

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)- Planning

Opportunity number: HRSA-26-036



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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [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.

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.



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.



Step 1:

Review the Opportunity

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Basic Information

Health Resources Services Administration

Federal Office of Rural Health Policy

Rural Strategic Initiatives Division

Building the capacity for sustainable rural substance use service delivery through network development, community-driven action planning, and provider preparation.

Summary

Rural Communities Opioid Response Program (RCORP)-Planning helps organizations in rural areas build a partnership network and create a strong base for substance use disorder (SUD) and related services. It also helps build capacity to develop, implement and sustain these services.

Funding will serve as a critical first step to creating SUD service systems that make care easy to access, strengthen the behavioral health workforce, gain strong community buy-in, and prepare communities to deliver prevention, treatment, recovery, and other supportive services over the long term.

RCORP-Planning grants support planning and preparation activities only and do not support direct service delivery.

Funding details

Application type: New

Expected total available funding in FY26: \$4,000,000

Expected number and type of awards: 40 Grants

Funding range per award: \$100,000

We plan to fund awards in two budget periods for a period of performance from 09/01/2026 to 08/31/2028.



Have questions?

Go to [Contacts and Support](#).

Key facts

Opportunity name:

Rural Communities Opioid Response Program (RCORP)-Planning

Opportunity number:

HRSA-26-036

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:

08/01/2026

Expected start date:

09/01/2026

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

Eligibility

Who can apply

You can apply if you are a domestic public or private, non-profit or for-profit entity.

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.
- 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.
- Faith-based organizations.

*“Domestic” means the 50 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, and 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-Planning 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 C](#) 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 per the [Appendix C](#).
- Does not address all [three core objectives](#).
- Proposes to use award funds to pay for [direct service delivery](#).
- Does not include one letter of support each from at least two proposed [network partners](#) (in addition to the applicant organization).

Application limits

You may submit more than one application under the same Unique Entity Identifier (UEI) if each proposes a distinct project. We will only review your last validated application for each distinct project before the deadline.

Each applicant organization must be located in a different rural area and serve a different population. Your application must be unique and independently developed and written. All applicants applying under the same EIN/UEI must submit the required information described in [Attachment 7](#).

Single organizations (e.g., a “parent” organization or headquarters) may not apply more than once for this funding opportunity on behalf of its satellite offices or clinics.

If you do not provide sufficient information in [Attachment 7](#), or submit multiple applications that are nearly identical, we will only review the last on-time submission associated with the EIN/UEI.

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)-Planning helps organizations in rural areas build partnerships and create a strong base for substance use disorder (SUD) and related services. It also helps build capacity to develop, implement and sustain these services.

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

RCORP-Planning helps address this and provides a starting point to build these supports when larger federal grants may be too complex to access.

Funding will serve as a critical first step to creating SUD service systems that:

- Make care easy to access.
- Strengthen the behavioral health workforce.
- Respond to the specific needs of each community.
- Gain strong community buy-in.
- Include sustainable prevention, treatment, recovery, and other supportive services.

These services should aim to:

- Reduce substance use initiation and misuse.
- Address mental, behavioral, and psychosocial needs of people who use illicit substances, misuse alcohol, or are in recovery.
- Reduce disease and death related to substance use, including OUD, in high-risk rural areas.

Funding opportunity goals

- Support a network of committed partners that can establish, implement, and sustain SUD and related behavioral health prevention, treatment, recovery, and other supportive services in rural areas.
- Create action plans to increase the number, types, and/or caseload capacity of SUD service access points in rural areas that respond to documented community contexts and needs.
- Strengthen the capacity of service providers and organizations so they can deliver high-quality, comprehensive care.

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 and OUD in high-risk rural areas.

