



Request for Applications

Overdose Response Strategy (ORS) Pilot Projects

Date of release: September 1, 2022

Applications are due by 11:59 pm E.T. on October 3, 2022

Summary Information

Project Title: Overdose Response Strategy (ORS) Pilot Projects

Proposal Due Date and Time: October 3, 2022, at 11:59 pm E.T.

Selection Announcement Date: On or around October 24, 2022

Source of Funding: Centers for Disease Control and Prevention

NOA Award No.: NU38OT000306

Maximum Funding Amount: Up to \$50,000 for Planning Awards, up to \$80,000 for Implementation Awards and up to \$100,000 for Expansion Awards.

Estimated Period of Performance: Upon execution of the contract – July 31, 2023.

Point of Contact for Questions Regarding this Application: Audrey Eisemann, Senior Program Analyst, Overdose, Injury, and Violence Prevention (aeisemann@naccho.org)

Application Submission: Please submit all applications and supporting materials using the [online submission form](#).

I. Background and Funding Overview

The National Association of County and City Health Officials (NACCHO) represents the nation's nearly 3,000 local health departments (LHDs), which work to protect and improve the health of all people and all communities. NACCHO provides resources to help LHD leaders develop public health policies and programs to ensure that communities have access to the vital programs and services people need to keep them protected from disease and disaster.

With support from the Centers for Disease Control and Prevention (CDC), NACCHO is pleased to offer a funding opportunity to build the evidence base for promising and best practices in overdose prevention at the intersection of public health and public safety in [Overdose Response Strategy](#) (ORS) states. The ORS is a public health and public safety collaboration between CDC and the Office of National Drug Control Policy's (ONDCP) High Intensity Drug Trafficking Area (HIDTA) program, supporting joint efforts to reduce overdose deaths at the local, state, and regional level. The ORS is implemented by state teams made up of Drug Intelligence Officers (DIO) and Public Health Analysts (PHA), who work together on drug overdose issues within and across sectors and states.

Through this funding opportunity, NACCHO and CDC will award up to **twelve (12)** applicants in different stages of their response to the overdose epidemic. **Applicants are defined as ORS Public Health Analysts (PHA) and public health and/or public safety organizations interested in co-writing a project proposal for this funding opportunity.** Project proposals must address drug overdose prevention strategies that engage both local public health and public safety and will be implemented in collaboration with the ORS PHA. As shown below, three types of awards will be available: planning, implementation, and expansion. The project period shall begin upon receipt of the Notice of Award and will end **July 31, 2023**. Applications must be submitted through the [online submission form](#) no later than **October 3, 2022 at 11:59 pm E.T.** **Please note that you will need to create a free MyNACCHO account to access the form** In fairness to all applicants, NACCHO will not accept late submissions.

Categories of awards:

- Planning Awards will be awarded up to \$50,000.
- Implementation Awards will be awarded up to \$80,000 each.
- Expansion Awards will be awarded up to \$100,000 each. Eligibility is restricted to recipients that received the ORS Pilot Project, Implementation or Expansion Award, in 2021-2022. Recipients of

this award category will lose eligibility for continued funding on the same project following five consecutive years of receipt for their project but may receive funding after five years for a new project.

Applications are due **by 11:59 pm E.T. on October 3, 2022**. The applicant must designate one main point of contact to submit the application and communicate directly with NACCHO subsequently. Applicants will be notified of their selection status by e-mail to the project point of contact on or **around October 24, 2022**. All necessary information regarding the project and application process may be found below. All questions should be sent via email to Audrey Eisemann (aeisemann@naccho.org) and will be reviewed by NACCHO and CDC staff.

RFA Webinar: Writing a Strong Application for the ORS Pilot Project Award

NACCHO and CDC will host an optional webinar on **September 6, 2022, 1-2 pm E.T.** with information for ORS State Teams and their partners interested in co-writing and submitting a project proposal for the ORS 2022-23 Pilot Projects. The webinar is an opportunity to learn about the ORS Pilot Project award, an overview of the project stages (planning, implementation, and expansion), roles and responsibilities of ORS team members and example products, and components of writing a strong application. At the end of this webinar the objective is for new pilot project applicants to feel prepared to approach a partner and write a strong proposal.

