

Notice of Funding Opportunity

Application due 07/08/2026

HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy








Rural Strategic Initiatives Division

Rural Communities Opioid Response Program (RCORP)- Impact

Opportunity number: HRSA-26-037



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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](https://sam.gov) and [Grants.gov](https://grants.gov) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on 07/08/2026.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.



Step 1:

Review the Opportunity

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Basic Information

Health Resources and Services Administration

Federal Office of Rural Health Policy

Rural Strategic Initiatives Division

Seed funding to improve access to integrated, coordinated, sustainable substance use disorder services, including for opioid use disorder, in rural areas.

Summary

Rural Communities Opioid Response Program (RCORP)-Impact provides funding to drive measurable improvements in access to integrated, coordinated, and sustainable services for substance use disorder (SUD), including opioid use disorder (OUD), in rural areas. Its long-term aim is to reduce risk factors for SUD-related morbidity and mortality and enable sustained recovery and well-being. The program supports:

- New or expanded evidence-based SUD prevention, treatment, and recovery services in rural areas.
- Coordination across health and supportive social services to enable sustained, long-term recovery.
- A larger, more responsive workforce to address SUD-related needs.
- Multi-sector community networks to strengthen and sustain local service delivery.

This seed funding will help communities fully launch services and strengthen SUD systems that can last long-term.

The complex nature of SUD, including OUD, requires comprehensive systems and a lifespan approach to prevent future problems, address barriers to care, and encourage long-term recovery. RCORP-Impact supports a range of SUD-related behavioral health, including mental health, and supportive social services.



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name:

Rural Communities Opioid Response Program (RCORP)-Impact

Opportunity number:

HRSA-26-037

Announcement version:

Initial

Federal assistance listing:

93.912

Key dates

NOFO issue date:

06/05/2026

Informational webinar:

See [Join the webinar](#)

Application deadline:

07/08/2026

Expected award date:

09/01/2026

Expected start date:

09/01/2026

See [other submissions](#) for other time frames that may apply to this NOFO.

Funding details

Application Types: New

Expected total available funding in FY26: \$60,000,000

Expected number and type of awards: 80 Grants

Funding range per award: Up to \$750,000

We plan to fund awards in four 12-month budget periods for a total 4 year period of performance from 09/01/2026 to 08/31/2030.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.

Eligibility

Who can apply

Types of eligible organizations

These types of domestic organizations may apply:

- State governments.
- County governments.
- City or township governments.
- Special district governments.
- Independent school districts.
- Faith-based organizations.
- Public and State controlled institutions of higher education.
- Native American tribal governments (federally recognized).
- Public housing authorities/Indian housing authorities.
- Native American tribal organizations (other than federally recognized tribal governments).
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education.
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education.
- Private institutions of higher education.
- For profit organizations other than small businesses.
- Small businesses.

Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled “Additional Information on Eligibility.”

Additional information on eligibility

All domestic* public or private, non-profit, and for-profit, entities are eligible to apply.

*“Domestic” means the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

Individuals are not eligible applicants under this NOFO.

Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

RCORP-Impact services and activities may only support HRSA-designated rural counties and rural census tracts.

- You can confirm these using the [Rural Health Grants Eligibility Analyzer](#).
- Some formerly HRSA-designated rural areas are also eligible. See [Appendix F](#) for details.
- You are expected to address the needs of the entire target rural service area that you select.

In partially rural counties, activities must be limited to HRSA-designated rural census tracts.

- If your target rural service area contains any counties or census tracts that are **not** designated rural, your application will not be reviewed or scored.
- HRSA will reference [Attachment 1](#) to confirm eligibility.

We will not consider an application that:

- Is from an organization that does not meet all [eligibility criteria](#).
- Requests funding above the award ceiling shown in the [funding range](#).
- Is submitted after the [deadline](#).
- Does not include a project narrative, work plan, staffing plan, budget and budget narrative.
- Proposes a target service area in [Attachment 1](#) that is not exclusively rural, per the [Rural Health Grants Eligibility Analyzer](#) or other definitions in [Appendix F](#).

- Does not specify (in [Attachment 7](#)) a plan to deliver direct SUD prevention, treatment, and recovery services within the eligible target rural service area that meet the following:
 - Treatment services include medications for OUD (MOUD).
 - At least one physical service site in each fully or partially rural county in your target rural service area offers a treatment or recovery service.
- Does not specify (in [Attachment 1](#)) at least four separately owned entities (three entities plus the applicant organization) that will serve as network partners.
- Does not demonstrate (in [Attachment 1](#)) that at least 50% of the network partners are located within the eligible target rural service area.

Application limits

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

Program description

Purpose

Rural Communities Opioid Response Program (RCORP)-Impact provides funding to drive measurable improvements in access to integrated, coordinated, and sustainable services for substance use disorder (SUD), including opioid use disorder (OUD), in rural areas. Its long-term aim is to reduce risk factors for SUD-related morbidity and mortality and enable sustained recovery and well-being.

The program supports:

- New or expanded evidence-based SUD prevention, treatment, and recovery services in rural areas.
- Coordination across health and supportive social services to enable sustained, long-term recovery.
- A larger, more responsive workforce to address SUD-related needs.
- Multi-sector community networks to strengthen and sustain local service delivery.

This seed funding will help communities fully launch services and strengthen SUD systems that can last long-term.

RCORP's focus is on opioid misuse and its impact on rural America. However, people who misuse opioids often struggle with other substances, including alcohol, and behavioral health^[1] or social needs. The complex nature of SUD, including OUD, requires a comprehensive systems approach to prevent future problems, address barriers to care, and encourage long-term recovery. RCORP-Impact supports a range of ongoing behavioral health and supportive social services related to SUD.

Projects should address substance use disorder needs across the lifespan, including both youth and adults, based on community-specific data and priorities. Multi-sector networks should engage a range of community partners, such as libraries, schools, emergency response, faith-based organizations, and similar entities.

Goal 1 is the primary focus of the program, with priority on increasing SUD treatment and recovery services. Work toward the other goals should support better availability of, access to, and effectiveness of direct SUD services over the long-term. This includes making sure that public health and business plans align, to achieve sustained impact.

Funding opportunity goals

1. **SUD Direct Service Delivery:** Establish or expand coordinated, comprehensive, and evidence-based SUD, including OUD, prevention, treatment, and recovery services.
2. **Supportive Services:** Establish, expand, or enhance coordination with supportive social services to ensure that rural individuals and families impacted by SUD have the greatest opportunity possible for sustained, long-term recovery.
3. **Workforce:** Develop a responsive SUD workforce, which includes both clinical providers with various scopes of practice and peers.
4. **Network Engagement and Sustainability:** Engage a multi-sector network to deliver RCORP-Impact services in the target rural service area and ensure the continued availability of services after the period of performance.

Background

[HRSA's Federal Office of Rural Health Policy \(FORHP\)](#) is the focal point for rural health activities within the U.S. Department of Health and Human Services. FORHP programs provide technical assistance and other activities as necessary to support improving health care in rural areas.

FORHP administers the [Rural Communities Opioid Response Program \(RCORP\)](#), a multi-year initiative aimed at reducing disease and death related to SUD, including OUD, in high-risk rural areas. RCORP-Impact is the largest and most comprehensive initiative in the RCORP portfolio, focused on high-impact outcomes. It is for communities who are ready to put in place and sustain a strong system of SUD services.

National data

- Drug overdose deaths in the United States are decreasing for the first time since 2018.^[2]
 - Gains have been uneven, and overdose deaths continue to be a leading cause of injury or death.^[3]
- In 2024, 48.4 million people (or 16.8% of those aged 12 or older) had an SUD in the past year. This includes:
 - 27.9 million people who had an alcohol use disorder.
 - 28.2 million people who had a drug use disorder.^[4]
- In 2024, 26.2% of U.S. twelfth graders reported using an illegal substance in the past year, and 41.7% reported alcohol use.^[5]
- Adults and adolescents with mental health challenges are more likely to have an SUD.^[6]

- Medications combined with counseling and behavioral therapies are effective at improving a range of health outcomes and increasing the chances of meaningful recovery.^[7]
- In 2022, 19% of U.S. counties did not have any office-based buprenorphine providers or opioid treatment programs.^[8]

Rural challenges

Rural areas face complex challenges to treatment and recovery services:

- Rural overdose rates remain well above 2019 levels, despite recent declines from their 2021 peak.
 - Rates remain especially high in the south and west regions of the U.S.^[9]
- Alcohol use is higher for rural youth than for non-rural youth.
 - Teens and young adults who use these substances are at higher risk for later SUD.^[5]
- Over half of rural residents have a history of adverse childhood experiences, which increases risk for SUD and other behavioral health challenges.^[10]
- Rural areas have more health care access issues due to long travel distances and lack of transportation.^[11]
- Rural areas are more likely to lack behavioral health providers compared to their urban counterparts, and they often rely on primary care providers for behavioral health services.^[12]
 - In 2020, more than half of small and remote rural counties lacked any provider of medication for OUD (MOUD).^[13]
- Different prescribing and dispensing requirements for MOUD make access harder in rural areas.

Public health priorities

- The opioid crisis was first declared a public health emergency in 2017, alongside the rise in overdose deaths involving synthetic opioids.^[14]
- In December 2025, the U.S. Department of Health and Human Services Secretary renewed the public health emergency declaration to continue addressing the national opioid crisis.^[15]
- Current drug control policy priorities emphasize:^[16]
 - Reducing overdose fatalities.
 - Evidence-based efforts to prevent drug use.

