U.S. Department of Health and Human Services

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Federal Office of Rural Health Policy

Rural Strategic Initiatives Division

Rural Communities Opioid Response Program –

Rural Centers of Excellence on Substance Use Disorder

Funding Opportunity Number: HRSA-23-048

Funding Opportunity Type(s): Limited Competition

Assistance Listings Number: 93.155

Application Due Date: June 20, 2023

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: **May 5, 2023**

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See Section VII for a complete list of agency contacts.

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

508 COMPLIANCE DISCLAIMER

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2023 Rural Communities Opioid Response Program – Rural Centers of Excellence on Substance Use Disorder (RCORP-RCOE). The purpose of this program is to build the evidence base for what prevention, treatment, and recovery interventions are most effective and sustainable in rural communities.

Funding Opportunity Title:	Rural Communities Opioid Response Program – Rural Centers of Excellence on Substance Use Disorder
Funding Opportunity Number:	HRSA-23-048
Due Date for Applications:	June 20, 2023
Anticipated FY 2023 Total Available Funding:	$10,000,000
Estimated Number and Type of Award(s):	Up to three cooperative agreement(s)
Estimated Annual Award Amount:	Up to $3,333,333 per award per year. One award will be issued for each of three identified focus areas: • Prevention • Treatment • Recovery
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2023 through August 31, 2028 (5 years)

Eligible Applicants:	Eligible applicants include the three current recipients of the FY19 Rural Communities Opioid Response Program – Rural Centers of Excellence on Substance Use Disorders (HRSA-19-108). See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's *SF-424 R&R Application Guide*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Wednesday, May 24, 2023

1 – 3 p.m. ET

Weblink: https://hrsa-gov.zoomgov.com/j/1606015369

Attendees without computer access or computer audio can use the dial-in information below:

Call-In Number: 1-833-568-8864
Meeting ID: 160 601 5369

HRSA will record the webinar. Please contact kdiop@hrsa.gov playback information 48 hours after the live event.

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I. Program Funding Opportunity Description

1. Purpose

The Rural Communities Opioid Response Program (RCORP) is a multi-year HRSA initiative aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in rural communities. This notice announces the opportunity to apply for funding under the Rural Communities Opioid Response Program–Rural Centers of Excellence on Substance Use Disorder (RCORP-RCOE).

The purpose of this program is to build the evidence base for what prevention, treatment, and recovery interventions are most effective and sustainable in rural communities. The Centers will achieve this by identifying, implementing, and evaluating SUD/OUD community-based pilot projects and then disseminating the outcomes, lessons learned, and translatability of those projects to other rural settings through written publications, conference presentations, toolkits, and other mediums, including a joint Clearinghouse. These dissemination efforts will in turn assist other rural entities in establishing, expanding, and/or strengthening the quality of SUD services in their communities.

Three Centers will be awarded under this funding opportunity:

1) **RCORP-Rural Center of Excellence on SUD Prevention**
2) **RCORP-Rural Center of Excellence on SUD Treatment**
3) **RCORP-Rural Center of Excellence on SUD Recovery**

Each Center will propose to implement and evaluate **five community-based pilot projects** over the five-year period of performance that pertain to the Center's focus area (Prevention, Treatment, or Recovery). A non-exhaustive list of possible topics for each Center is included in **Appendix A**. **Applicants must justify the knowledge gaps each pilot project will fill and how the projects will contribute to the evidence base for effective SUD/OUD prevention, treatment, and recovery interventions in rural settings.** Four final projects will be chosen in consultation with HRSA upon receipt of award and may include emerging priorities from HHS/HRSA and/or the field. Post award, the proposed pilot projects will be defined collaboratively between the Centers and HRSA. This process may include additional input from HRSA on possible alternative proposals and/or suggested proposal modifications, depending on the needs and priorities at that time. Proposed projects can be local or regional in scope, but should aim to produce findings/results with a high likelihood of being replicable and translatable in other rural communities across the country. Additionally, Centers are encouraged to collaborate with diverse sectors and stakeholders when implementing

their projects. **All pilot projects must exclusively occur in HRSA-designated rural areas.**

In years 2-5, activities are intended to maintain, expand on, replicate, analyze, and/or evaluate the interventions begun in Year 1. The Centers should propose detailed evaluation and dissemination plans for each project to ensure that they are monitoring the effectiveness and translatability of the interventions and sharing outcomes and lessons learned with rural communities and other stakeholders. At a minimum, the Centers are expected to develop and regularly contribute to a joint Clearinghouse to identify predictors of substance use disorder treatment response. [1]

If additional capacity and resources exist, Centers may propose additional activities in alignment with the program goal of building the evidence base for what prevention, treatment, and recovery interventions are most effective and sustainable in rural communities. However, these activities should not exceed 20 percent of each annual budget during the five-year period of performance.

While the core focus of the cooperative agreement is on addressing the opioid crisis, in recognition of the fact that many individuals with OUD engage in polysubstance use, award recipients may use RCORP-COE funds to address other substances, including psychostimulants, alcohol and tobacco. Applicants are encouraged to consider in their project proposals populations that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population. Examples of these populations include, but are not limited to: racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ+ individuals, veterans, socioeconomically disadvantaged populations, the elderly, individuals with disabilities, etc.