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 2025, 31.7% of U.S. twelfth graders reported using an illegal substance in the past year, and 41.1% reported alcohol use.
- Adults and adolescents with mental health challenges are more likely to have an SUD.^[6]
- In 2022, 19% of U.S. counties did not have any office-based buprenorphine providers or opioid treatment programs.^[7]

Rural challenges

Rural areas face complex challenges to behavioral health 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. [\[8\]](#)
- Alcohol use is higher for rural youth than for non-rural youth.
 - Teens and young adults who use these are at higher risk for later SUD. [\[4\]](#)
- Over half of rural residents have a history of adverse childhood experiences, which increases risk for SUD and other mental health challenges. [\[9\]](#)
- Rural areas have more access issues due to long travel distances and lack of transportation. [\[10\]](#)
- Rural communities are more likely to lack behavioral health providers compared to their urban counterparts, and they often rely on primary care providers for mental and behavioral health services. [\[11\]](#)
 - In 2020, more than half of small and remote rural counties lacked any provider of medication for OUD (MOUD). [\[12\]](#)
- Different prescribing and dispensing requirements for MOUD makes 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. [\[13\]](#)
- 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. [\[14\]](#)
- Current drug control policy priorities emphasize: [\[15\]](#)
 - 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

RCORP-Planning grants help communities in rural areas plan a tailored approach to improving the SUD service system. Activities will vary based on local needs. If awarded, you will receive hands-on, customized help to shape your activities and achieve your goals from the RCORP technical assistance provider.

- Each project must complete work under three core objectives, as listed below.
 - You will propose and complete activities under each of these core objectives during your grant.
- You may also add project-specific objectives to meet your community needs and desired outcomes.
- Activities should address the needs of the entire target service area that you select and its population.
- 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.

Objective 1: Build relationships with network partners and community members.

A strong coalition of partners is key to creating and sustaining a successful SUD service system. You will help build a new network, or strengthen and expand an existing network, of partners who represent various sectors and disciplines.

Potential partner types:

- Emergency 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.
- Wrap-around service providers.
- 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.

Network activities:

- Network partners will work together to complete necessary community assessments and to develop and implement the action plan (see [Objective 2](#)).
- The network will also be responsible for planning how to sustain initial activities and continue implementing the action plan after the RCORP-Planning grant ends.

Activities toward Objective 1 may include:

- Formalizing network partnerships through written agreements that detail members' roles and responsibilities.
- Establishing shared priorities and goals to guide the network's efforts.

- Identifying and engaging potential new network partners, funding resources, and other champions.
- Leading network coordination and planning efforts.
- Gathering and jointly reviewing data to track progress on shared activities and make needed adjustments or improvements.
- Engaging individuals with lived experience and other community members to ensure network plans and future services are responsive to local context.
- Outreach and education to share information about RCORP-Planning goals and activities.

Expectations for your network include:

- Submit letters of support from two current or potential network partners (not including the applicant organization) when you apply.
 - At least one letter must be from an organization that is physically located in your target rural service area.
 - See [Attachment 6](#) for more information.
- By the end of Year 1:
 - Establish a network of at least four distinct organizations (including the applicant organization).
 - Ensure at least 50% of your network members are physically located (either the headquarters or a satellite site) in the target rural service area.
 - Develop a written agreement (such as a memorandum of understanding) with network partners. This agreement should include:
 - The network's shared goals.
 - The network's governance structure and any data sharing agreements.
 - Each partner's role and responsibilities.
- Network members should be fully engaged across the RCORP-Planning activities.
 - We strongly encourage you to consider budgeting RCORP-Planning funds to support network members' meaningful participation in the project.
 - Partner organizations should ensure that their representative(s) have the relevant information and decision-making authority to participate fully in network decision-making and activities.
- Designate a Network Coordinator to organize network activities and help the group make joint decisions.

Objective 2: Assess local SUD-related needs and assets and develop a multi-stakeholder action plan to fill gaps.

A core outcome of RCORP-Planning is for communities in rural areas to have a strong and comprehensive understanding of local needs and resources, which will inform plans for future SUD services.

You must complete a community assessment process for the target rural service area that includes, at a minimum:

- Prevalence and impact of SUD and related mental and behavioral health needs.
- Availability of and access to direct SUD prevention, treatment, and recovery services, and other supportive services and resources.
- Availability and capacity of behavioral health service providers and other SUD-related workforce.
- Financial landscape of how services are, or could be, funded and sustained.

Your assessment should build from, but not duplicate, information that is already available about your target rural service area. The assessment should reflect needs across the entirety of your target rural service area and its population.