- Increasing access to holistic, evidence-based treatment that leads to long-term recovery.
- RCORP-Impact helps advance the [Making America Healthy Again \(MAHA\)](#) priorities, which include:
 - Preventive health.
 - Reducing chronic disease.
 - Mental health.
 - Nutrition.
 - Access to primary and value-based care.
 - Culturally appropriate services for tribes.
 - Early childhood health and autism support.

Program requirements and expectations

- Your project must address all four RCORP-Impact goals.
- Activities should advance one or more of the MAHA priorities. Strategies to consider include:
 - Address root causes of poor health.
 - Improve access to primary care, behavioral health, preventive care, or developmental services.
 - Expand nutrition programs or chronic disease prevention.
 - Support early childhood development or autism services.
 - Prepare systems for value-based care.
 - Partner with tribal health systems.

Target population

The target population for RCORP-Impact includes:

- People in HRSA-designated rural areas at-risk for, experiencing symptoms of, in treatment for, or in recovery from SUD.
- Their families and caregivers.
- Other community members impacted by SUD who reside in HRSA-designated rural areas.

You must make services available to anyone who has, or is at risk for, SUD/ODU in the target rural service area. However, we encourage you to consider how to reach populations with special risk factors in your service area, based on local need. These may include:

- Children and youth.
- Pregnant and postpartum women and their infants.
- Families involved in the child welfare system.
- Tribal and other Indigenous populations.
- People experiencing homelessness or unstable housing.
- Local subgroups at higher risk of overdose.

General expectations and restrictions

- Activities should address the needs of your entire chosen target rural service area and its population, within the scope of the RCORP-Impact program.
 - Consider how you will address pockets of unmet need within chosen rural counties and census tracts.
- You must meaningfully engage members of the target population and other community stakeholders across all RCORP-Impact activities. These efforts will:
 - Increase community awareness and buy-in.
 - Ensure project activities and services respond effectively to current and future local needs.
- Activities must address opioid misuse and OUD.
 - Activities may also address other substance use (including alcohol) and related medical, behavioral health, and social risk factors and needs.
 - You may include mental health services for children, youth, and others at risk of developing SUD.
- Services must be available to all who seek them, regardless of their ability to pay.
 - You may not deny services due to an inability to pay.
 - You must make all reasonable efforts to bill and seek payment for services covered by third-party payers.
 - You should only use grant funds to cover costs that are not reimbursed by insurers.
 - Refer to [Appendix D](#) for Third Party Payer guidance.
- Your project should support a full cascade of care for SUD and other behavioral health treatment.
 - This includes:
 - Screening or diagnosis.
 - Identification of needs.

- Referring to or starting services.
- Continuing services until treatment is complete.
- Supports to reduce the need for future treatment.
- You should have specific plans to engage and keep people in services as long as is needed, based on local context and needs.
- You should be able to track how people progress through the cascade of care.
- We strongly encourage the integration of SUD and related behavioral health services in other health care, social service, or community settings.
 - Consider a “one-stop shop” model or other ways to access many related services from the same location.
 - Models for integrated care include Certified Community Behavioral Health Clinics (CCBHCs) and patient-centered medical homes.
- Your project should take a “whole person” approach to care.
 - This means connecting people with a full suite of services to meet their needs and give them the best chance for long-term recovery.
 - This often includes a combination of medication, psychosocial treatment or counseling, and social supports.
- You will receive support from, and are expected to collaborate with, a HRSA-funded RCORP technical assistance provider and an evaluator to help achieve your goals and document outcomes.
- If awarded, you must participate in a learning collaborative that meets at least bimonthly.
 - The learning collaborative offers a chance to network, share best practices, address challenges, and receive targeted technical assistance.
- You must disclose whether you participate in or benefit from your state’s CMS Rural Health Transformation Program.
 - If yes, you must ensure that HRSA-funded work is non-duplicative, coordinated, and complementary to CMS-supported activities.

Goal 1: SUD direct service delivery

You must establish or expand evidence-based SUD prevention, treatment, and recovery services in your target rural service area.

This includes one or both of the following:

- Creating new service lines.
- Significantly adding to the capacity or reach of existing service lines.

You should be able to show that the number of people receiving prevention, treatment, and recovery services increases from the start of the period of performance to the end.

Service coverage

- You must support at least one physical service site that offers a treatment or recovery service in each fully or partially rural county in your target rural service area.
 - You may not provide prevention services in a county that does not also have RCORP-Impact treatment or recovery services.
 - You may choose which locations offer which service(s), based on local needs.
 - You do not have to offer all service types in each county.
- You must support all three service types – prevention, treatment, and recovery – as part of your RCORP-Impact award.
 - You may choose the balance of service types based on local needs.
 - We expect treatment, recovery, or both to be the main focus of your project.

Service types offered

- Services must be evidence-based.
 - You are responsible for documenting the evidence base for your prevention, treatment, and recovery service choices.
- Services should be active as soon as possible, ideally within the first year of the program.
- You must be able to track and report the number of people receiving direct services.
- **Prevention**
 - Services may help prevent:
 - First-time substance use.
 - The progression of substance use over time.
 - Negative health effects of substance use, such as overdose or infectious disease.
 - Prevention may be universal or focus on specific at-risk populations, such as children in the foster care system or people with mental health challenges.
 - Allowable prevention services include, but are not limited to:
 - Community-based substance use prevention education programs, including in schools and libraries.
 - Youth mentorship or after-school programs.

- Parent education, skill-building, or support programs, such as home visiting or group prenatal care.
- Substance use screening and education in primary care or other community settings.
- Buying and distributing overdose reversal medications or related tertiary prevention supplies, such as drug testing strips or vape detectors.
- Community and provider education about SUD, overdose risks, and how to respond, including training staff in schools, libraries, and similar settings.

• Treatment

- There should be a shared decision-making process for all individuals with SUD about receiving MOUD or other medication-assisted treatment (MAT) appropriate to their needs.
- Treatment services offered must include MOUD in at least one location.
 - For patients who choose MOUD, you must make all reasonable efforts to provide access to methadone, buprenorphine, and injectable naltrexone.
 - You cannot require abstinence or detoxification as a prerequisite for MOUD treatment, except as medically necessary for evidence-based approaches.
 - You cannot limit the duration of MOUD treatment or the number of treatment attempts.
- We encourage combined MOUD and psychosocial treatment where possible.
- Treatment may also address other behavioral and mental health needs beyond substance use.
- Treatment should help reduce the risks of overdose, SUD recurrence, and the need to return to treatment.
- You may use funds to create or expand CCBHCs, Opioid Treatment Programs (OTPs), or similar clinics.
 - Start-up costs, including certification and administrative requirements, are allowable.

• Recovery

- Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. [\[17\]](#)
- Recovery services actively help people and their families achieve and sustain long-term recovery.

- They address needs associated with housing, employment, life skills, and connection with recovery-focused social communities.
- Services are often led by the peers of people in recovery.
- Allowable recovery services include, but are not limited to:
 - Recovery housing (see limitations in [Program-Specific Statutory or Regulatory Limitations](#)).
 - Supported employment programs or working with businesses to create recovery-friendly workplaces.
 - Creating or operating a recovery community organization.
 - Peer-led recovery support services, such as help with:
 - Learning about the recovery process and recovery education.
 - Creating a Personal Recovery Plan.
 - Building life skills.
 - Linking to a recovery community (such as NA, AA, Al-Anon, or Nar-Anon) and other recovery-friendly social groups.
 - Accessing various community resources (education, housing, transportation, recovery supports, medical care, etc.).
- You should ensure coordination between recovery services and other RCORP-Impact services, including treatment and supportive social services.

Goal 2: Supportive services

People impacted by SUD often face other problems that make it hard to access care and achieve long-term health and well-being. You will help increase the number of these services that are available, the number of people in the target population they can reach, and the ease of getting supportive social services that:

- Prevent or improve SUD-related problems in other parts of their lives.
- Make it easier to start or stay in SUD prevention, treatment, and recovery services.
- Increase their chances of long-term health and well-being.

Example supportive social services include, but are not limited to:

- Connection to eligible health care insurance and benefits counseling.
- Transportation to prevention, treatment, and recovery services.
- Childcare during other allowable services.
- Employment or educational assistance.
- Food and nutrition services.
- Housing support.

You must provide navigation services for people in treatment and recovery under Goal 1, to connect them with health care insurance and other supportive services.

- You may use peer navigators or other staff who are trained in this role.
- You may decide whether to have one or more navigators for your target rural service area.

To achieve this goal, you can also:

- Assess what supportive social services exist in your target rural service area and current gaps.
- Screen people impacted by SUD for their specific supportive service needs.
- Refer and connect people to supportive services.
- Ensure “closed-loop” referrals, to reduce gaps in care.
- Provide case management and coordination support.
- Directly provide supportive services.
- Increase the service capacity of supportive services.
- Partner with service providers to strengthen assessment, referral, and care coordination processes.

Goal 3: Workforce

A strong workforce is a key part of an effective SUD and behavioral health service system. You will help develop a responsive SUD workforce, including both clinical and peer service providers. RCORP data from past grantees shows that the use of Peer Recovery Specialists improves MOUD delivery.

Your activities should reflect what your target rural service area needs to ensure:

- There are enough qualified providers to meet SUD and related service needs.
- The types of providers and other professionals match the range of needed services.
 - You must ensure there are qualified MOUD providers and peer support specialists in your target rural service area.
 - Address needs related to both service providers and other support roles, such as billing and coding specialists, practice managers, and care navigators.
- The local workforce has the training, skills, and ongoing support to be effective.