For more details, see Program Requirements and Expectations.

2. Background

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

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[1] As described in the explanatory statement accompanying the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2021, "the Centers shall work to create a collaborative, multi-partner regional clearinghouse to identify predictors of substance use disorder treatment response." See https://www.appropriations.senate.gov/imo/media/doc/Division%20H%20-%20Labor%20H%20Statement%20FY21.pdf

RCORP is administered by HRSA's Federal Office of Rural Health Policy, which is charged with supporting activities related to improving health care in rural areas. RCORP-RCOE aligns with FORHP priorities for programs to improve access, expand capacity and services, enhance outcomes, and build sustainability.

HRSA originally funded the RCORP-RCOE program in FY 2019, in order to establish three Rural Centers of Excellence on Substance Use Disorder to "support the dissemination of best practices related to the treatment for and prevention of substance use disorders within rural communities, with a focus on the current opioid crisis and developing methods to address future substance use disorder epidemics."[2] In FY 2023, HRSA received an additional appropriation to continue funding for the three existing Centers .[3]

> By testing, evaluating, and disseminating outcomes of community-based pilot projects that address each of these focus areas, the Centers will identify which SUD interventions are most effective in rural areas and strengthen SUD health care delivery across the care continuum.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Limited Competition

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

In addition to the usual monitoring and technical assistance (TA) provided directly to award recipients, HRSA program involvement will include:

- Providing guidance and input in the planning and development of all RCORP-RCOE activities, including selection of the pilot interventions that will be developed, implemented, evaluated, and disseminated;

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[2] Senate Report 115-289, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriation Bill related agencies appropriation bill, 2019, at 58 (2018, June 28). Retrieved from https://www.congress.gov/115/crpt/srpt289/CRPT-115srpt289.pdf

[3] See https://www.appropriations.senate.gov/imo/media/doc/Division%20H%20-%20LHHS%20Statement%20FY23.pdf

- Reviewing and providing input on products developed under this award prior to public dissemination including the results, policy implications, format, and tone;
- Providing input, guidance, and review of measures for monitoring program progress and outcomes;
- Facilitating communication and collaboration among the RCORP-RCOE cooperative agreement recipients;
- Collaborating with RCORP-RCOE cooperative agreement recipients to identify and address shifts in rural behavioral health care needs or HRSA priorities;
- Providing guidance and assistance in identifying key organizations with whom to collaborate (to include the facilitation of collaboration with other HRSA/federal entities);
- Facilitating collaboration and communication between the RCORP-RCOE and the RCORP-Evaluation cooperative agreement recipient, the RCORP-Behavioral Health Care Technical Assistance cooperative agreement recipient, RCORP grant award recipients, and other stakeholders relevant to the RCORP initiative;
- Sharing relevant FORHP and HRSA program data and information, as appropriate;
- Providing guidance on strategies for disseminating and sharing information about activities, interventions, outcomes, findings, etc.;
- Providing guidance on the development, timeline, content, and branding of the Clearinghouse to align the Clearinghouse with these aspects of existing HRSA clearinghouses and resources.

In addition to adhering to all applicable federal regulations and public policy requirements, the cooperative agreement recipient's responsibilities will include:

- Adherence to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced with HRSA award funds;
- Adherence to Section 508 of the Rehabilitation Act of 1973, as amended;
- Adherence to HRSA definition of rural;
- Implementing community-based pilot projects that **directly and explicitly** benefit and address the SUD/OUD needs of **rural communities, as defined by HRSA;**
- Ensuring that all projects have national relevance and can be translated to rural contexts beyond the target rural service areas;
- Attending and presenting findings from pilot projects at relevant conferences and other meetings;

- Maintaining consistent quality control of all products and activities, including data quality and the quality of the written products;
- Communicating and collaborating with all RCORP-RCOE cooperative agreement recipients, as appropriate, to avoid duplication of effort and to facilitate peer-to-peer learning;
- Collaborating and coordinating with HRSA and the RCORP-RCOE cooperative agreement recipients to identify and address shifts in rural behavioral health care needs or HRSA priorities;
- In coordination with HRSA, identifying key organizations with whom to collaborate (to include collaboration with other HRSA/federal entities);
- Collaborating and communicating with the RCORP-Evaluation cooperative agreement recipient, the RCORP-Behavioral Health Care Technical Assistance cooperative agreement recipient, RCORP grant award recipients, and other stakeholders relevant to the RCORP initiative;
- Planning timelines to allow sufficient time for HRSA to review and provide input on the proposed pilots projects and evaluation and dissemination activities developed under this award prior to public dissemination;
- Ensuring that activities account for the needs of populations that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population. Examples of these populations include, but are not limited to: racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ+ individuals, veterans, socioeconomically disadvantaged populations, the elderly, individuals with disabilities, etc.
- Sharing relevant project updates and trends in rural behavioral health care with FORHP in a timely manner;
- Disseminating and sharing information about activities, interventions, outcomes, findings, evidence-based practices, and success stories/anecdotes and ensuring that outcomes and findings are made easily accessible to rural communities across the United States. This should include at a minimum a joint Clearinghouse to identify predictors of substance use disorder treatment response[4] and disseminate outcomes and other findings from the pilot projects;
- Using person-centered, non-stigmatizing language in all products created under this cooperative agreement; and

[4] https://www.appropriations.senate.gov/imo/media/doc/Division%20H%20-%20Labor%20H%20Statement%20FY21.pdf

- Use of HRSA-designated naming conventions for the Centers (i.e., RCORP-Rural Center of Excellence on SUD Prevention; RCORP-Rural Center of Excellence on SUD Treatment; and RCORP-Rural Center of Excellence on SUD Recovery) on all public-facing documents, websites, etc.