Action Planning

RCORP-Planning is also intended to help communities translate information from their assessments into a strategic, practical action plan for how they will meet the identified needs and establish or expand access to SUD services.

You will work with your RCORP-Planning network and other stakeholders to make sense of information gathered through the above assessments, decide what new, expanded, or modified services will best meet local community needs, and create a plan for putting those changes into practice.

You will submit a copy of your strategic action plan to HRSA before the end of the period of performance. The plan should be informed by the community assessment process and be used as a tool to guide increased access to SUD services in the target rural service area.

The assessment and action planning processes should:

- Actively engage people with lived experience and other community stakeholders at all stages, including individuals with or in recovery from SUD/ODU, their families, and service providers.
- Leverage the expertise and resources across the RCORP-Planning network.
- Make use of examples and best practices learned from other communities in rural areas.
- Create and use shared measures of success and a common way of tracking progress toward agreed-upon goals.
- Include 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.
 - You may wish to contact your state or local health departments, State Office of Rural Health, State Rural Health Association, State Primary Care Office, Single State Agency, and/or primary care association for guidance and support.
 - The [Rural Health Information Hub](#) and the [Rural SUD Info Center](#) may also have helpful information.

Objective 3: Prepare rural providers, service organizations, and other key stakeholders for SUD service delivery.

During the assessment and planning processes, you will likely find gaps between what individual providers (including paraprofessionals), organizations, and other key stakeholders know or have in place and what they need to establish or expand SUD services. Activities under this objective will help fill those gaps and begin implementation of your community's action plan. You may focus on individual or systemic needs, or both.

Activities you choose under this objective should clearly align with your community assessment and action plan. HRSA expects activities under this objective to happen mostly in Year 2.

Example activities may include:

- Training service providers and organizations to deliver effective, high-quality, and coordinated SUD services. Potential topics include:
 - How to deliver or fulfill certification requirements for specific SUD or mental/behavioral health prevention or treatment approaches.

- Common elements or best practices relevant to SUD and mental health.
Examples include:
 - Psychoeducation about: Substance use or mental health conditions, stigma, trauma, and other cross-cutting topics.
 - Evidence-based community prevention strategies.
 - Strengthening and supporting a peer workforce.
 - Policies that support effective SUD prevention, treatment, and recovery.
- Effective and efficient billing, coding, and financial management practices.
- Adapting clinical workflows to integrate new services, serve SUD clients, or enable effective referrals.
- Building relationships across various service providers and establishing processes to connect people to care and coordinate services.
- Establishing or documenting service delivery policies and protocols.
- Community outreach and education to reduce stigma associated with SUD and address potential challenges or concerns about planned services.
- Developing the data infrastructure for tracking, reporting, and making decisions about key outcome metrics, including HRSA-required performance measures (see [Reporting](#) section) and other progress indicators used by your RCORP-Planning network.
- Purchasing and distributing necessary equipment or supplies to enable service delivery (see [Budget and Budget Narrative](#) for restrictions).
 - Examples include:
 - Equipment to enable telehealth services.
 - Licensed program curricula or associated materials.
 - Clinical record-keeping systems.
 - Billing or referral systems.
 - Medications or medical supplies.
- Planning or implementing minor alteration/renovation (A/R) to SUD service sites (see [Budget and Budget Narrative](#) for restrictions).

Additional expectations and restrictions

Program activities

- RCORP-Planning grants may not support direct service delivery.
 - This includes providing or paying for SUD prevention, treatment, recovery, or supportive services delivered to one or more people.
- You must address opioid misuse and OUD, but may also include other substance use (including alcohol) and related mental and behavioral health issues.
- The target population for RCORP-Planning activities 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 engage members of the target population meaningfully across all RCORP-Planning activities.
- 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.
- We expect RCORP-Planning activities to support communities in the target rural service area to develop, implement, and sustain expanded SUD and related services within a comprehensive system long-term. Therefore, we expect you to sustain and build on key project elements after the period of performance ends, including network partnerships.
- You must disclose whether you participate in or benefit from your state's CMS Rural Health Transformation Program (RHTP).
 - If yes, you must ensure that HRSA-funded work is non-duplicative, coordinated, and complementary to CMS-supported activities.