Register for the webinar here:

<https://us06web.zoom.us/meeting/register/tZMlcOyurD4uHtyRksBHYQXrPj13kLbj5FWt>

Applicants are advised to consider the following deadlines and events for this application.

Event	Date/Time
RFA Webinar: Writing a Strong Application for the ORS Pilot Project Award, register: here	September 6, 2022, at 1 pm E.T.
Application Submission Deadline	October 3, 2022, at 11:59 pm E.T.
Award Notification Date	On or around October 24, 2022
End of Period of Performance	July 31, 2023

II. Eligibility and Contract Terms

Eligibility requirements: Applicants are defined as ORS Public Health Analysts (PHA) and public health and/or public safety organizations interested in co-writing a project proposal for this funding opportunity. To be considered eligible for this funding opportunity, applicants must:

- Target their pilot projects at the local and community level;
- Implement projects within ORS states that have a [CDC/CDC Foundation \(CDCF\)-funded PHA](#) during the application period. The involvement of the ORS PHA in developing the application and carrying out the project is a requirement*. ORS DIO involvement is also highly encouraged and recommended;
- Demonstrate cross-sector collaboration with a public health partner (e.g., hospital or health system, harm reduction organization, public health department, behavioral health provider) and public safety partner (e.g., EMS, fire, law enforcement, corrections, parole and probation, courts); and
- Co-write the application and commit to jointly implementing the project as a public health, public safety, and ORS collaboration.

***ORS PHA participation in the pilot project is a requirement** of the award and requires a time commitment of about three to five hours per week on average from the PHA throughout the period of performance. Examples of PHA involvement include:

- Helping design the proposed project;
- Identifying relevant partners;
- Preparing the application;
- Participating in all technical assistance calls;
- Taking meeting minutes, and writing up action items for the deliverable(s);
- Helping prepare other deliverables;
- Helping draft, review, or revise all other project related documents (work plan, implementation plan or the equivalent, evaluation plan, final report, etc.);
- Collecting and/or analyzing qualitative and/or quantitative data;
- Conducting background research needed for implementation or evaluation;
- Taking on other responsibilities as needed.

DIO participation is highly encouraged. Examples of DIO involvement include:

- Facilitating partnerships with public safety agencies (i.e. law enforcement, criminal justice)
- Supporting data sharing to inform program development and evaluation
- Reviewing and providing feedback on program documents and materials (e.g. protocols, curriculums, data collection instruments)
- Participating in technical assistance calls
- Taking on other responsibilities as needed

Contract terms: Selected applicants will be required to identify and designate an agency to enter into a contract with NACCHO for the submission of the deliverables specified in the contract and serve as a fiscal agent for the project. NACCHO expects you as the applicant to review and agree to the NACCHO [standard contract language](#). However, if you know in advance that your agency or organization is going to have difficulty accepting any of the provisions in the contract, submit your requested revisions with your application materials. If you are an applicant from Florida or Texas, please contact NACCHO immediately for a copy of the Florida or Texas standard contract.

NACCHO will establish a fee-for-service contract with the awarded applicant whereas deliverables will be listed in the recipient contract and payment will be remitted upon submission and acceptance of those items; see section IV for the deliverable schedule.

III. Award Categories and Proposed Activities

Applicants may apply to only one of three categories of awards:

- 1) **Planning Award:** Up to \$50,000 each – Proposals should describe how the applicant will begin planning a project that integrates public health and public safety to reduce opioid and stimulant-involved overdose deaths. Applicants should apply with the intent of engaging stakeholders in the planning process.
- 2) **Implementation Award:** Up to \$80,000 each – Proposals should describe how funds will be used to implement a new project or enhance an existing one, generate measurable outcomes, and continue to engage community partners.
- 3) **Expansion Award:** Up to \$100,000 each – Eligibility is restricted to recipients that previously received the ORS Pilot Project Implementation or Expansion Award in 2021-2022. Proposals should describe how funds will be used to scale and/or rigorously evaluate the current effort.