2. Summary of Funding

HRSA estimates approximately $10,000,000 to be available annually to fund three recipients. You may apply for a ceiling amount of up to $3,333,333 annually (reflecting direct and indirect costs) per year.

The period of performance is September 1, 2023 through August 31, 2028 (five years). Funding beyond the first year is subject to the availability of appropriated funds for RCORP-RCOE in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

In FY 2023, HRSA received an additional appropriation to continue funding for the three existing RCORP-COEs (HRSA-19-108).[5] Eligible applicants include current RCORP-RCOE award recipients:

- University of Vermont – RCORP-Rural Center of Excellence on SUD Treatment
- University of Rochester – RCORP-Rural Center of Excellence on SUD Prevention
- The Fletcher Group – RCORP- Rural Center of Excellence on SUD Recovery

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

[5] See https://www.appropriations.senate.gov/imo/media/doc/Division%20H%20-%20LHHS%20Statement%20FY23.pdf

3. Other

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

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4

Multiple Applications

Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov application due date.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 Research and Related (R&R) workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

Form Alert: For the Project Abstract Summary, applicants using the SF-424 R&R Application Package are encountering a "Cross-Form Error" associated with the Project Summary/Abstract field in the "Research and Related Other Project Information" form, Box 7. To avoid the "Cross-Form Error," you must attach a blank document in Box 7 of the "Research and Related Other Project Information" form, and use the Project Abstract Summary Form in workspace to complete the Project Abstract Summary. See Section IV.2.i Project Abstract for content information.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-048 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the*http://apply07.grants.gov/search/spoExit.jsp?p=search-grants.html *For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's *SF-424 R&R Application Guide* provides general instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in HRSA *SF-424 R&R Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA's *SF-424 R&R Application Guide*. You must submit the application in the English language and budget figures expressed in U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 R&R Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **80 pages** when we print them. HRSA will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items don't count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that don't count toward the page limit, we'll make this clear in Section IV.2.vi Attachments.

If you use an OMB-approved form that isn't in the HRSA-23-048 workspace application package, it may count toward the page limit. We recommend you only use Grants.gov workspace forms related with this NOFO to avoid going over the page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-048 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 5: Other Relevant Documents*.

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

Program Requirements and Expectations

Rural Service Areas

All pilot projects supported by this award must exclusively target HRSA designated rural counties and rural census tracts. This means that all proposed pilot projects must occur **only within** HRSA designated rural counties and rural census tracts within partially rural counties, per the HRSA Rural Health Grants Eligibility Analyzer.

National Scope and Relevance

HRSA expects RCORP-RCOE recipients to undertake projects that have national relevance and can be translated to rural contexts beyond the target rural service area. This means that pilot projects should, if found effective, be replicable and scalable in other rural communities throughout the United States.

Focus area specifications

Applicants must select the **ONE** area of focus, as outlined in the Eligibility Section of this NOFO. You should complete your application in accordance with your designated focus area.

Project Proposals

HRSA recommends that each applicant propose **five** pilot projects that could be implemented and evaluated over the five-year period of performance. In years 2-5, activities are intended to maintain, expand on, replicate, analyze, and/or evaluate the interventions begun in Year 1. Final selection of pilot projects will occur in collaboration with HRSA after award, as outlined in the Purpose Section of this NOFO.

Dissemination

RCORP-RCOE recipients must ensure that all products created under the cooperative agreement are made easily available and accessible to rural communities across the United States, accounting for rural-specific challenges such as lack of internet bandwidth. HRSA strongly encourages the use of multiple communication approaches to disseminate information about findings, success stories/anecdotes, best practices,

etc. At a minimum, the dissemination strategy must include implementation of a Clearinghouse to identify predictors of substance use disorder treatment response[6] and disseminate outcomes and other findings from the pilot projects.

Clearinghouse

The Centers are expected to, in consultation with HRSA, implement a jointly created and managed Clearinghouse to, among other things, identify predictors of substance use disorder treatment response. In Year 1, the Centers are expected to jointly develop and launch the Clearinghouse. In Years 2-5, the Centers are expected to regularly update and maintain the Clearinghouse so that the information is accurate and current.

Quality Control

RCORP-RCOE recipients are expected to maintain a consistent, high level of quality for all products developed under the cooperative agreement. All products for dissemination should be relevant to the objectives of the selected Focus Area, cited as appropriate with the most recent, reliable sources available, use non-stigmatizing language, and be written at a level that is appropriate for the intended audience. Products should be free of typos and other clerical errors.

Health Equity

HRSA defines health equity as "the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality." Ensuring health equity is a HRSA and FORHP priority, and as such, RCORP-RCOE applicants are strongly encouraged to consider in their project proposals populations that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population. Examples of these populations include, but are not limited to: racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ+ individuals, veterans, socioeconomically disadvantaged populations, the elderly, individuals with disabilities, etc.