Learning collaborative

If awarded, you will participate in the RCORP-Planning learning collaborative, facilitated by the HRSA-funded RCORP technical assistance provider. The learning collaborative will offer the opportunity to network, share best practices, address challenges, and receive targeted technical assistance for your project.

- You must designate one individual to serve as the point of contact for the learning collaborative (see [Staffing](#) section for more details).

- We expect that the Learning Collaborative will meet every other month throughout the period of performance.

Staffing

You must include each of the following roles in your [Key Personnel and Staffing Plan](#). Individuals may fulfill 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 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 quantitative and qualitative data and information to fulfill HRSA's reporting requirements.
 - Can also help the network create and use shared measures of success to track progress and adapt activities.
 - The Data Coordinator will participate in regular learning sessions with the HRSA-funded evaluator.
- **Learning Collaborative Point of Contact:** Participates in regular learning collaborative meetings.
 - Share information about your RCORP-Planning activities with other grant recipients, including any challenges, networking with other award recipients, and joining problem-solving discussions.
 - Share learnings from the meetings with the rest of your RCORP-Planning team.
- **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 cost 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](#) or other definitions per [Appendix C](#).
- To acquire real property.
- 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.
- For construction, except minor alteration and renovation as described in [Budget and Budget Narrative](#).
- 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 charge 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

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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-26-036.

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-26-036 webinar will be posted on 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

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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	Use the Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative	Use the 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 and job descriptions	Yes
<input type="checkbox"/> 5. Biographical sketches	Yes
<input type="checkbox"/> 6. Letters of support	Yes
<input type="checkbox"/> 7. EIN/UEI information for multiple applications (as needed)	No
<input type="checkbox"/> 8. CMS Rural Health Transformation Program details (as needed)	No
<input type="checkbox"/> 9-15. Other relevant documents (optional)	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"/> Budget Information for Non-Construction Programs (SF-424A)	No
<input type="checkbox"/> Project Abstract Summary form	No
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL) (optional)	No
<input type="checkbox"/> Project/performance site location(s)	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: 30

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 criteria 1: [Need](#) and 2: [Response](#)

- Briefly describe the purpose of your project and what you hope to achieve.
 - Include your proposed project goals and objectives and 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 the project goals, objectives, and activities will help meet the SUD-related needs of your target rural service area.
- Briefly describe any current 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 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 full list of rural counties (or rural census tracts, for partially rural counties) in your target rural service area as part of [Attachment 1](#).
- Describe what is known about substance use, SUD/ODU, and its impact in the target rural service area. Include the following:

- Prevalence of use across various substances (including alcohol, opioids, and other illicit substances) and rates of SUD, including OUD.
- Rates of fatal and non-fatal overdoses.
- Mental and physical health outcomes associated with substance use.
- Community factors, such as employment rates, housing rates, law enforcement, and child welfare needs.
- Describe what is known about current mental health, 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 mental and behavioral health care providers, and others who may provide SUD services, such as peer counselors.
- Give an overview of current or past efforts to strengthen the SUD service system. Discuss what has been successful so far and what remaining needs you plan to address.
- 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.
 - If you do not have all requested data, provide the portions that are available.
- If you are unable to find appropriate and accurate data, describe how you will use the RCORP-Planning award to strengthen the quality and availability of SUD/ODU data in your target rural service area.
- You may also provide other data or information that is relevant to the proposed project and demonstrates the need for planning activities.
- Explain why federal funds are needed to support network development, planning, and related capacity-building activities.

Approach

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

- Tell us how you'll meet the three funding opportunity goals and all of the program requirements and expectations as described in this NOFO:
 - Organize your response by detailing how you will address each of the three core objectives of the proposal.
 - Describe how your activities will work together to help your target rural service area deliver a comprehensive system of SUD and related services:
 - Include how you will ensure attention to opioid misuse and OUD in your activities.
 - Describe how your activities will advance one or more MAHA priorities.
 - Explain how your activities build from, but do not duplicate, other federal, state, tribal, or local programs.
- Specifically, include the following in your response:
 - Your plan for establishing and maintaining a network with sustained commitment and meaningful engagement throughout and after the period of performance.
 - Include how you will coordinate network activities, make joint decisions, and track progress together.
 - Your approach to conducting a comprehensive assessment that reflects SUD-related prevention, treatment, recovery, and related support needs and assets in the entire target rural service area.
 - Your approach to developing a multi-stakeholder action plan that responds to what you find in the community assessment process.
 - The types of preparation and other support that you expect service providers and other stakeholders will need to establish or expand SUD services.
 - Include how you will work with the network and other stakeholders to provide this.
- Describe how you will engage key stakeholders, 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 objectives 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 be responsible for 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](#)