Priority will be given to applications that clearly describe how the project will:

- Meaningfully engage people who use drugs and/or populations disproportionately impacted by substance use related harms in planning (e.g., through focus groups or advisory boards), implementation, and evaluation activities. See [the Spectrum of Community Engagement to Ownership](#) for insight into how meaningfully engaging people with lived/living experience.
- Prioritize populations historically neglected and disproportionately impacted by the overdose epidemic.
- Apply a health equity lens or approach to public health/public safety interventions. Applicants may consider applying frameworks, like the social-ecological model, WHO Conceptual Framework on social determinants of health and/or other health equity concepts, to address health equity within the implementation and evaluation of the proposed pilot project.
- Represent novel cross-sector collaborations, such as between law enforcement and harm reduction.

Proposed ideas under the planning and implementation award categories should focus on innovation in overdose prevention that allow jurisdictions to respond to emerging threats or address a notable gap in the jurisdiction’s overdose prevention portfolio. Areas that may be ripe for innovation include, but are not limited to:

- Establishing partnerships with Medications for Opioid Use Disorder (MOUD) treatment providers.
- Deflection programs or alternatives to incarceration through pre-arrest diversion or pre-trial diversion programs.
- Developing linkages to care upon release from incarceration, such as through peer recovery specialists.
- Overdose education and naloxone distribution in jails or prisons.
- Improving public health/public safety data sharing practices, including collection and utilization of data.
- Enhancing public health/public safety collaborations through the innovative use of technology to prevent or respond to overdoses.
- Training first responders in various topics including but not limited to trauma-informed care, how to address issues of vicarious trauma, and implicit bias.
- Conducting post-overdose outreach to connect individuals who recently experienced an overdose and/or their loved ones to services in the community. Post-overdose outreach strategies must use a multidisciplinary outreach team such as clinicians, community organizations, peer recovery specialists, health department staff, etc.
- Addressing issues of polysubstance and stimulant use.
- Enhancing collaborations between public safety and harm reduction.
- Implementing evidence-based interventions to reduce fatal and non-fatal overdoses (as described in [CDC’s Evidence-based Strategies for Preventing Opioid Overdose: What’s Working in the United States](#)).
- Employing fentanyl test strips in overdose prevention as a harm reduction or engagement tool.
- Early “upstream” prevention of opioid and stimulant use and misuse in community or school settings.

Proposed pilot project ideas and activities should not duplicate activities/efforts taking place under CDC’s Overdose Data to Action (OD2A) Cooperative Agreement in that jurisdiction. All projects described that include group activities or interaction with the public must adhere to CDC recommended safety protocols including local COVID-19 policies.

IV. Project Requirements and Expectations

Requirements and expectations are determined based on the type of award (planning, implementation, or expansion funding).

Planning Awards

All awardees will be required to conduct the following activities throughout the project period:

- Complete the ORS Pilot Capacity Assessment Tool to assess capacity to implement and evaluate pilot
- Develop an evaluation plan using the ORS template to include SMARTIE objectives, a logic model, and evaluation methods and data collection instruments.
- Develop a detailed implementation plan or protocol* that describes the pilot project activities and the implementation process.
- Participate in monthly technical calls with NACCHO, CDC, and other stakeholders to discuss program progress, successes, and challenges.
- Participate in peer-to-peer learning community calls with other awardees.
- Present during one of the learning community calls.
- Participate in evaluation-related activities with NACCHO and CDC to share challenges, results, and outcomes.
- Develop a final report describing accomplishments, success stories, evaluation findings, and future directions of the pilot.
- Include populations of interest (e.g., populations with lived experience, program participants) in the development, implementation, and evaluation of activities and strategies.