Additionally, RCORP-RCOE recipients are expected to avoid any use of stigmatizing language[7], both in written products and in public presentations.

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[6] https://www.appropriations.senate.gov/imo/media/doc/Division%20H%20-%20Labor%20H%20Statement%20FY21.pdf

[7] https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction

Additional Activities Beyond Community-Based Pilots

If additional capacity and resources exist, Centers may propose additional activities in alignment with the program goal of building the evidence base for what prevention, treatment, and recovery interventions are most effective and sustainable in rural communities. However, these activities should not exceed 20 percent of each annual budget during the five-year period of performance.

Program-Specific Instructions

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

i. ***Project Abstract***

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. See **Form Alert** in Section IV.1 Application Package. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

NARRATIVE GUIDANCE

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

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities

Narrative Section	**Review Criteria**
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

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

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion (1) Need*
  - Clearly state your selected Focus Area; and
  - Succinctly summarize each proposed pilot project and the rural behavioral health care need that it will address. Please address any additional activities proposed.
- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (1) Need*
  - Clearly describe the gaps in the existing rural behavioral health evidence base that will be addressed through the proposed pilot projects;
  - Using the most recent quantitative and qualitative data available, clearly and thoroughly describe the rural behavioral health care needs that will be fulfilled through the pilot projects;
  - Using the most recent quantitative and qualitative data available, describe any impacted subpopulations within the target rural service area(s) who have historically suffered from health disparities. These populations may include, but are not limited to, homeless populations, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.; and,
  - Discuss any national, regional, or local efforts (including existing RCORP recipients) that are related to the proposed project, and how you will avoid any duplication of effort.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion (2) Response*
  - **Overall Methodology**
    - Describe how you will ensure that all proposed pilot projects have national relevance, and can be translated to rural contexts beyond the target rural service area;
    - Describe how you will ensure that outcomes/findings from pilot projects will be made easily available and accessible to rural communities nationally, including through a Clearinghouse;
    - Describe how you will ensure that the needs of unique needs of vulnerable rural sub-populations (such as homeless populations, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.) are considered and addressed throughout the project; and,
    - Describe how you will flexibly adapt to any changes that might be required as a result of shifting HRSA priorities and emerging or urgent rural behavioral health needs.
  - **Pilot-Project-Specific Methodology**

    Describe in detail the proposed pilot projects. Applicants are encouraged to propose **up to five** pilot projects that could be implemented and evaluated over the five-year period of performance. In years 2-5, activities are intended to maintain, expand on, replicate, analyze, and/or evaluate the interventions begun in Year 1. Final selection of pilot projects will occur in collaboration with HRSA upon receipt of the award, as described in the Purpose Section of this NOFO.

    For each proposed pilot project, include the following (it is strongly recommended you use the below subheadings):

    - Title of Pilot Project
    - Names and Affiliations of Project Leads
    - Aims: Clearly and succinctly state the aims of the pilot project.
    - Target Rural Service Area: Describe the proposed geographic target rural service area, including fully rural counties and/or rural census tracts within partially rural counties. Note: all proposed services and interventions must occur **only within** HRSA designated fully rural counties and rural census tracts within partially rural counties, per the HRSA Rural Health Grants Eligibility Analyzer.
    - Target Rural Population: Describe the specific population within the target rural service area that the pilot project will target. Include whether the project

will involve vulnerable rural sub-populations (such as homeless populations, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.).

- Background: Provide context and justify the need for the proposed pilot project. Clearly describe what knowledge gaps the project will fulfill.
- Project Design: Describe the project design that you will use to achieve the stated goal(s), including:
    - Why intervention was selected, including reference to relevant literature;
    - Summary of intervention, including any adaptations that will be made to address the unique needs of rural communities;
    - If applicable, any relevant collaborating organizations on the project. Include point-of-contact at each organization; the organization's name and physical location; and the sector the organization represents (e.g., school, jail, university, etc.)
    - Setting(s) where the intervention will occur (e.g., XYZ Health Clinic, 123 Main Street, Wise, VA);
    - Approximate number of individuals who will participate in the intervention;
    - IRB approval needed? (yes/no)
    - Summary of how data will be collected and analyzed to evaluate the effectiveness of the pilot.
- Community Engagement: Provide a detailed, actionable strategy for ensuring that rural community members and relevant key local stakeholders are engaged in and committed to the pilot projects.
- Output, Outcomes, and Impact: Describe the products that will be produced for dissemination as a result of the pilot project. Detail the anticipated outcome and impact of this pilot project, and why this is meaningful for rural behavioral health care services. This should include dissemination via a jointly developed and managed Clearinghouse.

- **Additional Activities (if applicable)**

  If proposing additional activities beyond the community-based pilots, please summarize them here and outline the need these activities address and how they align with the RCORP-RCOE goal of building the evidence base for what prevention, treatment, and recovery interventions are most effective and sustainable in rural communities. As a reminder, these activities should not

exceed 20 percent of each annual budget during the five-year period of performance.