Allowable workforce activities include, but are not limited to:

- Recruit, hire, and place new providers in service settings.
- Help current providers or staff get trained or certified to provide new services or play new roles, such as obtaining prescriber privileges.
- Provide training and professional development to improve knowledge and skills.
- Promote safe opioid prescribing practices.
- Support general clinical and community settings to work together with behavioral health, recovery, and supportive services providers.
- Partner with educational institutions to connect trainees with local practicum or job placements.
- Ensure high quality clinical supervision and peer mentorship.
- Efforts to improve provider retention, ensure well-being, and reduce burnout.
- Connect professionals with resources such as loan forgiveness programs and other incentives to serve in rural areas.
 - You may help rural clinical sites qualify for loan repayment programs.
 - Examples include HRSA's [Substance Use Disorder Treatment and Recovery Loan Repayment Program \(STAR LRP\)](#) or [National Health Service Corps \(NHSC\) Rural Community Loan Repayment Program](#).

We encourage you to engage people in recovery in the local SUD workforce whenever possible.

Goal 4: Network engagement and sustainability

A strong coalition of partners is key to creating and sustaining a successful SUD service system. You will engage a multi-sector network to deliver your project in the target rural service area and ensure the continued availability of services after the period of performance.

- You and your network must submit a Financial and Sustainability Plan before the award ends (see [Reporting](#)).
 - Key elements to sustain include new or expanded SUD and supportive services, workforce improvements, and network partnerships.
- Your network must consist of at least four separately owned entities (your organization plus three additional organizations).
 - At least 50% of your network partners must have a physical location (either headquarters or a satellite site) in the target rural service area.

- You must designate a Network Coordinator to organize network activities and help the group make joint decisions. This person may hold other roles as well.
- Network partners should commit to, at a minimum:
 - Meet regularly (at least once per quarter).
 - Assess community needs and resources in the target rural service area, including services, workforce, and funding.
 - Plan, deliver, and coordinate activities based on local needs.
 - Share aggregate data for performance reporting to HRSA.
 - Plan for and help manage potential service disruptions, such as staffing changes, clinician turnover, public health emergencies, or severe weather.
 - Create and enact a plan for sustaining key project elements after this grant ends.
- You must provide a letter of support from three proposed network partners in your application (see [Attachment 6](#)).
 - Additionally, within the first 120 days after award, you must submit a written agreement (such as a memorandum of understanding) with all network partners. This agreement should include:
 - The network's shared goals.
 - The network's governance structure, decision-making process, and any data sharing agreements.
 - Each partner's role and responsibilities, including how each will support financial planning and sustainability.
 - You should update this agreement if new network partners join later in the project.
 - We will provide more guidance on the written agreement requirements if you receive an award.
- The network should represent various sectors and disciplines. Potential partner types include:
 - Emergency or crisis response services.
 - Primary care providers.
 - Community and school-based health centers.
 - Mental and behavioral health providers.
 - Maternal health providers.
 - Pharmacies.
 - Law enforcement, including jails and prisons.

- Housing services.
- Employers and employee assistance initiatives.
- Child and youth services.
- Middle and high schools, community colleges, and institutes of higher education.
- Recovery organizations and communities.
- Libraries and other community resource centers.
- Faith-based organizations.
- State Office of Rural Health or other state authorities.
- State rural health or public health associations.
- Local government authorities.
- Your network must include capacity to help service providers seek third-party reimbursement for eligible services.
 - We strongly encourage you to budget RCORP-Impact funds to support network partners' meaningful participation in the project.
- To achieve this goal, you can also:
 - Conduct community outreach, education, and engagement.
 - Find and leverage other funding streams to enhance and sustain SUD services.
 - Provide training and other resources for effective and efficient third-party reimbursement of services (see [Appendix D](#) for Third Party Payer guidance).
 - Share the impact of project activities using local, state, or national data.
 - Engage new partners to support and sustain RCORP-Impact services.
 - Identify and pilot new approaches to address local needs.

Staffing

You must include each of the following roles in your [Key Personnel and Staffing Plan](#). Individuals may fill more than one role if necessary. You may decide the job qualifications and percentage of effort needed to fulfill these duties. We consider the Project Director and Data Coordinator as key personnel, which require prior HRSA approval for any changes.

- **Project Director:** Serves as the primary point of contact and leadership for the award.
 - Responsible for directing and overseeing all project activities and achieving project outcomes.

- Must attend monthly calls with HRSA program staff and the HRSA-funded RCORP technical assistance team.
- At least .25 FTE recommended.
- **Data Coordinator:** Coordinates with your network members to collect, aggregate, track, and report data and other information to fulfill HRSA's [reporting](#) requirements.
 - Participates in regular learning sessions with the HRSA-funded evaluator.
 - May help the network create and use shared measures of success to track progress and adapt activities.
 - May participate in regular calls with HRSA program staff and HRSA-funded technical assistance or evaluation providers.
- **Learning Collaborative Point of Contact:** Participates in regular learning collaborative meetings.
 - Should be prepared to:
 - Share information about your activities and any challenges with other grant recipients.
 - Network with other award recipients.
 - Join problem-solving discussions.
 - Shares learnings from the meetings with the rest of your RCORP-Impact network.
- **Network Coordinator:** Engages current and potential network partners and helps the network organize its activities and make joint decisions.
 - May include coordinating meetings and agendas and helping the network collaborate on shared goals.

Statutory authority

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

Award information

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS has adopted [2 CFR Part 200](#), with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Your satisfactory progress in meeting the project's objectives.
 - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
 - Fund more applicants from the rank order list.
 - Extend the period of performance.
 - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see:
 - Project Budget Information in the [Application Guide \[PDF\]](#).
 - You can also see [2 CFR Part 200 Subpart E](#) - General Provisions for Selected Items of Cost.
 - Allowable and Unallowable Costs and Activities in the [HHS Grants Policy Statement](#).
- All costs must be [reasonable, necessary, allocable](#) to the award, and adequately documented ([2 CFR 200.403](#))
- You cannot earn profit from the federal award. See [2 CFR § 200.400\(g\)](#).

- Current appropriations law includes a salary limit of \$228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds. For help calculating salaries under this limit, read more at “salary rate limitation” in the [Application Guide \[PDF\]](#).

Program-specific statutory or regulatory limitations

You cannot use funds under this notice for the following:

- To pay for activities that do not support HRSA-designated rural counties and rural census tracts, as defined by the [Rural Health Grants Eligibility Analyzer](#).
- To acquire real property.
- For construction, except minor alteration and renovation as described in [Budget and Budget Narrative](#).
- To purchase drug paraphernalia, including:
 - Pipes or other supplies for safer smoking kits.
 - Syringes or needles used to inject illicit drugs.
 - Sterile water, saline, ascorbic acid (vitamin c) or other supplies used to facilitate drug use.
- To pay for any equipment costs not directly related to the purposes for which this grant is awarded.

See [Manage Your Grant](#) for other information on costs and financial management.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

To incur indirect costs, you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

Method 2 – *De minimis* rate. Per [2 CFR § 200.414\(f\)](#), if you do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is up to 15% of modified total direct costs (MTDC). See [2 CFR § 200.1](#) for the definition of MTDC. You can use this rate indefinitely for all your federal awards or until you choose to receive a negotiated rate.

Consider your indirect costs when developing your [budget](#).

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [2 CFR 200.307](#).



Step 2:

Get Ready to Apply

In this step

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Get registered

SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations](#) specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

If you need additional information about user roles in SAM.gov, see “Get registered: SAM.gov user roles” in the [Application Guide \[PDF\]](#).

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#) and [How to Apply for Grants](#).

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-26-037.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit [HHS Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

Join the webinar

For more information about this opportunity, join the webinar. More information on the HRSA-26-037 webinar will be posted to the Related Documents tab in Grants.gov.

We recommend that you “Subscribe” to the NOFO on Grants.gov to receive updates when we post documents.

We will record the webinar.



Have questions? Go to [Contacts and Support](#).



Step 3:

Build Your Application

In this step

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Application contents and format	<u>33</u>

Application checklist

There are two types of forms in Grants.gov.

- Some forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

Narratives

Component	Grants.gov form	Included in page limit*?
<input type="checkbox"/> Project narrative	Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative	Budget Narrative Attachment form.	Yes

Attachments

Insert each in the Attachments Form in this order.

Component	Included in page limit*?
<input type="checkbox"/> 1. General project information	No
<input type="checkbox"/> 2. Work plan	Yes
<input type="checkbox"/> 3. Project organizational chart	Yes
<input type="checkbox"/> 4. Staffing plan	Yes
<input type="checkbox"/> 5. Biographical sketches	Yes
<input type="checkbox"/> 6. Letters of support	Yes
<input type="checkbox"/> 7. Direct service site details	Yes
<input type="checkbox"/> 8. CMS Rural Health Transformation Program details (as needed)	No
<input type="checkbox"/> 9-15. Other relevant documents (as needed)	Yes

Other required forms

Upload using each required form in Grants.gov.

Component	Included in page limit?
<input type="checkbox"/> Application for Federal Assistance (SF-424)	No
<input type="checkbox"/> Project/performance site location(s)	No
<input type="checkbox"/> Project Abstract Summary form	No
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)	No
<input type="checkbox"/> Grants.gov lobbying form	No
<input type="checkbox"/> Key contacts	No

*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.

Application contents and format

This section includes guidance on each component found in the application checklist.

Application page limit: 60 pages

Submit your information in English and express whole number budget figures using U.S. dollars.

Required format

Required format for project summary, project narrative, budget narrative, and attachments.

Font: A readable font like Arial, Courier, CG Times, or Times New Roman.

File format: We only accept the following document formats:

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format
- .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

Size: 12-point font

Footnotes, charts, graphics, and budget tables may be 10-point or higher.

Ink color: Black

Spacing: Single-spaced, including all text and tables.

Alignment: Left

Headings: Bold all headings and align left.

Size: 8.5 x 11 (Make sure the print area is set and allows printing to 8.5 x 11.)