- Describe the specific outcomes (desired results) you hope to achieve through this award:
 - Include expected outcomes for each core objective.
- Describe how you will help the network set shared goals for the planning and service improvement process, monitor and analyze progress toward those goals, and use data to inform and improve its activities.
- Describe how you will collect and report required performance data accurately and on time:
 - Include how you will coordinate with network partners on data collection and reporting.

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

Sustainability

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

Describe how your approach will enable you and your network to continue implementing the strategic action plan and SUD service development after the award ends. Include:

- Your short-term and long-term goals for programmatic, financial and network sustainability.
- The expected long-term impact of your activities.
- Key elements of your project and specific activities that will support sustainability.
- How you will identify and obtain a stable funding base for new or expanded SUD and related services.

Organizational Information

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

Lead Applicant

- 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:
 - Establish and lead the proposed network.
 - Conduct a comprehensive and community-driven assessment process.
 - Lead a multi-sector action planning process.
 - Support rural service providers and organizations to deliver SUD services.

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 the target rural service area communities and partners are engaged and actively participating throughout the project.
- Give an overview of known or potential network partners and your planned network structure. Include:
 - Why the proposed network partners were selected and their respective roles on 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 two current or potential network partners (not including the applicant organization) in [Attachment 6](#).
- Describe how the RCORP-Planning grant will strengthen the capacity of the applicant organization, network partners, or both to continue building a sustainable SUD service system after the award ends.

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](#).
- Funds may not be used for direct service delivery.
- We will fund successful applications at the full ceiling of \$100,000 per year. Provide a budget plan and narrative for this full amount.
- **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-Planning funds to support network partner participation in the project.
- **Equipment and supplies:** In Year 2, you may budget for service delivery equipment or supplies costs.

- Before using funds for this purpose, HRSA must approve a Prior Approval Request that shows why the equipment or supplies are needed, based on your community assessments.
- Equipment and supplies costs that exceed 20% of the Year 2 budget amount may be considered unreasonable and unallowable.
- **Minor alterations and renovations (A/R):** In Year 2, 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 the renovations are needed, based on your community assessments.
 - Minor A/R costs that exceed 20% of the Year 2 budget amount may be considered unreasonable and unallowable.

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 priority points. Be sure that the information is complete and correct.

Provide the following information about your proposed project:

- Project title.
- 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).
- RCORP-Planning 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).
- Whether you are a:
 - Current RCORP award recipient (see [funding priority 1](#)).
 - Previous RCORP award recipient (see [funding priority 2](#)).
 - Current RCORP consortium member.
 - Previous RCORP consortium member.
- RCORP-Planning network partners:
 - Provide the name, address, and point-of-contact information for each current or proposed network partner.
 - If the partner has a location in the target rural service area, also provide that address.
- 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.
- 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 three objectives.
- Reflect a two-year period of performance.
- Include the names of the people or organizations who are responsible for each specific 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 and job descriptions

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](#) section.

- Name (if not yet hired, state “TBH”).
- Job title (e.g., project director, learning collaborative point of contact, 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 fulfilling more than one role on the proposed project, you may use a single biographical sketch to address all required qualifications. The names reflected 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 **two** current or potential network partners:

- Network partners do not include the applicant organization.
- Each proposed partner should provide a separate letter.
- At least one letter of support should be from an organization located in the target rural service area.
- 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.
 - 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: EIN/UEI information for multiple applications

This attachment applies only to organizations who submit more than one application under the same UEI. Each implementing organization must be distinct, propose to serve a different target rural service area, and propose a distinct project.

If you do not provide sufficient information in this Attachment, or submit multiple applications that are nearly identical, we will only accept the last on-time submission associated with the EIN/UEI.