- *WORK PLAN -- Corresponds to Section V's Review Criterion (2) Response*
  - **Overview**
    - Describe how you will manage timelines to allow sufficient time for HRSA to review and provide input on activities, findings, resources, trainings, and other products developed under this award prior to public dissemination; and
    - Describe the processes you will use to maintain consistent quality control of all activities and products, including data quality and the quality of the written products produced under this cooperative agreement. All written products for dissemination should be relevant to the objectives of this program, cited as appropriate with the most recent, reliable sources available, use non-stigmatizing language, and be written at a level that is appropriate for the intended audience.
  - **Supporting Documentation**

    Provide a clear and coherent work plan in Attachment 1, which aligns with the strategies in the methodology section. It is strongly recommended you provide the work plan in a table format organized by pilot project, with the following information:

    - Table Title: Pilot Project Name
      - Column Headers:
        - Inputs
        - Activity
        - Responsible Individual(s)
        - Participating Organization(s)
        - Timeframe
        - Expected Outcomes
    - Table Title: Additional Activities (if applicable)
      - Column Headers:
        - Inputs
        - Activity
        - Responsible Individual(s)

        - Participating Organization(s)
        - Timeframe
        - Expected Outcomes

    - Table Title: Clearinghouse
        - Column Headers:
            - Inputs
            - Activity
            - Responsible Individual(s)
            - Participating Organization(s)
            - Timeframe
            - Expected Outcomes

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion (2) – Response*
    - Describe challenges that you are likely to encounter in carrying out the activities described in the work plan. Specifically, consider any challenges that are unique to working with rural communities.
    - Identify specific, actionable approaches that you will use to resolve each challenge.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion (3) – Evaluative Measures*
    - Describe how you will track progress towards completing the project's activities as outlined in the work plan. Include how you will collect, monitor, and analyze process measures to determine if the project is proceeding as anticipated and achieving expected results;
    - Propose three to five outcome measures for each proposed pilot project and describe how these measures could be collected and used to assess the project's progress towards achieving the program purpose and objectives.
    - Describe how you will evaluate the success and impact of each proposed pilot project;
    - Describe you will evaluate the broader impact of findings resulting from the pilot projects.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion (5) - Resources and Capabilities*
  - **Overview**
    - Clearly describe your organization's mission, structure, and scope of current activities;
    - Clearly and specifically demonstrate your organization's ability to meet program requirements and achieve program objectives. Include specific examples of your previous experience working to enhance behavioral healthcare delivery in rural areas, as it relates to your selected focus area;
      - Focus Area #1 ONLY: Clearly document your organization's experience addressing root causes and key predictors of substance use and substance use disorder, safe and effective pain management, and harm reduction. Include experience related to addressing stigma, as well as synthetic opioids and reducing the dangers of fentanyl lacing.
      - Focus Area #2 ONLY: Clearly document your organization's experience supporting the provision of most effective, evidence-based treatments without delay, stigma, or other barriers. Include experience related to training providers on evidence-based treatment practices, improving access to evidence-based treatment within rural communities, and exploring innovative models of care such as the "hub-and-spoke."
      - Focus Area #3 ONLY: Clearly document your organization's experience funding, reimbursing, training workforces for, and developing protocols around peer, employment, and housing supports. Include experience related to developing recovery homes, and coordinating with the criminal justice system to increase opportunities for recovery.
    - Clearly and specifically demonstrate your organization's ability to implement all activities, pilot projects, and related strategies as proposed in the methodology and work plan sections;
    - Provide specific examples of your organization's previous experience that demonstrates your ability to engage and collaborate with HRSA, rural communities, and other key rural and RCORP stakeholders;
    - Clearly demonstrate your organization's ability to properly account for the federal funds and document all costs to avoid audit findings.

- **Supporting Documentation**
  - Include the following supporting documentation. See Attachments for additional information about what should be included in the following documents. It is appropriate to reference the relevant attachments in this section as opposed to including the information twice in the application:
    - In Attachment 2, include a one-page organizational chart that clearly depicts the location of the project management and oversight within the applicant organization;
    - In Attachment 3, include dated letters of support from any stakeholder that will have a significant impact on the ability of the applicant organization to execute the proposed project methodology. This includes all organizations that will be contributing data, personnel, equipment, and/or other resources as part of the pilot projects;
    - In Attachment 4, provide a staffing plan that directly links to the methodology and activities proposed in the work plan. The staffing plan should include, at a minimum, a Project Director and all Principal Investigators leading the pilot projects; and
    - In Attachment 5, provide a resume and/or biographical sketch for each proposed project staff member, which describes their qualifications and relevant experience for fulfilling their designated role in the project.

iii. *Budget*

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

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

In addition, RCORP-RCOE requires the following:

- You are expected to budget for a three-day program meeting in Washington, DC once in every project year.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Effective January 2023, the salary rate limitation is **$212,100.** Note that these or other salary rate limitations may apply in the following fiscal years, as required by law.

iv. ***Budget Justification Narrative***

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

Applicants must provide a budget and budget narrative for each year of the five-year period of performance. The total budgeted amount for each project year must not exceed $3,333,333. Applicants must provide information on each line item of the budget, and describe how it supports the goals and activities of the proposed work plan and project. It is strongly recommended that applicants organize the budget narrative by year and by pilot project so the expenses associated with each proposed pilot project are clearly delineated. **Award recipients will apply for Non-Competing Continuation at the end of each budget year.**

Allowable Costs

Minor Alteration and Renovation (A/R) Costs

Minor alteration and renovation (A/R) costs to enhance the ability of the recipient to deliver behavioral health services are allowable, but must not exceed $150,000 per year over the five-year period of performance. Additional post-award submission and review requirements apply if you propose to use RCORP-RCOE Access funding toward minor A/R costs. You may not begin any minor A/R activities or purchases until you receive HRSA approval. You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your minor A/R plans do not affect your ability to execute work plan activities on time.