Margins: 1-inch on all sides.

Footer: On each page as the footer, include your organization's name and page numbers. If a competing continuation or competing supplement, also include your 10-digit award number.

Page numbering:

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

File names: You can find guidance for naming our files in the [Application Guide \[PDF\]](#).

Project narrative

Introduction

See merit review criterion 1: [Need](#)

- Briefly describe the purpose of your project and what you hope to achieve.
 - Include your proposed project goals and objectives.
 - Include any specific area(s) of focus, such as specific substance use problems you will address.
- Give an overview of the eligible rural or partially rural counties you will serve.
 - Briefly describe how your goals, objectives, and activities will help meet the SUD-related needs of your target rural service area.
- Briefly describe your proposed network partners and how they will contribute to this project.

Need

See merit review criterion 1: [Need](#)

- Describe your target rural service area.
 - Include population demographics and unique features that affect SUD and related service delivery, such as:
 - Availability of key resources.
 - Difficult geographic terrain.
 - Areas with especially low numbers of residents.
 - Other key features.
 - Briefly explain why you selected this target rural service area.
 - Include a list of all rural counties (or rural census tracts, for partially rural counties) in your target rural service area in [Attachment 1](#).

- Provide details about substance use, SUD/OD, and its impact in the target rural service area. Include the following:
 - Rates of substance use (including alcohol, opioids including fentanyl, and other illicit substances) and SUD, including OD.
 - Rates of fatal and non-fatal overdoses.
 - Mental and physical health conditions associated with substance use.
 - Social and community factors, such as employment rates, housing rates, law enforcement, child welfare needs, and health insurance coverage.
- Describe other behavioral health and related social support needs and assets in the target rural service area. Include the following:
 - Rates of mental health conditions or concerns.
 - Availability and accessibility of behavioral health prevention, treatment, and recovery services, including both in-person and telehealth services.
 - Presence and engagement of supportive community-based organizations and initiatives.
 - Health care workforce, especially behavioral health care providers and others who may provide SUD services, such as peer counselors.
- Give an overview of current or past efforts to expand SUD and related services in the target rural service area.
 - Discuss what has been successful so far and what remaining needs you plan to address.
 - Explain why federal funds are needed to launch new or expanded services.
- Use and cite supporting information from appropriate data sources, such as local, tribal, state, or federal data, whenever possible. You may also use proxy measures or composite indexes of community risk or need.

Approach

See merit review criteria 2: [Response](#) and 4: [Impact](#)

- Tell us how you'll meet the needs you described and fulfill all listed program requirements and expectations in this NOFO.
 - Organize your response by detailing your plan for each program goal and your proposed objectives.
 - Describe how your activities will work together to drive measurable, long-term improvements in access to integrated, coordinated, and sustainable services for SUD.

- Explain how you will use RCORP-Impact funds to help fully launch new or expanded services that can last long-term.
 - Include how your activities build from, but do not duplicate, other federal, state, tribal, or local programs.
- Include how you will ensure attention to opioid misuse and OUD in your activities.
- Describe how you will address the needs of your entire target rural service area.
 - Include pockets of unmet need or any groups with special risk factors that you will focus on.
 - Provide an assurance that you will make services available to anyone who has, or is at risk for, SUD/OUD in the target rural service area.
- Describe how your activities will advance one or more MAHA priorities.
- Detail the types of direct prevention, treatment, and recovery services you will provide.
 - Describe the evidence base for your chosen service lines.
 - Give an overview of where you will offer each type of service.
 - Ensure each county in your target rural service area will offer SUD treatment, recovery services, or both.
 - Ensure at least one treatment location includes MOUD.
 - Provide details about where you will offer each service in [Attachment 7](#).
 - Describe how you will establish new service lines or significantly expand existing service lines.
 - For new service(s), give an estimate of how many people you expect to serve with each service.
 - For existing services, describe what you will expand and the number of additional people you plan to serve.
 - Explain your plan for funding new or expanded services. Include your current capacity to bill third-party payers and how you will use grant funds to build this capacity.
 - Describe how you will increase the number of people receiving prevention, treatment, and recovery service(s) during the project period.
 - Describe how you will support a cascade of care to engage and keep members of the target population in services for as long as is needed.

- Describe the types of supportive social services that you will enable or provide. Explain:
 - Why you chose these services.
 - How you will increase access to supportive social services and coordinate them with direct SUD services.
 - Your plan for helping people navigate health care insurance options and other needed services.
 - Your plan for funding these services or service coordination.
- Describe how you will strengthen the SUD-related workforce in your target rural service area.
 - Describe how you will address local needs for:
 - MOUD providers.
 - Peer support specialists.
 - Other service providers and support roles.
 - Detail the number and types of SUD-related providers or other roles that you plan to:
 - Hire.
 - Train or retrain.
 - Support with other education, professional development, or supervision.
- Describe how you will engage a multi-sector network to deliver your project and sustain services after the period of performance. Detail:
 - How you will form and lead the network.
 - Include how you will equip and use the Network Coordinator.
 - Describe your network governance model and how the partners will make decisions together on behalf of the network and its members.
 - The sectors and disciplines of planned network members.
 - Your plans for making sure that services created or expanded under RCORP-Impact remain available over the long term.
- Describe how you will engage other key stakeholders in your activities, including people with lived experience and other community members.
 - Include how you will make sure they help plan, design, and carry out the project.
 - Detail your approach for ensuring local leadership, commitment, and buy-in.

High-level work plan

See merit review criteria 2: [Response](#) and 4: [Impact](#)

- Give an overview of the specific activities you will implement to achieve each of the four goals during the period of performance.
 - Provide a high-level timeline that includes when each planned activity will occur.
 - As needed, identify how activities will inform or build on each other.
- Identify which organization(s) or project role will lead each activity.

You will also include a more detailed work plan in [Attachment 2](#).

Resolving challenges

See merit review criterion 2: [Response](#)

- Discuss possible challenges you may face in designing and carrying out the activities in the work plan.
 - Explain how you will resolve them.
 - Include how you will adapt to changes and new information you gather during the project.

Performance reporting and evaluation

See merit review criteria 3: [Performance reporting and evaluation](#) and 5: [Resources and capabilities](#)

- **Outcomes.** Describe the expected outcomes (desired results) of the funded activities.
- **Performance measurement and reporting.** See the [Reporting](#) section for performance measure requirements.
 - Describe how you will collect and report required performance data accurately and on time.
 - Include how you will collect data about the number of people receiving prevention, treatment, and recovery services.
 - Include how you will work with network partners to collect and report data to HRSA.
 - Describe how, if awarded, you will ensure you have plans and procedures to manage and securely store data, including how you will protect data against cybersecurity threats, breaches, or other loss of data integrity.

- Describe how you will monitor and analyze performance data to continually improve your program. This includes helping the network set shared goals and use data to guide its activities.

See the [reporting](#) section for more information.

Sustainability

See merit review criterion 4: [Impact](#)

We expect you to sustain key project elements that improve practices and outcomes for the target population.

- Propose a plan for continuing progress made when federal funding ends. This includes:
 - New or expanded SUD and related services.
 - SUD workforce improvements.
 - Network partnerships.
 - Other key strategies or services and actions that improved SUD service access and outcomes for the target population.
- Describe the actions you'll take to obtain future sources of funding. Include how you will:
 - Approach financial planning and insurance billing to fully use eligible funding streams for services.
 - Help link patients served to health insurance.
- Discuss challenges that you'll likely encounter in sustaining the program. Include how you will resolve these challenges.

Organizational information

See merit review criterion 5: [Resources and capabilities](#)

Applicant organization

- Provide a brief overview of your organization that includes the following information. Explain how these details relate to your capacity to lead the proposed project.
 - Current mission.
 - Structure, leadership, size of organization, and staffing.
 - Scope of current activities and relevant past activities.
 - Connection to and ability to serve the target rural service area.
 - Ability to manage the project and personnel.

- Financial practices and systems in place to ensure your organization can properly account for and manage federal funds.
- Describe the activities and contributions of your organization to the proposed project.
 - Include a project organizational chart in [Attachment 3](#).
- Briefly describe the capacity and relationships your organization will use to:
 - Expand SUD and related service offerings in the target rural service area.
 - Strengthen the behavioral health workforce.
 - Establish and lead the proposed network.
 - Seek third-party reimbursement for eligible services.
 - Ensure sustained SUD services after the award ends.

Key personnel and staffing

- Describe your plan to staff the project and how you will make sure all required roles and functions described in the [program requirements and expectations](#) are fulfilled.
 - Include details of each position in [Attachment 4](#).
 - For each staff member reflected in the staffing plan, provide a brief biographical sketch in [Attachment 5](#) that clearly demonstrates the staff member has appropriate and applicable experience for their role(s) on the project.
 - If anyone will fulfill more than one role, describe why this is needed and how you will make sure they meet all relevant expectations.
- Briefly describe how you will manage the project team and ensure work is done effectively and efficiently.
 - Describe how you will limit staff turnover and manage any vacancies that do occur during the period of performance, to avoid delays in implementing the work plan.
 - For positions that are currently vacant, describe how you will quickly fill the position(s) if awarded.

Network

- Describe how you will ensure that network partners and other community stakeholders are engaged and actively participating throughout the project.
 - Include how you will equip and use the Network Coordinator.
- Give an overview of current or proposed network partners and your planned network structure. Include:

- Why the network partners were selected and what each will contribute to the project.
 - How your network will meet the requirement that at least 50% of network members are physically located (either the headquarters or a satellite site) in the target rural service area.
 - How you will ensure that network partners have demonstrated experience serving, or capacity to serve, high-need rural populations.
 - How you will ensure that the network partners represent a range of sectors, disciplines, and perspectives relevant to SUD and behavioral health.
- Include one letter of support each from three planned network partners (not including the applicant organization) in [Attachment 6](#).