The following outlines the deliverables to be produced by each awardee; however, a finalized scope of work will be agreed upon post awardee selection.

Invoice number	Primary Task/Deliverable (Planning Awards)	Payment Schedule
Invoice 1	1. Participate in project kick-off call with NACCHO, CDC and selected grantee. Time and date TBD. Provide list of attendees. (1.1)	5% of funding
	2. Pre-assessment. (1.2)	5% of funding
	3. Goals and objectives (1.3)	10% of funding
Invoice 2	1. Logic model (2.1)	10% of funding
	2. Implementation protocol draft* (2.2)	10% of funding
Invoice 3	1. Final implementation protocol* (3.1)	10% of funding
	2. Updated workplan. (3.2)	5% of funding
	3. Evaluation Plan draft, including draft data collection instruments. (3.3)	10% of funding
Invoice 4	1. Completion of CDC and NACCHO project survey. (4.1)	5% of funding
	2. Final project evaluation plan, including final data collection instruments. (4.2)	10% of funding
	3. Complete end of project report to articulate results/findings, challenges, lessons learned, successes, and future directions. Include final workplan. (4.3)	10% of funding
Invoice 5	1. Present during a Learning Community call. Provide slides or agenda. (5.1)	10% of funding

Please note: NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

*Implementation protocols will be defined based on the project. E.g. a post-overdose outreach program might have a standard operating procedure, whereas an overdose education and naloxone distribution program would have a curriculum to meet this requirement.

Implementation Awards

All awardees will be required to conduct the following activities throughout the project period:

- Complete the ORS Pilot Capacity Assessment Tool to assess capacity to implement and evaluate pilot
- Develop an evaluation plan using the ORS template to include SMARTIE objectives, a logic model, and evaluation methods and data collection instruments.
- Develop a detailed implementation plan or protocol* that describes the pilot project activities and the implementation process, if applicable.
- Participate in monthly technical calls with NACCHO, CDC, and other stakeholders to discuss program progress, successes, and challenges.
- Participate in peer-to-peer learning community calls with other awardees.
- Present during one of the learning community calls.
- Participate in evaluation-related activities with NACCHO and CDC to share challenges, results, and outcomes.
- Develop a final report describing accomplishments, success stories, evaluation findings, and future directions of the pilot.
- Include populations of interest (e.g., populations with lived experience, program participants) in the development, implementation, and evaluation of activities and strategies.
- Site-specific deliverables**

The following outlines the deliverables to be produced by each awardee; however, a finalized scope of work will be agreed upon post awardee selection.

Invoice number	Primary Task/Deliverable (Implementation Awards)	Payment Schedule
Invoice 1	1. Participate in project kick-off call with NACCHO, CDC and selected grantee. Time and date TBD. Provide list of attendees. (1.1)	5% of funding
	2. Pre-assessment. (1.2)	5% of funding
	3. Goals and objectives (1.3)	5% of funding
	4. Logic model (1.4)	5% of funding
Invoice 2	1 Evaluation Plan draft, including draft data collection instruments. (2.1)	10% of funding
	2.Implementation protocol draft* (2.2)	10% of funding
	3. Site-specific deliverable TBD** (2.3)	5% of funding
Invoice 3	1. Final project evaluation plan, including final data collection instruments. (3.1)	10% of funding
	2. Site-specific deliverable TBD** (3.2)	5% of funding
	3. Updated workplan (3.3)	5% of funding
Invoice 4	1. Completion of CDC and NACCHO project survey. (4.1)	5% of funding
	2. Final implementation protocol.* (4.2)	10% of funding
	3. Complete end of project report to articulate results/findings, challenges, lessons learned, successes, and future directions. Include final workplan. (4.3)	10% of funding
Invoice 5	1. Present during a Learning Community call. Provide slides or agenda. (5.1)	10% of funding

Please note: NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

*Implementation protocols will be defined based on the project. E.g. a post-overdose outreach program might have a standard operating procedure, whereas an overdose education and naloxone distribution program would have a curriculum to meet this requirement.