Examples of minor A/R include, but are not limited to:

- Reconfiguring space to facilitate co-location of SUD, mental health, and primary care services teams;
- Adapting office space to deliver virtual care that supports accurate clinical interviewing and assessment, clear visual and audio transmission, and ensures confidentiality;
- Adapting office spaces and meeting rooms for individuals to participate in counseling and group visit services, and to access and receive training in self-management tools; and

- Modifying examination rooms to increase access to pain management options, such as chiropractic, physical therapy, acupuncture, and group therapy services.

The following activities are not categorized as minor A/R, and the costs of such activities are unallowable:

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

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

Mobile Units or Vehicles

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

Medication

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

v. *Attachments*

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

Attachment 1: Work Plan

Attach a clear and coherent work plan. It is recommended that you provide your work plan in table format and that you organize the work plan by proposed pilot project. The work plan should include the following:

- Specific activities that you will undertake to achieve project objectives and goals;
- Responsible individual(s) and organization(s) associated with each activity; and
- Timeline for completion of each activity. NOTE: Timelines must include a specific beginning and end date. It is **not** acceptable to indicate "ongoing."

Attachment 2: Organizational Chart

Include a one-page organizational chart that clearly depicts the location of the project management and oversight within the applicant organization.

Attachment 3: Letters of Support

Include dated letters of support from any stakeholder that will have a significant impact on the ability of the applicant organization to execute the proposed project methodology. While there is no minimum required number of letters of support, you must provide letters from any organization or entity that will have a key role in the project. This includes all organizations that will be contributing data, personnel, equipment, and/or other resources as part of the pilot projects. **At least 50 percent of the letters of support should be from organizations located within a HRSA-designated rural area.**

The letter of support must include the following:

- The organization's anticipated roles and responsibilities in the project,
- How the organization's expertise is relevant to the project,
- The organization's address, including city, state, and ZIP code, and
- Whether the organization is located in the target rural service area.

Attachment 4: Staffing Plan

Provide a staffing plan that directly links to the methodology and activities proposed in the work plan. In the staffing plan, include the following information for each proposed project staff member:

- Name
- Title
- Organizational affiliation

- Full-time equivalent (FTE) devoted to the project
- List of roles/responsibilities on the project

NOTE – Project Director: The staffing plan must identify a Project Director; HRSA strongly encourages dedicating a minimum time commitment of .50 FTE for this role. The Project Director is typically the primary point of contact and leadership for the award, who directs project activities and makes staffing, financial, or other adjustments to align project activities with the project outcomes. The Project Director must also participate in regular check-in calls with HRSA. You should clearly demonstrate that the Project Director has appropriate and applicable experience for leading the project.

If the Project Director serves as a Project Director for other federal awards, please list the other federal awards in the staffing plan, as well as the percent FTE for the respective federal award(s). Project Directors cannot bill more than 1.0 FTE across federal awards. Ensure that you list the designated Project Director in Box 8f of the SF-424 Application Page.

NOTE – Vacant Positions: You are expected to immediately operationalize the proposed approach upon receipt of the award. To this end, if there are any positions that are vacant at the time of application include in the staffing plan a timeline for hiring and onboarding the new staff, as well as the qualifications and expertise required by the position. All key staff associated with the project should be hired within 60 days of the project start date.

Attachments 5–15: Other Relevant Documents

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

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.
- Register at SAM.gov and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR §

25.110(d))**.** For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

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

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

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (https://www.sam.gov/https://sam.gov/content/home | SAM Knowledge Base)
- Grants.gov (http://www.grants.gov/https://www.grants.gov/)

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) more about this change on the BUY.GSA.gov to know what to expect.

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

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

4. Submission Dates and Times

Application Due Date

The application due date under this NOFO is ***June 20, 2023 at 11:59 p.m. ET.*** HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

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

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $3,333,333 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these and other restrictions will apply in the following fiscal years, as required by law.

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

- To acquire real property;
- To purchase syringes and pipes;
- For construction;
- To pay for any equipment costs not directly related to the purposes for which this grant is awarded;
- To pay down bad debt. Bad debt is debt that has been determined to be uncollectable, including losses (whether actual or estimated) arising from uncollectable accounts and other claims. Related collection and legal costs

arising from such debts after they have been determined to be uncollectable are also unallowable;

- To pay the difference between the cost to a provider for performing a service and the provider's negotiated rate with third-party payers (i.e., anticipated shortfall); and
- To supplant any services/funding sources that already exist in the service area(s).

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 R&R Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

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

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Reviewers will evaluate and score the merit of your application based upon these criteria.