Include all of the following:

- EIN and UEI numbers for which there will be multiple applications.
- Name and street address of each organization applying under the same EIN/UEI.
 - Name, title, email, and phone number for a point of contact at each of the organizations applying under the same EIN/UEI.
- “Parent” organization name and street address:
 - Name, title, email address, and phone number for a point of contact at the parent organization.
- Proposed RCORP-Planning target rural service area for each of the organizations under the same EIN/UEI. The proposed service areas should not overlap.
- Attestation that each organization applying under the same EIN/UEI will be independently responsible for the planning, program management, financial management, and decision making of their project.
- Signatures from the points of contact at each applicant organization and the parent organization.

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.

- 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, if needed.

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
<input type="checkbox"/> Application for Federal Assistance (SF-424)	With application.
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)	With application.
<input type="checkbox"/> Project Abstract Summary form	With application.
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL) (optional)	With application.
<input type="checkbox"/> Project/Performance Site Location(s)	With application.
<input type="checkbox"/> Grants.gov Lobbying form	With application.
<input type="checkbox"/> Key contacts	With application.

Form instructions

The [Application Guide \[PDF\]](#) 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 short description of your proposed project.
- A basic description of your target rural service area.
- The focus area(s) of community SUD needs you plan to address.
- The types of 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

Application review	<u>45</u>
Selection Process	<u>49</u>
Award notices	<u>50</u>

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	20 points
2. Response	30 points
3. Performance reporting and evaluation	10 points
4. Impact	15 points
5. Resources and capabilities	15 points
6. Support requested	10 points

Criterion 1: Need (20 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 population and its SUD/ODU-related needs across the entire proposed service area.
 - If data are not available, the application presents a clear plan for using the award to improve this understanding.
- Describes a clear and convincing need for a stronger system of SUD, mental/behavioral health, and related social services in the target rural service area.

- Justifies why federal funds are needed to support network development, planning, and related capacity-building activities.

Criterion 2: Response (30 points)

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

Overview (10 points)

The panel will review your application for how well it:

- Responds to the program's [purpose](#) and [goals](#).
- Describes activities that address each [core objective](#).
- Shows how the planned activities will effectively address the identified SUD needs of the target rural service area, including those related to opioids and OUD.
- Engages key stakeholders throughout the project, including people with lived experience and other community members.
- Provides a detailed, realistic, and effective work plan.
- Describes realistic obstacles and challenges you may face during the period of performance, and the quality of your plan to deal with them.

Objective 1: Network building (10 points)

The panel will review your application for how well it:

- Describes a strong plan to engage and lead a coalition of network partners who represent different sectors and disciplines.
- Supports network partners to engage meaningfully in community assessments, action planning, sustainability planning, and other key activities.
- Describes an effective approach to coordinate network activities, make joint decisions, and track progress together.

Objective 2: Community assessment and action planning (5 points)

The panel will review your application for how well it:

- Describes an effective plan to assess [all required elements](#) of the SUD needs and assets across the entire target rural service area.
- Describes an effective plan to translate information from the community assessments into a strategic and practical action plan for establishing or expanding local access to needed SUD services.

- Actively engages people with lived experience and other community stakeholders at all stages of the assessment and planning processes.
- Effectively uses the network to create and implement the strategic action plan.

Objective 3: Service provider preparation (5 points)

The panel will review your application for how well it:

- Describes an appropriate plan to use the assessment and planning processes to fill gaps in service delivery capacity.
- Proposes activities that are likely to advance the strategic action plan and meet local SUD service system needs.
- Demonstrates engagement of the network and other stakeholders to meet this objective.

Criterion 3: Performance reporting and evaluation (10 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.
- The strength of your plan to help the network set shared goals and use data to inform and improve network activities.
- Your capacity to gather, manage, and use data about your project activities, together with network partners.

Criterion 4: Impact (15 points)

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

The panel will review your application for:

- How likely the proposed project will be to achieve desired outcomes of improved local SUD and behavioral health service systems.
- How likely the project will be to have a positive public health impact on the entire target rural service area and community(ies).
- How likely the network and action plan implementation will be to continue beyond the federal funding.
- How well it describes a community engagement and planning 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 the extent to which:

- Your organization's capabilities meet the needs of the project.
- You demonstrate a meaningful connection to and ability to serve the target rural service area.
- 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.
 - Variety of partner types.
- You provide a plan for filling required roles on the project and managing the project team.
- Project staff show the skills, experience, and time needed to carry out the project and meet the objectives.