**These deliverables will be informed by the applicant’s proposed work plan.

Expansion Awards

All awardees will be required to conduct the following activities throughout the project period:

- Complete the ORS Pilot Capacity Assessment Tool to assess capacity to implement and evaluate pilot
- Develop an evaluation plan using the ORS template to include SMARTIE objectives, a logic model, and evaluation methods and data collection instruments.
- Develop a detailed implementation plan or protocol that describes the pilot project activities and the implementation process, if applicable.
- Participate in monthly technical calls with NACCHO, CDC, and other stakeholders to discuss program progress, successes, and challenges.
- Participate in peer-to-peer learning community calls with other awardees.
- Present during one of the learning community calls.
- Participate in evaluation-related activities with NACCHO and CDC to share challenges, results, and outcomes.
- Develop a final report describing accomplishments, success stories, evaluation findings, and future directions of the pilot.
- Include populations of interest (e.g., populations with lived experience, program participants) in the development, implementation, and evaluation of activities and strategies.
- Site-specific deliverables or sustainability plan**

The following outlines the deliverables to be produced by each awardee; however, a finalized scope of work will be agreed upon post awardee selection.

Invoice number	Primary Task/Deliverable (Expansion Awards)	Payment Schedule
Invoice 1	1. Participate in project kick-off call with NACCHO, CDC and selected grantee. Time and date TBD. Provide list of attendees. (1.1)	5% of funding
	2. Pre-assessment. (1.2)	5% of funding
	3. Goals and objectives (1.3)	5% of funding
	4. Logic model (1.4)	5% of funding
Invoice 2	1 Evaluation Plan draft, including draft data collection instruments. (2.1)	10% of funding
	2. Implementation protocol draft* (2.2)	5% of funding
	3. Site-specific deliverable TBD or sustainability plan draft** (2.3)	5% of funding
Invoice 3	1. Final project evaluation plan, including final data collection instruments. (3.1)	10% of funding
	2. Final implementation protocol.* (3.2)	10% of funding
	3. Updated workplan (3.3)	5% of funding
Invoice 4	1. Completion of CDC and NACCHO project survey. (4.1)	5% of funding
	2. Site-specific deliverable TBD or final sustainability plan** (4.2)	10% of funding
	3. Complete end of project report to articulate results/findings, challenges, lessons learned, successes, and future directions. Include final workplan. (4.3)	10% of funding
Invoice 5	1. Present during a Learning Community call. Provide slides or agenda. (5.1)	10% of funding

Please note: NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

*Implementation protocols will be defined based on the project. E.g. a post-overdose outreach program might have a standard operating procedure, whereas an overdose education and naloxone distribution program would have a curriculum to meet this requirement.

**These deliverables will be informed by the applicant’s proposed work plan.

V. Support and Technical Assistance

NACCHO and CDC will work closely with award recipients at each site to develop, implement, and evaluate their pilot project. CDC will serve as the main resource for all pilot projects and a CDC project officer will be assigned to each selected site as the point of contact. Each CDC project officer will assist newly funded recipients with completing the deliverables and providing any technical assistance needed throughout the project, including supporting recipients in the development of work plans and evaluation plans, and linking recipients to existing CDC efforts in the state.

Additional support to each pilot project site may include:

- Assisting with the development and monitoring of pilot project work plans, deliverables, contracts, and invoices; hands-on evaluation support; training opportunities to improve skill sets; and connections with CDC-funded partners and programs in that state.
- Creating linkages, if appropriate, between community, local, and/or tribal projects CDC is funding in collaboration with other Federal partners, such as the Department of Justice, the US Department of Agriculture, the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration.

Expansion projects will receive “light touch” support from CDC and are expected to have greater staff and organizational capacity for implementing pilot activities than newly funded recipients.