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

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

- In the introduction, the extent to which the applicant succinctly summarizes the proposed project, including selected focus area.
- The clarity with which the applicant clearly describes the gaps in the existing rural behavioral health evidence base that will be addressed through the proposed pilot projects;
- The extent to which the applicant uses timely and appropriate quantitative and qualitative data to clearly and thoroughly describe the rural behavioral health care needs that will be fulfilled through the pilot projects;
- The extent to which the applicant clearly and thoroughly describes the needs of any impacted subpopulations who have historically suffered from health disparities. These populations may include, but are not limited to, homeless populations, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.; and,
- The extent to which the applicant clearly and comprehensively discusses any national, regional, or local efforts (including existing RCORP recipients) that are related to the proposed project, and how you will avoid any duplication of effort.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

- **Methodology (20 points)**
  - The extent to which the applicant clearly and comprehensively describes how all proposed pilot projects will have national relevance, and can be translated to rural contexts beyond the target rural service area;
  - The extent to which the applicant clearly and specifically describes how outcomes/findings from pilot projects will be made easily available and accessible to rural communities nationally, including through the creation of a Clearinghouse;
  - The extent to which the applicant clearly and specifically describes how the needs of unique needs of vulnerable rural sub-populations (such as homeless populations, racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ individuals, the elderly, individuals with disabilities, etc.) are considered and addressed throughout the project;

- The extent to which the applicant describes a reasonable and actionable approach for flexibly adapting to any changes that might be required as a result of shifting HRSA priorities and emerging or urgent rural behavioral health needs;
- The extent to which the applicant provides a clear, detailed description of **up to** five proposed pilot projects, which includes all of the information requested in the Methodology section;
- The extent to which the applicant justifies why the proposed interventions were selected and how they will be adapted to the rural context.
- The extent to which the applicant clearly describes and justifies any additional activities beyond the community-based pilot programs (if applicable).

- **Work Plan (10 points)**
  - The extent to which the applicant proposes reasonable timelines to execute pilot projects and any additional activities, including sufficient time for HRSA to review and provide input on the proposed pilot projects and any corresponding products developed prior to public dissemination; and,
  - The extent to which the applicant provides detailed and comprehensive processes for maintaining consistent quality control of all activities and products, including data quality and the quality of the written products;
  - The extent to which the applicant provides a clear and coherent work plan in Attachment 1, which aligns with the strategies in the methodology section.

- **Resolution of Challenges (5 points)**
  - The extent to which the applicant describes anticipated challenges in carrying out the activities described in the work plan, including any challenges that are unique to working with rural communities; and
  - The extent to which the applicant identifies specific, actionable approaches to resolve each challenge.

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

- The extent to which the applicant provides a specific, detailed plan for tracking progress towards completing the project's activities, including approaches for collecting, monitoring, and analyzing process measures to determine if the project is proceeding as anticipated and achieving expected results;
- The extent to which the applicant proposes three to five outcome measures per pilot project and describes how these measures could be collected and used to

assess the project's progress towards achieving the program purpose and objectives.

- The extent to which the applicant clearly and specifically describes how the success and impact of each proposed pilot project will be evaluated.

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

- The extent to which the applicant describes an actionable approach for assessing the broader impact of findings resulting from the pilot projects.
- The extent to which the applicant proposes a clear, detailed plan for disseminating findings, best practices, etc. resulting from pilot projects.

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

- **Organizational Overview (10)**
  - The extent to which the applicant organization's mission, structure, and scope of current activities is clearly and specifically described;
  - The extent to which the applicant organization clearly and specifically demonstrates the ability to meet program requirements and achieve program objectives, including through providing specific examples of previous experience enhancing behavioral healthcare delivery in rural areas;
  - The extent to which the applicant organization clearly and specifically demonstrates the ability to implement all activities, pilot projects, and related strategies as proposed in the methodology and work plan sections;
  - The extent to the applicant organization clearly demonstrates the ability to engage and collaborate with HRSA, rural communities, and other key rural and RCORP stakeholders through providing examples of previous related work;
  - The extent to which the applicant organization clearly demonstrates the organization's ability to properly account for the federal funds and document all costs to avoid audit findings; and,
  - Focus Area #1 ONLY: The extent to which the applicant organization clearly demonstrates experience addressing: root causes and key predictors of substance use and substance use disorder; safe and effective pain management; harm reduction; stigma; and synthetic opioids and reducing the dangers of fentanyl lacing.
  - Focus Area #2 ONLY: The extent to which the applicant organization clearly demonstrates experience addressing: the provision of effective, evidence-based

treatments without delay, stigma, or other barriers; training providers on evidence-based treatment practices; access to evidence-based treatment within rural communities; and, exploring innovative models of care such as the "hub-and-spoke."

- Focus Area #3 ONLY: The extent to which the applicant organization clearly demonstrates experience addressing: funding, reimbursing, training workforces for, and developing protocols around peer, employment, and housing supports; developing recovery homes; and, coordinating with the criminal justice system to increase opportunities for recovery.
- The extent to which the applicant provides a one-page organizational chart that clearly depicts the location of the project management and oversight within the applicant organization;

Letters of Support (5)

- The extent to which the applicant includes dated letters of support from any stakeholder that will have a significant impact on the ability of the applicant organization to execute the proposed project methodology, including all organizations that will be contributing data, personnel, equipment, and/or other resources as part of the pilot projects.