Budget and budget narrative

See merit review criterion 6: [Support requested](#)

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the [Application Guide \[PDF\]](#) and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for [equipment](#) and [supply](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in Standard Form 424-A. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable, allowable, and allocable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).
- **Travel:** You must budget travel funds for up to two (2) program staff to attend a three-day program meeting in Washington, DC, once every project year. You may also propose travel for additional meetings and conferences that are directly related to the purpose of the program and will complement your project's objectives.

- **Sustainability:** Your work plan and budget/budget narrative should support capacity-building activities that move toward sustainable service delivery after this grant ends.
- **Network partners:** We encourage you to consider budgeting RCORP-Impact funds to support network partner participation in the project.
- **Minor alterations and renovations (A/R):** You may budget for costs associated with planning or completing minor renovations that allow an existing space to provide new or expanded SUD services.
 - Before using funds for this purpose, HRSA must approve a Prior Approval Request that shows why they are needed.
 - As RCORP-Impact is considered a Non-Construction Program, you cannot use funds under this notice for construction. Minor A/R costs usually belong in the Contractual or Other budget categories.

To create your budget narrative, see budget narrative detailed instructions in the [Application Guide \[PDF\]](#).

Attachments

Place your attachments in this order in the **Attachments Form**. See [application checklist](#) to determine if they count toward the page limit.

Unless the instructions below require it, do not submit organizational brochures or other promotional materials (for example, slides, films, clips).

Attachment 1: General project information

The information included in this attachment will be used to determine your application's eligibility and whether you are awarded funding preference or priority points. Be sure that the information is complete and correct.

Provide the following information about your proposed project:

- Project title.
- Requested award amount.
- Applicant organization.
 - Name.
 - Address.
 - If you have a location in the target rural service area, also provide that address.

- Organization type (e.g., Rural health clinic, critical access hospital, tribe/tribal organization, health system, institute of higher education, community-based organization, foundation, rural health network, etc).
- Project Director.
 - Name and title (should be the same individual designated in Box 8f of the SF-424 Application Form).
 - Contact information (phone and email).
- Proposed RCORP-Impact target rural service area:
 - Fully rural counties: Provide the county name and state.
 - Partially rural counties: Provide the county name, state, and the rural census tract(s).
 - List any portions of your target rural service area that are currently served by an active RCORP-Impact award (see [funding priority 1](#) and [Appendix E](#)).
- Whether you are a:
 - Current RCORP award recipient.
 - Current RCORP-Impact award recipient (see [funding priority 2](#)).
 - Previous RCORP award recipient.
 - Current RCORP consortium/network member.
 - Previous RCORP consortium/network member.
- Whether you currently participate in or benefit from your state's CMS Rural Health Transformation Program.
 - If yes, you must describe the CMS-supported activities in [Attachment 8](#).
 - If no, no further information is required.
- RCORP-Impact Network Partners:
 - Provide the name, address, and point-of-contact information for each proposed network partner.
 - If the partner has a location in the target rural service area, also provide that address.
- How you first learned about the funding opportunity (choose one):
 - State Office of Rural Health.
 - HRSA news release.
 - Grants.gov.
 - HRSA project officer.
 - HRSA website.
 - Technical assistance provider.

- State or local health department.
- Other (specify).

Attachment 2: Work plan

Attach the project’s work plan that includes the specific activities and action steps that you will take to implement your project. Make sure it aligns with your [project narrative](#).

Provide your work plan in a well-formatted, easy-to-read table. We recommend that you organize the information by project objective and include columns for activity/task, responsible staff, start date, and completion date.

The work plan must:

- Address all four goals.
- Reflect a four-year period of performance.
- Include the names of the people or organization(s) who will lead each activity.
- Include specific time frames for each activity.
 - Please do not list a time frame as “ongoing”. There should be a specific beginning and end for each activity.

You may use the optional “Work Plan Template” in [Appendix A](#), if desired, to help create your work plan.

Attachment 3: Project organizational chart

Provide a one-page diagram that shows the full project’s organizational structure. Include expected relationships with partner organizations, if known.

Attachment 4: Staffing plan

See Section 3.1.7 of the [Application Guide \[PDF\]](#).

Provide a staffing plan that includes the information below for each project staff member and key information about each. We strongly recommend that you provide this information in a table format. Be sure to include all required roles as described in the Staffing Requirements.

- Name (if not yet hired, state “TBH”).
- Job title (e.g., project director, network coordinator, data coordinator).
- Organizational affiliation.
- Full-time equivalent (FTE) devoted to the project
 - You cannot bill more than 1.0 FTE for the same person across federal awards.
 - Explain your reasons for the amount of time you request for each staff position.

- List of roles and responsibilities on the project.
- Timeline and process for hiring and onboarding, if applicable.

You may use the optional “Staffing Plan Template” in [Appendix B](#), if desired, to help create your staffing plan.

Attachment 5: Biographical sketches

Provide a brief biographical sketch for each staff member listed in [Attachment 4](#). Clearly demonstrate that the staff member has appropriate and applicable experience for their role on the project.

If anyone is filling more than one role on the proposed project, you may use a single biographical sketch to address all required qualifications. The names in the staffing plan must align with biographical sketches you provide.

Attachment 6: Letters of support

Provide a scanned, signed, and dated copy of letters of support from **three** proposed network partners.

- Network partner letters do not include the applicant organization.
- Each proposed partner should provide a separate letter.
- Letters of support must include the following:
 - The organization’s expected role(s) and responsibilities on the project.
 - The activities in which they will be included.
 - How the organization’s expertise is relevant to the project.
 - Capacities to support financial planning and billing for eligible services, if any.
 - A brief description of the organization’s ties to the target rural service area.
 - Agreement to participate actively in the network and project activities.
 - A commitment to share performance data with the applicant organization and HRSA.
 - The address, including city, state, and zip code, of the organization.
 - If the partner has a location in the target rural service area, also provide that address.

Attachment 7: Direct service site details

You must support at least one physical service site that offers a treatment or recovery service in each fully or partially rural county in your target rural service area. Across the entire target rural service area, you must support all three service types – prevention, treatment, and recovery – as part of your RCORP-Impact award.

Provide the following information about each physical location where you will deliver RCORP-Impact supported direct services:

- Service site location name.
- Physical address, including the county.
- RCORP-Impact supported services offered at site.
 - Identify if the services offered are prevention, treatment, or recovery services, or more than one.
 - Identify if treatment services include MOUD.
 - Provide any additional relevant details about services offered.

You may use the optional “Direct Service Site Details Template” in [Appendix C](#), if desired, to help you provide details about your direct service sites.

Attachment 8: CMS Rural Health Transformation Program details (optional)

Submit this attachment **only** if you participate in or benefit from your state’s CMS Rural Health Transformation Program. Reviewers will not consider this information during merit review. It will not count toward the page limit.

- If it applies, describe the CMS-supported activities that you participate in or benefit from.
- Clearly explain how the proposed HRSA-funded work is non-duplicative, coordinated, and complementary to the CMS-supported work.

Attachment 9-15: Other relevant documents

You may use attachments 9 through 15 to add other relevant documents.

Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov Forms](#).

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application.
Project/Performance site location(s)	With application.
Project Abstract Summary form	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Grants.gov lobbying form	With application.
Key contacts	With application.

Form instructions

The application guide has detailed instructions for:

- The [Application for Federal Assistance \(SF-424\)](#).
- The [Budget Information for Non-Construction Programs \(SF-424A\)](#).

Project Abstract Summary form instructions

Complete the information in the Project Abstract Summary form. Include:

- A brief description of your proposed project and desired outcomes.
- A brief description of your target rural service area.
- The types of direct SUD and supportive services you plan to provide.
- A brief overview of your workforce development activities.
- The network partners you plan to work with.

For more information, see Section 3.1.2 of the [Application Guide \[PDF\]](#).

Important: public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples.](#)



Step 4:

Understand review, selection, and award

In this step

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Application review

Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, including the [completeness and responsiveness criteria](#). If your application does not meet these criteria, we will not fund it. If this is the case, we will notify your authorized official.

We will not review any pages that exceed the page limit.

Merit review

A panel reviews all applications that pass the initial review. You can find more about the merit review process in the [Application Guide \[PDF\]](#). The members use these criteria.

Criterion	Total number of points = 100
1. Need	15 points
2. Response	20 points
3. Performance reporting and evaluation	20 points
4. Impact	20 points
5. Resources and capabilities	15 points
6. Support requested	10 points

Criterion 1: Need (15 points)

See the project narrative [Introduction](#) and [Need](#) sections.

The panel will review your application for how well it:

- Describes a clear target rural service area whose SUD-related needs can be effectively served through this award.
- Shows a strong understanding of the target population and its SUD-related needs across the entire proposed service area.
- Describes a clear and convincing need for establishing or expanding SUD services and improving the SUD workforce in the target rural service area.
- Justifies why federal funds are needed to support the proposed RCORP-Impact activities.

Criterion 2: Response (20 points)

See the project narrative [Approach](#), [High-level work plan](#), and [Resolving challenges](#) sections.

The panel will review your application for how well it:

- Responds to the program's [purpose](#) and goals.
- Describes activities that will address the service area's SUD service and workforce needs and will meet project objectives.
- Responds to all stated [program requirements and expectations](#).
- Provides a detailed, realistic, and effective work plan.
- Provides a strong plan for building the capacity for long-term financial planning and billing for eligible services.
- Engages the network and other key stakeholders throughout the project, including people with lived experience and other community members.
- Describes realistic obstacles and challenges you may face during the period of performance, and the quality of your plan to deal with them.