NACCHO will also assign a point person for each site and specific support will include assisting CDC and recipients with developing project work plans and deliverables; assisting CDC with the development of evaluation plans for each site, hosting peer-to-peer webinars, and providing overall contractual oversight for each project (e.g., establishing contracts with fiscal entities, invoicing and payments, final reports from each site to capture facilitators, barriers, best/promising practices to inform CDC/the field).

VI. Application Instructions

To apply for this funding opportunity:

- Review the requirements and expectations outlined in this RFA.
- Review NACCHO’s [standard contract language](#).
- Complete the [online submission](#) form by **11:59 pm E.T. on October 3, 2022**.
 - Applicants will need to make a free MyNACCHO account to access the application.
 - Applicants will be able to save responses in the online form and return to them as needed during the submission process, as long as it is accessed through the same device and browser and the cache has not been cleared.
- All questions may be directed to Audrey Eisemann at aeisemann@naccho.org.

Applicants will be notified of their selection status by e-mail to the project point of contact **on or around October 24, 2022**. Selected applicants will be required to confirm participation and agreement with the contract scope of work after receiving a notification. The designated point of contact for selection must be available to receive and respond to the notification in a timely manner.

VII. Selection process and criteria

Applications will be reviewed by NACCHO and CDC and scored based on the following criteria. The budget will not be included in the scoring criteria but is required for complete application submissions. NACCHO will not review incomplete applications.

1. Evidence of Need (20%)

- Describe the overdose burden in the target jurisdiction. Include relevant background and community context.
- Describe priority populations (populations that are disproportionately impacted by substance use related harms or historically underserved) in the community.
- Applicants must describe identified community needs and gaps in current services for overdose prevention, which the proposed pilot will address.

2. Pilot Project Proposal (40%)

Planning Projects

- Describe the proposed idea or intervention, including the following (details to be provided in the workplan):
 - Goal(s)
 - Priority populations to receive services
 - Proposed activities and/or services provided (examples of activities for a planning project include but are not limited to key informant interviews, developing memorandum's of understanding (MOUs) between partners, and listening sessions with stakeholders.)
 - Partners involved and the role(s) of each partner
- Describe how the proposed idea or intervention addresses the issues described in the "Evidence of Need". *Planning project applicants do not need to explicitly describe how the proposed project is evidence-based or evidence-informed. However, as part of the review process, NACCHO and CDC may request that the applicant provide additional evidence that the proposed project shows promise to reduce overdoses and/or does not have the potential to increase health disparities or have unintended harmful consequences.*
 - Describe how the proposed idea or intervention focuses on innovation as described above (Section III).
 - Describe how the proposed idea or intervention will address health equity and social determinants of health.
- Priority will be given to applications that clearly describe how the project will:
 - Meaningfully engage people who use drugs and/or populations disproportionately impacted by substance use related harms in project activities.
 - Prioritizes populations historically neglected and disproportionately impacted by the overdose epidemic.
 - Represent novel cross-sector collaborations, such as between law enforcement and harm reduction.
 - Apply a health equity lens or approach to public health/public safety interventions.

Implementation Projects

- Describe the proposed idea or intervention, including the following (details to be provided in the workplan):
 - Goal(s)
 - Priority populations to receive services
 - Proposed activities and/or services provided
 - Partners involved and the role(s) of each partner
- Provide evidence to support the proposed activities/services.
 - Describe what we know already about how well the proposed activities/services work and what questions remain (e.g. from literature reviews, similar interventions, evidence-based or promising practices in overdose prevention). *As part of the review process, NACCHO and CDC may request that the applicant provide additional evidence that the proposed project shows promise to reduce overdoses and/or does not have the potential to increase health disparities or have unintended harmful consequences.*
 - Describe how the proposed idea or intervention will build the evidence base for overdose prevention programs at the intersection of public health and public safety.
 - Describe how the proposed idea or intervention focuses on innovation as described above (Section III).
 - Describe how the proposed idea or intervention will address health equity and social determinants of health.
- Priority will be given to applications that clearly describe how the project will:
 - Meaningfully engage people who use drugs and/or populations disproportionately impacted by substance use related harms in project activities.
 - Prioritizes populations historically neglected and disproportionately impacted by the overdose epidemic.
 - Represent novel cross-sector collaborations, such as between law enforcement and harm reduction.
 - Apply a health equity lens or approach to public health/public safety interventions.