Staffing Plan (5)

- The extent to which the applicant provides a clear and coherent staffing plan with all the information requested in Attachment 4, that directly links to the methodology and activities proposed in the work plan;
- The extent to which the staffing plan identifies a project director with an appropriate time commitment to support the scope of the project, who will serve as the primary point of contact and leadership for the award, directs project activities, and makes staffing, financial, or other adjustments to align project activities with the project outcomes.
- The extent to which the applicant provides a resume and/or biographical sketch for each proposed project staff member, which clearly describes their qualifications and relevant experience for fulfilling their designated role in the project.
- ***AND/OR*** If there are any vacant positions at the time of application, the extent to which the applicant includes in the staffing plan a timeline for hiring and onboarding the new staff, as well as the qualifications and expertise required by the position.

Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's Budget and Budget Justification Narrative

- The degree to which the estimated costs of proposed activities are reasonable given the scope of work;
- The extent to which the applicant provides a budget and budget narrative for each year of the five-year period of performance and is broken out by pilot project;
- The extent to which any additional activities beyond the community-based pilot projects do not exceed 20 percent of each year's budget;
- The extent to which the budget narrative clearly and comprehensively explains the amount requested for each line of the budget (such as personnel, travel, equipment, supplies, and contractual services); and
- The extent to which the budget narrative clearly aligns with the goals and activities of the proposed work plan and project.

2. Review and Selection Process

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

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2023. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

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

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

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the

grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

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

Data Rights

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

Human Subjects Protection

Certificate of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, HRSA-supported research

commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to the award. For additional information which may be helpful in ensuring compliance with this term and condition, see Centers for Disease Control and Prevention (CDC) Additional Requirement 36 (https://www.cdc.gov/grants/additional-requirements/ar-36.html).

3. Reporting

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

1) **Non-Competing Continuation Progress Reports (NCC)**. Award recipients must submit a Non-Competing Continuation Progress Report to HRSA on an annual basis. Submission and HRSA approval of your NCC triggers the budget period renewal and release of subsequent year funds. This report demonstrates award recipient progress on program-specific goals. Further information will be provided in the NOA.
2) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

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

VII. Agency Contacts

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

Olusola Dada
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-0195
Email: odada@hrsa.gov

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

Kiley Diop
Program Coordinator, Rural Strategic Initiatives Division
Attn: RCORP-RCOE
Federal Office of Rural Health Policy
Health Resources and Services Administration
Phone: (301) 443-6666
Email: kdiop@hrsa.gov

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

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov

Self-Service Knowledge Base
Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

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

The EHBs login process is changing May 26, 2023 for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs will use **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must create a Login.gov account by May

25, 2023 to prepare for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

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

Appendix A: NOFO Applicant Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. (Do not submit this worksheet as part of your application.) The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit. Attachments should follow Section 4.2 of the SF424 Application Guide for formatting instructions.

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment = ___ pages*
Attachments Form	Attachment 1 : Work Plan	*My attachment = ___ pages*
Attachments Form	Attachment 2: Organizational Chart	*My attachment = ___ pages*
Attachments Form	Attachment 3: Letters of Support	*My attachment = ___ pages*
Attachments Form	Attachment 4: Staffing Plan	*My attachment = ___ pages*
Attachments Form	Attachment 5 – 15: Other Relevant Documents	*My attachment = ___ pages*

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Project/Performance Site Location Form	Additional Performance Site Location(s)	*My attachment* = ___ *pages*
Project Narrative Attachment Form	Project Narrative	*My attachment* = ___ *pages*
Budget Narrative Attachment Form	Budget Narrative	*My attachment* = ___ *pages*
# of Pages Attached to Standard Forms		*Applicant Instruction* Total the number of pages in the boxes above.
Page Limit for HRSA-23-048 is 80 pages		**My total = ____ pages**

Appendix B: Potential Topic Areas for Community-Based Pilots

1) **RCORP-Rural Center of Excellence on SUD Prevention**

    a. Enhancing distribution of, and access to, naloxone in rural communities;

    b. Promoting awareness of and access to harm reduction services, including fentanyl test strips, in rural communities. Note that all harm reduction activities must comply with relevant local, state, and federal laws;

    c. Reducing stigma associated with SUD/OUD at the individual, provider, and community levels;

    d. Enhancing access to screening for SUD/OUD and co-occurring mental health disorders;

    e. Testing the effectiveness of SUD prevention curricula in rural schools and other settings;

    f. Enhancing awareness and understanding of trauma-informed care, ACEs, etc.

2) **RCORP-Rural Center of Excellence on SUD Treatment**

    a. Enhancing access to SUD/OUD services, including medication-assisted treatment, e.g., by advancing telehealth, promoting co-location of care, implementing a hub-and-spoke model, expanding the availability of treatment at rural access points by offering extended hours;

    b. Training providers to implement contingency management in rural settings;

    c. Increasing the number of providers willing and able to prescribe buprenorphine in rural settings;

    d. Enhancing discharge coordination for individuals with SUD leaving jails, emergency rooms, and other settings;

    e. Promoting awareness and understanding of treatment for co-occurring mental health disorders.

3) **RCORP-Rural Center of Excellence on SUD Recovery**

    a. Enhancing the uptake, quality, and sustainability of recovery housing in rural settings;

    b. Improving care coordination for individuals living in recovery housing;

    c. Expanding the peer recovery workforce in rural communities;

d. Increasing access to employment, housing, education, and other supportive services for individuals in recovery.