quality-Science/quality/2020-national-practice-guideline

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

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

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

- **U.S. Department of Labor**
  - **Federal Bonding Program:** The U.S. Department of Labor established The Federal Bonding Program in 1966 to provide Fidelity Bonds for "at-risk," hard-to-place job seekers. The bonds cover the first six months of employment at no cost to the job applicant or the employer.
    Website: https://nicic.gov/federal-bonding-program-us-department-labor-initiative

  - **Work Opportunity Tax Credit:** The Work Opportunity Tax Credit (WOTC) is a federal tax credit available to employers for hiring individuals from certain target groups who have consistently faced significant barriers to employment.
    Website: https://www.doleta.gov/business/incentives/opptax/

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

Appendix C: Potential Consortium Members

Examples of potential partner organizations include, but are not limited to:

- Community Members, such as:
    - Individuals in Recovery;
    - Youth;
    - Parents;
    - Grandparents;
    - Individuals who have historically suffered from poorer health outcomes, health disparities, and other inequities, as compared to the rest of the target population;

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

Appendix D: Allowable Additional Activities (Optional)

While RCORP-Implementation award recipients are required to implement all core/required activities outlined in the Program-Specific Instructions section of this NOFO, HRSA recognizes that some applicants may have the capacity (e.g., staffing, infrastructure, resources, etc.) to pursue additional activities beyond the core/required activities. Under these circumstances, award recipients may propose additional activities that aim to improve health care and reduce SUD/OUD morbidity and mortality in high-risk rural communities.[11] Proposals for additional activities will be evaluated on a case-by-case basis by HRSA Program Staff. Examples include, but are not limited to, the following:

1. Advance telehealth direct care and consultation approaches to MAT. Note that the Drug Enforcement Agency (DEA) has issued a clarification of current law allowing the prescribing of MAT via telehealth under certain circumstances.

2. Create space to deliver virtual care that supports accurate clinical interviewing and assessment, clear visual and audio transmission, and ensures patient confidentiality.

3. Purchase Food and Drug Administration (FDA)-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination and buprenorphine mono-product formulations) for the maintenance treatment of OUD, opioid antagonist medication (e.g., naltrexone products) to prevent relapse to opioid use, and naloxone to treat opioid overdose.

4. Perform minor renovations to facilitate co-location of SUD, mental health, and primary care services teams. Please reference the Funding Restrictions section of the NOFO for more information on minor renovations.

5. Provide training and education to patients, families, and communities on SUD prevention and treatment, mental health, neo-natal abstinence syndrome, trauma-informed care, suicide prevention, and opioid overdose.

6. Test and implement new payment models that facilitate and incentivize coordinated care.

7. Implement or expand access to evidence-based and/or promising practices that enhance better pain management through implementing opioid prescribing guidelines and other evidence-based methods of pain management.

8. Identify at least one individual within the consortium who has the capacity and ability to manage HIV care and treatment; understands the HIV care continuum to better identify gaps in HIV services; and can develop strategies to improve engagement in care and outcomes for people with HIV.

[11] Applicants will demonstrate the level of need and risk in their communities in the Project Narrative section of this NOFO.

9. Provide support for pregnant and postpartum women to enter and adhere to family centered OUD treatment, reduce the risk of relapse, and prevent, and reduce and manage medical complications in the newborn and other children, using approaches that minimize stigma and other barriers to care, and to support the long-term recovery of the women.

10. Recruit, train, and mentor interdisciplinary teams, including clinical and social service providers, who can engage with, and provide evidence-based psychosocial treatment to, the target population and address underlying social determinants of health.

11. Address other SUD-related needs of the target population, given that many individuals with OUD are polysubstance users or have co-occurring conditions.

Appendix E: Application Completeness Checklist

- ✓ Have I read this NOFO thoroughly and referred to the SF-424 Application Guide where indicated?
- ✓ Is my organization part of a multi-sector consortium comprised of at least four separately owned entities, at least fifty percent of whom are located in HRSA-designated rural areas?
- ✓ Are all of my proposed service delivery sites physically located in HRSA-designated rural areas?
    - If not, have I included an exception request in Attachment 9 and attested that the non-rural service delivery site is a primary service provider for the target rural service area and that the delivery site will directly contribute to building health service delivery infrastructure within the target rural service area?
- ✓ If I share an EIN with another applicant, have I submitted the information requested in Attachment 8?
- ✓ Does my budget total $1,000,000 (or less), inclusive of direct and indirect costs?
- ✓ Have I submitted a budget and budget narrative for each of the three years of the period of performance?
- ✓ Does my proposed project reduce the morbidity and mortality of SUD/OUD within an exclusively rural service area, including among subpopulations that have historically faced health disparities, outcomes, and other inequities?
- ✓ Do my "Work Plan" and "Methodology" sections reflect all core activities outlined in the Program-Specific Instructions section of the NOFO?
- ✓ Does my work plan reflect a three-year period of performance?
- ✓ Have all consortium members reflected in the work plan signed and dated a single Letter of Commitment and are at least 50 percent of the signatories located in HRSA-designated rural areas?
- ✓ Have I designated a Project Director who will serve at least 0.25 FTE on the grant and a Data Coordinator?
- ✓ Have I completed all forms and attachments as requested in Section IV of this
- ✓ NOFO and in the SF-424 Application Guide?
- ✓ Will I apply at least 3 calendar days before the deadline to accommodate any unforeseen circumstances?
- ✓ Have I confirmed that my application does not exceed the 80-page limit?