Expansion Projects

- Describe your current project work and proposed expansion.
 - Describe your 2021-2022 accomplishments, outputs and, if available, outcomes.
 - Describe what we know already about how well the intervention works and what questions remain.
 - Describe how additional funds would be used to expand or scale up the project and/or conduct more robust evaluation activities.
 - Describe the populations you plan to target.
 - Attach the most recent version of your work plan, evaluation plan and final report from the 2021-2022 Pilot Project.
- Provide evidence to support the proposed activities/services.
 - Describe what we know already about how well the proposed activities/services work and what questions remain (e.g. from literature reviews, similar interventions, evidence-based or promising practices in overdose prevention). *As part of the review process, NACCHO and CDC may request that the applicant provide additional evidence that the proposed project shows promise to reduce overdoses and/or does not have the potential to increase health disparities or have unintended harmful consequences.*

- Describe how the proposed idea or intervention will build the evidence base for overdose prevention programs at the intersection of public health and public safety.
- Describe how the proposed idea or intervention focuses on innovation as described above (Section III).
- Describe how the proposed idea or intervention will address health equity and social determinants of health.
- Priority will be given to applications that clearly describe how the project will:
 - Meaningfully engage people who use drugs and/or populations disproportionately impacted by substance use related harms in project activities.
 - Prioritizes populations historically neglected and disproportionately impacted by the overdose epidemic.
 - Represent novel cross-sector collaborations, such as between law enforcement and harm reduction.
 - Apply a health equity lens or approach to public health/public safety interventions.

3. Applicant Information and Implementing Capacity (30%)

- Applicants must describe the nature of the cross-sector collaboration.
 - Define the public health partner (e.g., hospital or health system, harm reduction organization, public health department, behavioral health provider) and public safety partner (e.g., EMS, fire, corrections, parole and probation, courts).
 - Involvement of the ORS PHA in developing the application, if not the primary applicant, must be demonstrated. ORS DIO involvement is also highly encouraged and recommended.
- Briefly describe any past or ongoing collaboration between the collaborating team (public health, public safety, ORS PHA) and respective roles on those initiatives.
- Describe the agreed upon roles and responsibilities for this proposed project and plan to collaborate on this initiative. Specify and list the contributions of the ORS PHA, public health partner, and public safety partner.
- Demonstrate expertise and organizational ability to implement the proposed project and successfully execute needed oversight for administrative and fiscal tasks.
- Provide resumes or curriculum vitae of all key pilot project staff (those who are essential to this public health/public safety/ORS collaboration and to carrying out your project proposal), highlighting relevant knowledge, expertise/qualifications, and experience.
- Applicants must commit to a project that will be jointly implemented by the public health partner, public safety partner, and ORS PHA.
 - Applicants are required to provide Letters of Support (LOS) describing their public health/public safety partnership and demonstrate that the proposed collaborators commit to the application and agree to regular meetings to support and coordinate activities.

4. Work Plan (10%)

- Applicants will be scored on their preparation of a reasonable work plan describing their proposed work and planned timeline.
- After reading the work plan, reviewers should be able to understand how the applicant plans to achieve outcomes, strategies, and activities described in the approach.
- All workplans should use [S.M.A.R.T.I.E.](#) objectives.

5. Budget and Budget Narrative (template provided)

- Applicants must provide a detailed line-item budget and narrative justification of the items included in their proposed budget.
- The budget will not be included in the scoring criteria but is required for complete application submissions. The purpose of the line-item budget is to demonstrate that the applicant has considered appropriate funding needed to accomplish the proposed work. **The budget should span approximately 9 months with the understanding that the project will end on July 31, 2023.** Awardees must comply with all federal regulations under 45 CFR 75, which is incorporated by reference in the contract. Restrictions that must be considered while planning the programs and writing the budget are listed in Appendix A.
- Include a budget narrative (one page) to explain each line-item and how the amounts were derived.