Criterion 6: Support requested (10 points)

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

The panel will review your application to determine:

- 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 well the budget plan supports sustained activities after the award ends.
- How well the budget plan supports 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 funds become available within the fiscal year.

Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

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 rural areas most in need of entry-level support to develop SUD and related behavioral health service capacities. 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: Not currently funded by RCORP (2 Points)

We will give you a funding priority if:

Your organization does not hold an active RCORP award at the time you apply.

Priority 2: Never funded by RCORP (2 Points)

We will give you a funding priority if:

Your organization has never received an RCORP award.

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See [Application Guide \[PDF\]](#).

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



Step 5:

Submit Your Application

In this step

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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

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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](#) (before October 1, 2025: 45 CFR 75.301).
- 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 reports 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.
 - Upon award, we will notify you of specific performance measures required.
 - Example performance measures may include:
 - The number of network partners engaged.
 - The number of action plan items in progress or completed.
 - The number of provider trainings completed.
- Strategic action plan.
 - You must submit a strategic action plan before the end of the period of performance.
 - The community assessment process should be complete and inform this plan.
 - You will use this plan as a tool to guide increased access to SUD services in the target rural service area.
 - We will provide more guidance after award.



Contacts and Support

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Agency contacts

Program and eligibility

Lynlee Tanner Stapleton

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

Supervisory Public Health Analyst

Federal Office of Rural Health Policy

Health Resources and Services Administration

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Financial and budget

Eric Brown

Grants Management Specialist

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Health Resources and Services Administration

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301-945-9844

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](#)
- [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/> ↑
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. 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/> ↑
8. Garcia, Macarena (2025). Personal communication, September 9th, 2025, based on CDC internal analysis of [National Center for Health Statistics Mortality Data](#). ↑
9. 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/. ↑

10. 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>. ↑
11. 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> ↑
12. 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>. ↑
13. 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>. ↑
14. U.S. Department of Health and Human Services. (2025). [Renewal of determination that a public health emergency exists](#). ↑
15. 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> ↑

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: Support a network of committed partners that can establish, implement, and sustain SUD and related behavioral health prevention, treatment, recovery, and other supportive services in rural areas.

Objective 1: Build relationships with network partners and community members.

Activity	Responsible Staff or Partner	Start Date	Projected Completion Date

GOAL 2: Create action plans to increase the number, types, and/or caseload capacity of SUD service access points in rural communities that respond to documented community contexts and needs.

Objective 2: Assess local SUD-related needs and assets and develop a multi-stakeholder action plan to fill gaps.

Activity	Responsible Staff or Partner	Start Date	Projected Completion Date

GOAL 3: Strengthen the capacity of service providers and organizations so they can deliver high-quality, comprehensive care.

Objective 3: Prepare rural providers, service organizations, and other key stakeholders for SUD service delivery.

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					
Learning Collaborative Point of Contact					
Data Coordinator					
Network Coordinator					
Other position(s) specific to your project					

Appendix C:

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.