Criterion 3: Performance reporting and evaluation (20 points)

See the project narrative [Performance reporting and evaluation](#) section.

The panel will review your application for:

- How well the expected outcomes align with the program purpose and objectives.
- Your capacity to gather, manage, and use data to report on required performance measures, together with network partners.
- The strength of your plan to help the network set shared goals and use data to inform and improve network activities.

Criterion 4: Impact (20 points)

See the project narrative [Approach](#), [High-level work plan](#), and [Sustainability sections](#).

The panel will review your application for:

- How likely it is that the proposed project will lead to new or expanded evidence-based SUD prevention, treatment, and recovery services in rural areas.
- How likely it is that the number of people receiving prevention, treatment, and recovery services will increase over time.
- The project's likely positive health impact on the target population and the entire target rural service area.
- How strong the plan is for sustained SUD service and workforce improvements after the award ends.
- How well it describes a network and community engagement process that will lead to long-term buy-in.

Criterion 5: Resources and capabilities (15 points)

See the project narrative [Organizational information](#) and [Performance reporting and evaluation sections](#).

The panel will review your application to determine how well:

- Your organization's described capabilities meet the needs of the project.
- You show a meaningful connection to and ability to serve the target rural service area.
- You provide an effective plan for filling required roles on the project and managing the project team over time.
- You show that project staff have the skills, experience, and time needed to carry out the project and meet the objectives.
- Your proposed network meets the described expectations, including:
 - Active engagement throughout the project.
 - Experience or capacity to serve high-need rural areas.
 - At least 50% of network partners located in the target rural service area.
 - Represents a range of relevant sectors, disciplines, and perspectives.
 - Capacity to support third-party reimbursement for eligible services and long-term financial sustainability.
- Your application shows that network members are ready to provide value and work well together to achieve program goals.

Criterion 6: Support requested (10 points)

See the [Budget and budget narrative](#) section.

The panel will review your application for:

- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable costs are and how well they align with the project's scope.
- How sufficient the time is for key staff to spend on the project to achieve project objectives.
- How likely the budget plan is to support sustained activities after the award ends.
- How likely the budget plan is to support effective network partner participation and engagement.

We do not consider **voluntary** cost sharing during merit review.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) to check your history for all awards likely to be more than \$250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [2 CFR 200.206](#).

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Alignment with [HRSA Mission and Strategic Priorities](#).
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including project type and geographic distribution.
- The funding priorities, funding preferences, and special considerations listed.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.
- Designate your application as “approved but unfunded” if it was successful but there was not sufficient funding to make an award. You may receive funding if additional

You cannot appeal a denial, or the amount of funds awarded.

Funding priorities

This program includes a funding priority, based on HRSA’s priority to reach more rural areas with its funding and limit duplication of services. A funding priority adds points to merit review scores if we determine that the application meets the listed criteria.

Qualifying for a funding priority does not guarantee that your application will be successful.

HRSA staff, not the merit review panel, will determine the funding priority.

Applicants may qualify for one or more of the following:

Priority 1: New service area (2 Points)

We will give you a funding priority if:

You propose a target rural service area in [Attachment 1](#) that is **not** currently served through an active RCORP-Impact award (see [Appendix E](#) for a list of counties).

Priority 2: New RCORP-Impact recipient (2 Points)

We will give you a funding priority if:

You do **not** currently receive an RCORP-Impact award. You must confirm your status in [Attachment 1](#). Current RCORP-Impact recipients first received funding in September 2024.

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See “how we make awards” in the [Application Guide \[PDF\]](#) for more information.

By drawing down funds, you accept the terms and conditions of the award.



Step 5:

Submit Your Application

In this step

Application submission and deadlines	<u>57</u>
Other submissions	<u>57</u>

Application submission and deadlines

Your organization's authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

Application deadline

You must submit your application by 07/08/2026, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives applications.

If you need a deadline extension, see “requesting a waiver” in the [Application Guide \[PDF\]](#).

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

If Grants.gov rejects your application due to errors, you must correct and resubmit before the deadline.

If you want to know more about correcting errors or tracking your application, you can refer to the [Application Guide \[PDF\]](#).



Have questions? Go to [Contacts and Support](#).

Other submissions

Intergovernmental review

This NOFO is not subject to [Executive Order 12372](#), Intergovernmental Review of Federal Programs. No action is needed.



Step 6:

Learn What Happens

After Award

In this step

Post-award requirements and administration [59](#)

Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [2 CFR Part 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at [2 CFR Part 300](#), and any superseding regulations.
- The [HHS Grants Policy Statement](#). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- The requirements for performance management in [2 CFR 200.301](#).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

Required alignment with Health Resources and Services Administration (HRSA) mission and strategic priorities

Recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the [HRSA vision, mission, core values, and strategic priorities](#), where authorized by law.

In administering programs under this and all funding announcements, HRSA prioritizes:

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest

standards of clinical care and child safety.

- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to describe how their proposed programs align with these priorities in their project narratives.

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically vulnerable or live in areas with limited access to care. HRSA's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

Consistent with HRSA's priorities, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles, where they are consistent with the authority and scope of the award and its activities:

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Recipients must:
 - Administer funds in accordance with all applicable federal statutes, regulations, and award conditions.
 - Maintain strong internal controls.
 - Prevent waste, fraud, and abuse.
- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Recipients must manage any project awarded under this NOFO in accordance with the following objectives in programs authorized to advance them:

- **Make America Healthy Again (MAHA):** HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:
 - Personal responsibility.
 - Strong families and communities.
 - Proper nutrition.
 - The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.
- **Child protections, biological integrity, parental rights, and lawful use of funds:** HRSA prioritizes safeguarding children's health and safety by:
 - Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
 - Applying sex-based definitions grounded in biological reality.
 - Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
 - Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

- **Advancing evidence-based, merit-driven, and ethically grounded health care:** HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:
 - Conflicts of interest.
 - “Harm reduction” models.
 - Housing-first approaches.
 - Activities that facilitate illegal drug use or unsafe medical practices.
- **Promoting public safety, lawful use of federal funds, and national health priorities:** To the extent permitted by law, HRSA will align funding with administration priorities by:
 - Supporting ending the HIV epidemic through authorized, evidence-based care.
 - Reserving benefits for eligible individuals.
 - Discouraging illegal immigration and unsafe community practices.
 - Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under awards, HRSA will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions

consistent with federal grant regulations at [2 CFR part 200](#) and the terms and conditions of this award. This includes termination under [2 CFR 200.340\(a\)\(4\)](#) if an award no longer effectuates the program goals or agency priorities.

Cybersecurity

If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See [details here](#).

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities funded by any entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity. Visit to 45 CFR 170, Subpart B learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity.

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the [ONC Interoperability Standards Advisory](#).

Reporting

If you are funded, you will have to follow the reporting requirements in “reporting” section of the [Application Guide \[PDF\]](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Progress report(s) each year.
- Annual performance reports.
 - You will submit an annual performance measures report for each budget period in a centralized reporting system.
 - We will aggregate the data collected from the centralized reporting system to demonstrate overall impact of the program.
 - After award, we will notify you of specific performance measures required.
 - Example performance measures may include:
 - The number of SUD prevention, treatment, and recovery service sites established or expanded with RCORP-Impact funds.
 - The number of individuals receiving direct SUD or supportive services.
 - The number of behavioral health providers newly hired or supported with RCORP-Impact funds.
 - The number of provider trainings completed.
 - The number of network partners engaged.
- Financial and Sustainability Plan
 - You must submit a Financial and Sustainability Plan before the end of the period of performance.
 - We will provide additional information after award.
- Copy of application
 - If funded, you must submit a copy of your RCORP-Impact application to the HRSA-funded RCORP technical assistance provider and evaluator.
 - This will provide them with background and context as they support your work.
 - You may redact content that you do not wish to share with the technical assistance provider or evaluator.
 - We will provide additional information after award.



Contacts and Support

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Agency contacts

Program and eligibility

Lynlee Tanner Stapleton

Supervisory Public Health Analyst

Attn: Rural Communities Opioid Response Program (RCORP)-Impact

Health Resources and Services Administration

ruralopiodresponse@hrsa.gov

301-443-5764

Financial and budget

Lissette Young

Grants Management Specialist

Division of Grants Management Operations

Office of Financial Assistance and Acquisition Management (OFAAM)

Health Resources and Services Administration

lyoung@hrsa.gov

301-287-9864

HRSA contact center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Help with systems

Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the [Grants.gov](#)

[Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the [Federal Service Desk](#).