VIII. Attachments

Please find below, links to additional information, forms, and resources needed for this application submission.

- [Application Form](#) (please note you will need to create a free MyNACCHO account to access this)
- Anticipated [work plan](#)
- NACCHO Standard Contract Language – [standard contract language](#)
 - *Please note that submission of a proposal is a statement of acceptance of NACCHO's standard form contract. If any items cannot be accepted, these issues should be noted in track changes/comments on the standard contract language as an appendix to your proposal.*
- Required: Complete and submit the [Budget](#) and [Budget Narrative](#) templates
- Required: Complete and submit the [Vendor Information Form](#)
- Required: Complete and submit the [Certification of Non-Debarment](#)
- Required: Submit a [W-9](#)
- Required: Proof of active registration with SAM.gov in accordance with UEI number
- Federally approved indirect/fringe rate or a signed letter on letterhead that provides a detailed breakdown and allocation for expenses incorporated as the indirect rate in your budget (as applicable)
- Required for applications of \$30,000: [FFATA form](#) (if you are not able to complete this by the application deadline, you may submit it one week after you have been selected).

APPENDIX A

List of unallowable costs

Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services. NACCHO reserves the right to request a revised cost proposal, should CDC determine applicant's proposed cost as unallowable. Restrictions that must be considered while planning the programs and writing the budget:

1. Naloxone/Narcan and syringes. Harm reduction and linkage to care activities are acceptable as long as they are not prohibited purchases.
2. HIV/HCV/other STD/STI testing.
3. Drug disposal. This includes Implementing or expanding drug disposal programs or drug take-back programs, drug drop box, drug disposal bags.
4. The provision of medical/clinical care.
5. Wastewater analysis, including testing vendors, sewage testing and wastewater testing.
6. Direct funding or expanding the provision of substance abuse treatment.
7. Recipients may not use funds for clinical care except as allowed by law.
8. Recipients may not use funds for research.
9. The prevention of Adverse Childhood Experiences (ACEs) as a stand-alone activity. However, activities related to ACEs are allowable if they pertain to establishing linkage to care, or to providing training to public safety and first responders on trauma-informed care.
10. Incentives will be considered on a case-by-case basis. If you wish to include incentives in your project, please include them in your budget and specify the type being requested (e.g. gift cards), along with a justification for how this is necessary to support your project's goals in the budget narrative.
11. Vehicles.
12. Funds can be used to support training and education around Medication-Assisted Treatment (MAT) waivers; however, funds cannot be used to pay for fees associated with providers obtaining waived status. This applies to both direct reimbursements and contracts.
13. Certain activities that cover neonatal abstinence syndrome (NAS) surveillance are unallowable. In particular, funding the collection of NAS surveillance data is unallowable, however, using existing data to support NAS-related prevention activities (i.e., linkage to care) may be allowable.
14. Public safety activities that do not include clear overlap/collaboration with public health partner and objectives.
15. Food and beverage requests will be approved on a case-by-case basis and will require the submission of further documentation.
16. Prohibition on certain telecommunications and video surveillance services or equipment (Pub. L. 115-232, section 889): Recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:
 1. Procure or obtain,
 2. Extend or renew a contract to procure or obtain; or
 3. Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by

Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

- i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - ii. Telecommunications or video surveillance services provided by such entities or using such equipment. iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country. President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under Pub. L. 115-232, section 889 until September 30, 2022. During the exemption period, PEPFAR recipients are expected to work toward implementation of the requirements
17. Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
 18. Travel Costs – Hotel, meals and incidentals generally should not exceed the Federal Travel Per Diem Rates published by the General Services Administration. There are many rules and exceptions in applying this rule. Please contact NACCHO with specific questions about these exceptions.
 19. Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
 20. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - o publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - o the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action,
 - o or Executive order proposed or pending before any legislative body