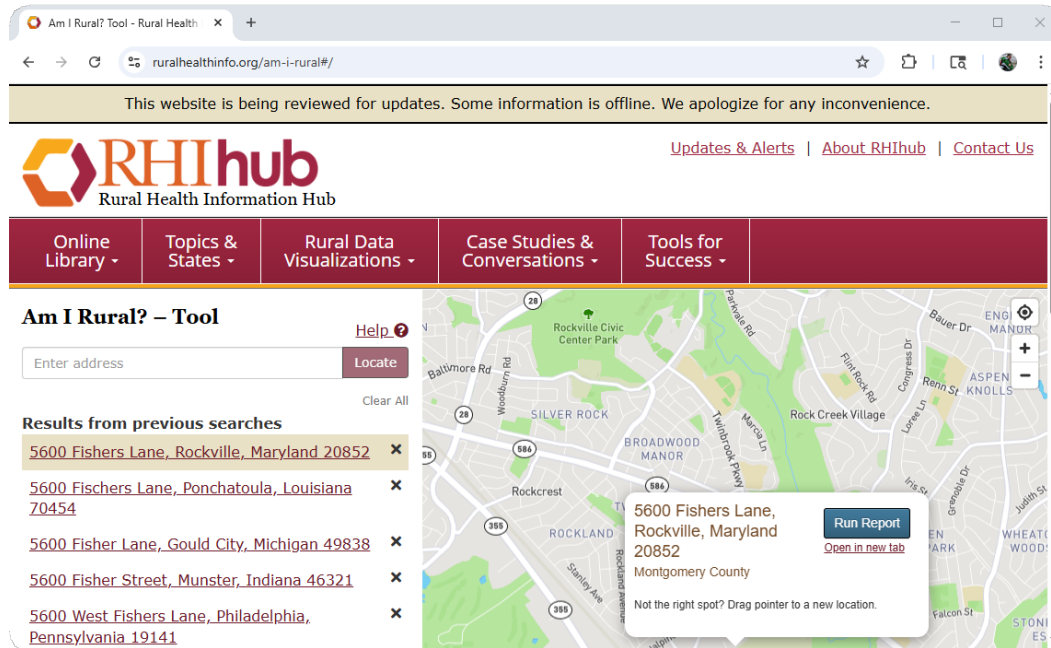
The table below lists the affected counties. If your county appears on the list, please refer to the [Formerly HRSA-designated Rural Census Tract](#) spreadsheet to determine whether your census tract is impacted. HRSA considers these areas eligible for the purposes of this FY 2026 NOFO.

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.

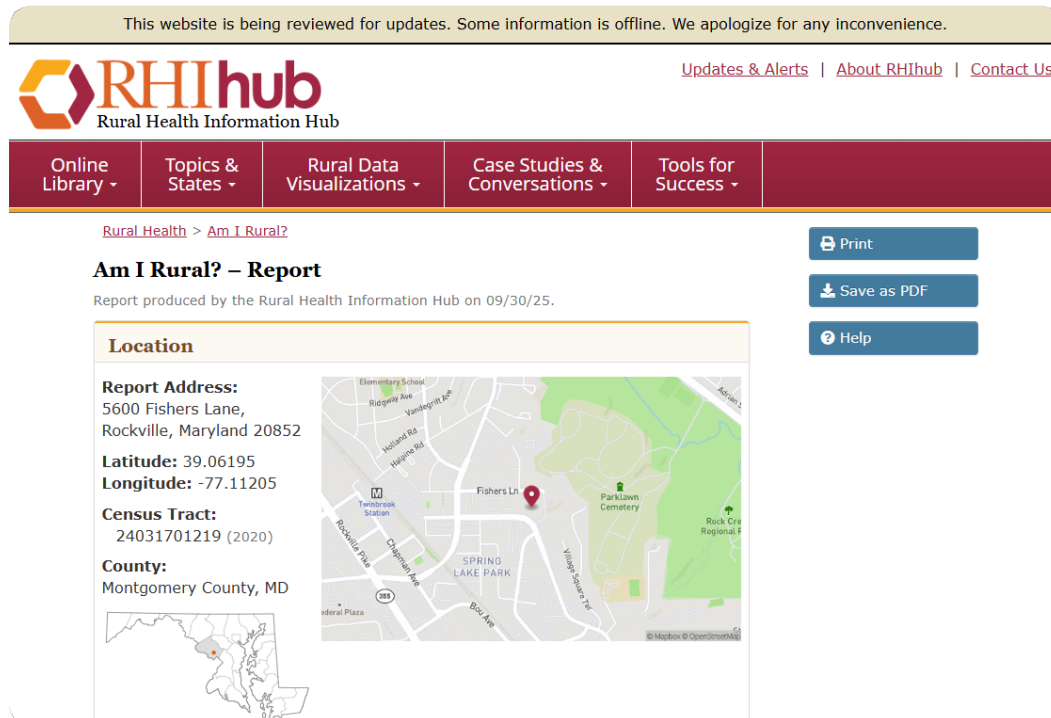
Looking up your census tract

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