Helpful websites

- [Application Guide \[PDF\]](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Frequently Asked Questions](#)
- [Applicant Training](#)
- SAMHSA's [Evidence-Based Practices Resource Center](#)
- SAMHSA's [Substance Use Disorder Treatment Overview](#)
- CDC's [ENGAGE: Evidence-Based Strategies to Prevent Youth Substance Use](#)
- NIDA: [Evidence-Based Prevention Strategies](#)
- [Rural SUD Info Center](#)
- [RCORP-Technical Assistance Portal](#)

Endnotes

1. In this NOFO, we use behavioral health to mean mental, emotional, and social well-being or behaviors and actions that affect wellness. This includes mental health or distress, suicidal thoughts or actions, and substance use. See SAMHSA's behavioral health webpage at <https://www.cdc.gov/mental-health/about/about-behavioral-health.html>. ↑
2. CDC (2024) [U.S. Overdose Deaths Decrease in 2023, First Time Since 2018](#) ↑
3. CDC. [Web-based Injury Statistics Query and Reporting System](#) (WISQARS). Injuries and Violence Are Leading Causes of Death. <https://wisqars.cdc.gov/animated-leading-causes/>. Accessed January 7, 2026. ↑
4. Substance Abuse and Mental Health Services Administration. (2025). Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health (HHS Publication No. PEP25-07-007, NSDUH Series H-60). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national-report.pdf>. ↑
5. Miech, R. A., Patrick, M. E., O'Malley, P. M., Jager, J. O., & Jang, J. B. (2026). Monitoring the Future national survey results on drug use, 1975–2025: Overview and key findings for secondary school students. Monitoring the Future Monograph Series. Ann Arbor, MI: Institute for Social Research, University of Michigan. Available at: <https://monitoringthefuture.org/results/annual-reports/>. ↑
6. Substance Abuse and Mental Health Services Administration. (2025). Release of the 2024 National Survey on Drug Use and Health: Leveraging the Latest Substance Use and Mental Health Data to Make America Healthy Again. <https://www.samhsa.gov/blog/release-2024-nsduh-leveraging-latest-substance-use-mental-health-data-make-america-healthy-again> ↑
7. Substance Abuse and Mental Health Services Administration. (2025). Substance Use Disorder Treatment Options. <https://www.samhsa.gov/substance-use/treatment/options>. ↑
8. Medicare and Medicaid Enrollees in Many High-Need Areas May Lack Access to Medications for Opioid Use Disorder. <https://oig.hhs.gov/reports/all/2024/medicare-and-medicare-enrollees-in-many-high-need-areas-may-lack-access-to-medications-for-opioid-use-disorder/>. ↑
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10. Talbot JA, Szlocek D, Ziller EC. Adverse Childhood Experiences in Rural and Urban Contexts. Portland, ME: University of Southern Maine, Muskie School of Public Service, Maine Rural Health Research Center; April, 2016. PB-64.
https://digitalcommons.usm.maine.edu/behavioral_health/31/ ↑
11. National Association of State Mental Health Program Directors Research Institute (2020). Strategies for the Delivery of Behavioral Health Crisis Services in Rural and Frontier Areas of the U.S. <https://nri-inc.org/media/1679/2020paper10.pdf>. ↑
12. National Center for Health Workforce Analysis (2025). State of the Behavioral Health Workforce, 2025. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/Behavioral-Health-Workforce-Brief-2025.pdf> ↑
13. 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*. 2022; 38: 87–92. <https://doi.org/10.1111/jrh.12569>. ↑
14. Centers for Disease Control and Prevention (2025). Understanding the Opioid Overdose Epidemic. Accessed February 5, 2026 at <https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html>. ↑
15. U.S. Department of Health and Human Services. (2025). [Renewal of determination that a public health emergency exists.](#) ↑
16. The White House Executive Office of the President Office of National Drug Control Policy (2025). Statement of Drug Policy Priorities. <https://www.whitehouse.gov/wp-content/uploads/2025/04/2025-Trump-Administration-Drug-Policy-Priorities.pdf> ↑
17. Substance Abuse and Mental Health Services Administration (2025). Recovery and Recovery Support. Accessed February 12, 2026 at <https://www.samhsa.gov/substance-use/recovery> ↑

Appendices

Appendix A: Optional work plan template

This document is an optional template to help you create your work plan. If you choose to use this template, complete one row for each major activity you will complete under each goal area. You may also add project-specific objectives to meet your community needs and desired outcomes. Make sure your work plan aligns with your project narrative.

Goal 1: SUD direct service delivery

Establish or expand coordinated, comprehensive, and evidence-based SUD, including OUD, prevention, treatment, and recovery services

Objective:

Activity	Responsible Staff or Partner	Start Date	Projected Completion Date

Goal 2: Supportive services

Establish, expand, or enhance coordination with supportive social services to ensure that rural individuals and families impacted by SUD have the greatest opportunity possible for sustained, long-term recovery.

Objective:

Activity	Responsible Staff or Partner	Start Date	Projected Completion Date

Goal 3: Workforce

Develop a responsive SUD workforce, which includes both clinical providers with various scopes of practice and peers.

Objective:

Activity	Responsible Staff or Partner	Start Date	Projected Completion Date

Goal 4: Network engagement and sustainability

Engage a multi-sector network to deliver RCORP-Impact services in the target rural service area and ensure the continued availability of services after the period of performance.

Objective:

Activity	Responsible Staff or Partner	Start Date	Projected Completion Date

Appendix B: Optional staffing plan template

This document is an optional template to help you provide details about your staffing plan. If you choose to use this template, complete one row for each project staff member or position. Required positions are included below. You may add other positions as needed for your project. Make sure your staffing plan aligns with your project narrative and biographical sketches in Attachment 5.

Position Title	Name (If not yet hired, state "TBH")	Organizational Affiliation	Full-Time Equivalent (FTE) Devoted to the Project	Roles and Responsibilities	Timeline and Process for Hiring and Onboarding (if applicable)
Project Director					
Data Coordinator					
Learning Collaborative Point of Contact					
Network Coordinator					
[Other position(s) specific to your project]					

Appendix C: Optional direct service site details template

This document is an optional template to help you provide details about your direct service sites. If you choose to use this template, complete one row for each direct service site. An example has been provided below.

Service Site Location Name:	Physical Address (including the county):	RCORP-Impact Supported Services Offered (check all that apply):	Additional Details About Services Offered (if applicable):
[Insert location name]	Street Address City, State, Zip Code County: [Insert County]	<input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Incl. MOUD <input type="checkbox"/> Recovery	
Example: Apple County Hospital	123 Main St City, State, Zip Code County: Apple County	<input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Incl. MOUD <input type="checkbox"/> Recovery	SUD treatment services will be offered at this location, including MOUD. The following prevention services will also be offered: <ul style="list-style-type: none"> • Substance use education programs. • Distribution of overdose reversal medications and related tertiary prevention supplies.

Appendix D: Third party payer guidance

Award recipients should ensure that all services covered by reimbursement are billed and every reasonable effort is made to obtain payment from third-party payers. Only after award recipients receive a final determination from the insurer regarding lack of full reimbursement should the RCORP-Impact award be used to cover the cost of services for underinsured individuals.

RCORP-Impact grant funds can also be used to cover the cost of services for uninsured patients. **No individuals should be denied services due to an inability to pay.**

Award recipients should incorporate benefits counseling and coordination with clinical billing sites to ensure eligible services are billed appropriately, creating a sustainable revenue stream and reducing reliance on grant funds over time.

As a reminder, RCORP-Impact funds **cannot** be used for the following purposes:

- To supplant any services/funding sources that already exist in the service area(s);
- To pay down bad debt. Bad debt is debt that has been determined to be uncollectible, including losses (whether actual or estimated) arising from uncollectible accounts and other claims. Related collection and legal costs arising from such debts after they have been determined to be uncollectible 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).

For all applicants (regardless of charity care or sliding fee policy):

- RCORP-Impact funds can be used to pay the co-insurance, out-of-pocket expenses, or co-payment for patients who are unable to pay for prevention, treatment, and recovery services provided by the RCORP-Impact grant.
- Applicants must include a line item(s) in the RCORP-Impact budget under "Other" for subsidized care with a detailed description of how the estimate was derived.

For each project year, the justification should include:

- The anticipated number of patients and encounters that would be covered by the grant.
- The payer mix of the patient population.
- The type and average cost of services that would be subsidized.
- A rationale for why grant funds are needed to subsidize the cost of services.
- If the funds will be used by contractors of the RCORP-Impact applicant to subsidize care, then applicants must include line item(s) under "Contractual"

for these costs. The budget narrative must provide a detailed justification for each line item network based on the above guidance.

For providers that have a charity care policy, i.e., a policy to provide health care services free of charge (or where only partial payment is expected not to include contractual allowances for otherwise insured patients) to individuals who meet certain financial criteria:

- You must include the provider's documented charity care policy as an attachment to the application.
- For Federally Qualified Health Centers (FQHCs):
 - FQHCs must adhere to health center requirements around Sliding Fee Discounts.

Appendix E:

Current RCORP-Impact service areas

As of February 18, 2026

State	Current RCORP-Impact counties served
Alabama (AL)	Bibb, Chilton, Perry, Wilcox
Colorado (CO)	Grand, Moffat, Routt
Georgia (GA)	Appling, Bacon, Brantley, Pierce, Rabun, Stephens, Ware
Illinois (IL)	Johnson, Massac, Union
Indiana (IN)	Brown, Jackson, Jefferson, Jennings, Lawrence, Owen, Scott
Kentucky (KY)	Bell, Clay, Floyd, Jackson, Knox, Laurel, Letcher, Pike, Whitley
Nebraska (NE)	Gage, Johnson, Nemaha, Otoe, Pawnee, Richardson
New York (NY)	Allegany, Cattaraugus, Chautauqua, Livingston, Steuben, Wyoming
North Carolina (NC)	Carteret, Craven, Edgecombe, Jones, Nash, Pamlico, Polk, Rutherford, Warren, Wayne, Wilson
Ohio (OH)	Athens
South Dakota (SD)	Bon Homme, Codington, Hughes, Yankton
Virginia (VA)	Smyth, Tazewell
Wisconsin (WI)	Green Lake, Manitowoc, Menominee, Shawano, Waupaca, Waushara

Appendix F:

Determining rural status

There are two ways to determine if a county or census tract is a qualifying HRSA-designated rural area:

1. Rural Health Grants Eligibility Analyzer

The [Rural Health Grants Analyzer](#) identifies all counties and census tracts that are considered a HRSA-designated rural area as of Fiscal Year (FY) 2026.

2. List of formerly HRSA-designated rural census tracts

There are 270 counties that had at least one census tract that changed status from rural to not rural after the latest rural definition update in September 2025. For the purposes of this FY 2026 NOFO, HRSA considers these areas eligible.

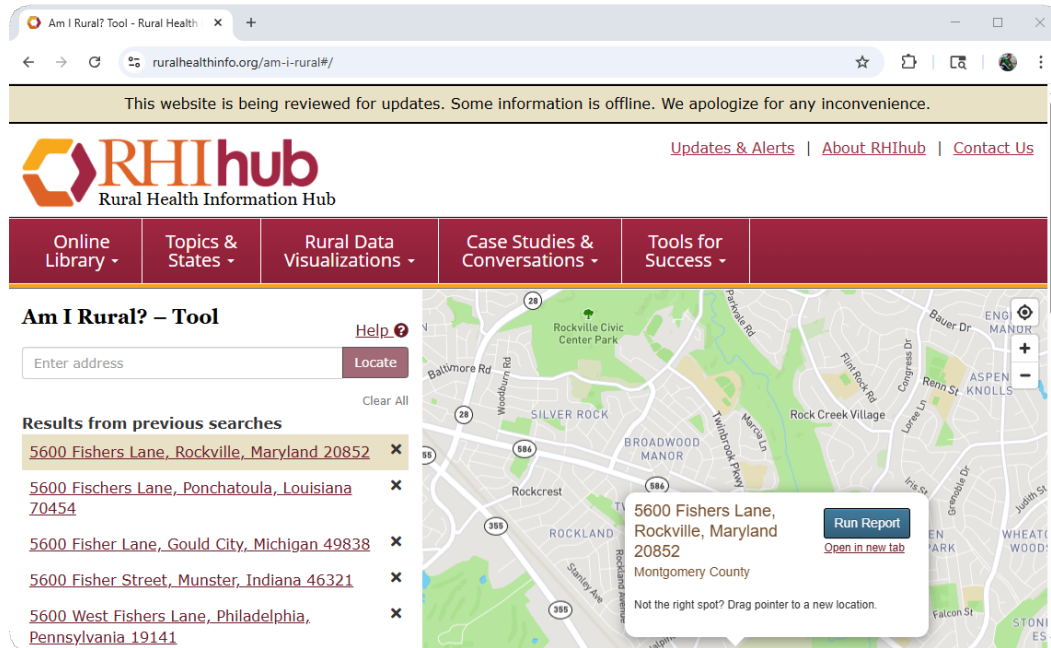
The table below lists the affected counties. If your county appears on the list, please refer to the [Formerly HRSA-designated Rural Census Tract](#) spreadsheet to determine whether your census tract is impacted. HRSA considers these areas eligible for the purposes of this FY 2026 NOFO.

While either some or all areas of these 270 counties will not appear as rural in the Rural Health Grants Eligibility Analyzer, if you identify that your census tract is on the list of Formerly HRSA-designated rural census tracts, that census tract will still qualify as a HRSA-designated rural area for Fiscal Year (FY) 2026.

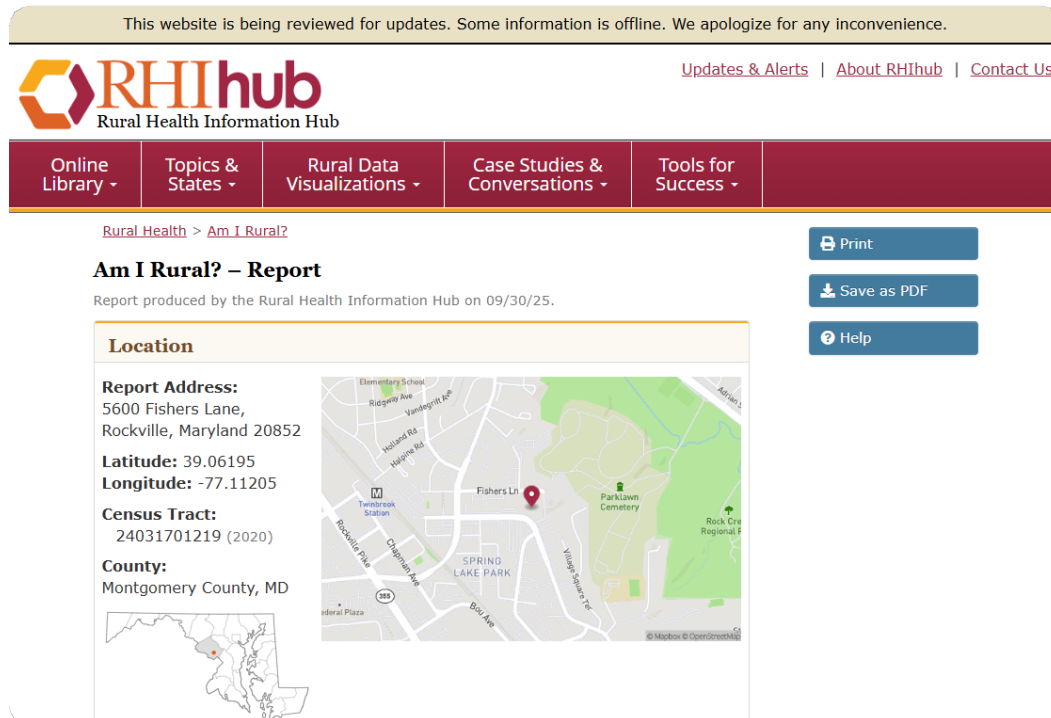
Looking up your census tract

1. Use [Am I Rural tool](#) to look up census tract

You can input your address into the Enter address box of the Am I Rural Tool, click locate. It will locate your address on the map. Click on the blue 'Run Report' box.



2. Locate census tract in location box



List of counties with formerly HRSA-designated rural health census tracts

State	Counties
Alabama	Baldwin, Elmore, Lawrence, Limestone, Mobile, Morgan, St. Clair
Alaska	Fairbanks North Star Borough, Matanuska-Susitna Borough
Arizona	Cochise, Maricopa, Mohave, Pima, Pinal, Yavapai
Arkansas	Benton, Craighead, Lonoke
California	Butte, El Dorado, Fresno, Kern, Los Angeles, Madera, Merced, Monterey, Placer, Riverside, San Bernardino, San Diego, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Shasta, Solano, Sonoma, Tulare, Ventura
Colorado	Adams, Broomfield, El Paso, Jefferson, Weld
Connecticut	Capitol Planning Region
Delaware	Kent
Florida	Hernando, Highlands, Lee, Marion, Miami-Dade, Nassau, Okaloosa, Osceola, Palm Beach, Polk, St. Lucie, Sumter, Volusia, Walton
Georgia	Bartow, Monroe, Peach, Walker, Walton
Hawaii	Honolulu, Maui
Idaho	Twin Falls
Illinois	Grundy, Kankakee, McHenry, Madison, Massac, Will, Woodford
Indiana	Elkhart, Porter, Posey, St. Joseph, Tipton
Kansas	Butler
Kentucky	Christian, Jessamine, Livingston, McCracken, Shelby
Louisiana	Ascension Parish, Assumption Parish, Caddo Parish, Calcasieu, Jefferson Parish, Livingston Parish, Plaquemines Parish, Rapides Parish, St. James Parish, Tangipahoa Parish, Vermilion Parish
Maine	Androscoggin, Penobscot
Maryland	Baltimore
Massachusetts	Barnstable, Suffolk

State	Counties
Michigan	Berrien, Calhoun, Cass, Grand Traverse, Ingham, Lapeer, Leelanau, Macomb, Monroe, Muskegon, Washtenaw, Wayne
Minnesota	Benton, Dakota, Houston
Missouri	Boone, Jasper
Montana	Gallatin, Lewis and Clark, Missoula
Nevada	Washoe
New Hampshire	Rockingham
New Jersey	Burlington, Cumberland, Ocean
New Mexico	San Juan, Valencia
New York	Bronx, Dutchess, Erie, Kings, Madison, Monroe, Niagara, Oneida, Onondaga, Orange, Oswego, Queens, Richmond, Suffolk, Ulster, Warren, Washington, Wayne
North Carolina	Chatham, Cumberland, Davie, Edgecombe, Franklin, Johnston, Mecklenburg, Moore, Pender, Wake, Wayne
North Dakota	Ward
Ohio	Belmont, Erie, Fairfield, Lawrence, Mahoning, Ottawa, Pickaway, Richland, Stark, Union, Wood
Oklahoma	Canadian, Creek, Garfield, Rogers
Oregon	Columbia, Deschutes, Lane, Linn, Marion, Multnomah, Washington
Pennsylvania	Armstrong, Beaver, Berks, Blair, Bucks, Cambria, Carbon, Centre, Delaware, Franklin, Lycoming, Northampton
South Carolina	Beaufort, Berkeley, Darlington, Dorchester, Edgefield, Horry, Lancaster, Laurens, York
South Dakota	Meade, Pennington, Union
Tennessee	Anderson, Blount, Carter, Jefferson, Madison, Maury, Robertson, Shelby, Unicoi, Wilson
Texas	Bell, Bowie, Brazos, Cameron, Chambers, Coryell, El Paso, Galveston, Gregg, Guadalupe, Hays, Liberty, Lubbock, Maverick, Medina, Midland, Nueces, Parker, Potter, Rusk, San Patricio, Taylor, Tom Green, Travis, Upshur, Victoria, Wichita
Utah	Salt Lake, Utah, Washington
Virginia	Amherst, Bedford, Campbell, Fairfax, Goochland, Henrico, Hopewell City

State	Counties
Washington	Cowlitz, King, Pierce, Snohomish, Whatcom, Yakima
West Virginia	Fayette, Kanawha, Raleigh
Wisconsin	Dane, Douglas, Eau Claire, Milwaukee
Wyoming	Laramie
Puerto Rico	Ceiba Municipio, Maunabo Municipio, San Juan Municipio