



REQUEST FOR APPLICATION

Comprehensive Community Approaches that Address Childhood Trauma to Prevent Substance Misuse

Date of release: September 28, 2020

Applications are due by 5 pm E.T. on Thursday, November 12th, 2020

Background

Traumatic childhood events such as abuse, neglect, and witnessing crime, parental conflict, mental illness, and substance abuse can result in long-term negative effects on learning, behavior and health. Often referred to as adverse childhood experiences (ACEs), these types of events may create toxic stress that can impact healthy brain development and increase risk for smoking, alcoholism and other substance use disorders (SUDs), depression, heart disease, and a myriad of other health outcomes including other chronic diseases, premature death and other high risk behaviors.ⁱ

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences, or ACEs, are preventable, potentially traumatic events that occur in childhood (0-17 years) such as neglect, experiencing or witnessing violence, and having a family member attempt or die by suicide. ACEs also include aspects of a child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with substance use, mental health problems, or instability due to parental separation or incarceration of a parent, sibling or other member of the household. These examples do not comprise an exhaustive list of childhood adversity, as there are other traumatic experiences that could impact health and wellbeing. Finally, ACEs often occur together, can result in toxic stress, and are associated with a wide range of adverse behavioral, health, and social outcomes, including substance use, depression, overweight/obesity, lower education and earnings potential, and chronic diseases such as heart disease and cancer.ⁱⁱ

With support from the Centers for Disease Control and Prevention (CDC), the National Association of County and City Health Officials (NACCHO) is pleased to offer a funding opportunity for the implementation of evidence-based approaches through multi-sector, community based efforts to prevent and mitigate the harms of ACEs and the subsequent increased risk for SUD.

Funding Overview

NACCHO will select and fund up to five (5) awards through this Request for Applications (RFA) in the form of a subaward, or cost reimbursement contract. Applicants may request up to \$450,000 to support project activities outlined in the submitted work plan and crosscutting activities with CDC, NACCHO, and the other selected sites. The project period shall begin upon both parties' full execution of the contract and will end July 31, 2021. Contingent on CDC approving a no cost extension, the project will continue (with a contract modification) to end on July 31, 2022.

The ideal applicant will have strong partnership with a community organization (e.g., public health, behavioral health providers, school systems, foster care system, healthcare, public safety, or health and human services) and a collaborative approach to address ACEs in children and/or adult population to reduce the incidence of SUD and drug overdose. The main activities of the project include **1) strengthening current evidence-based (or informed) programs within the selected communities, 2) using existing or new data to inform, tailor and implement or adapt current ACE prevention or mitigation strategies, and 3) implementing an academic detailing program in adult primary care settings to facilitate conversations about the impact of ACEs .**

Strengthening existing programs:

The work plan submitted should include a comprehensive approach to the prevention of ACEs or the mitigation of ACEs to improve health and behavior outcomes that have been linked to ACEs (e.g.,

substance use disorder). Programs can target youth, children, or families for prevention of ACEs or target adults for mitigating the potential harms of ACE to reduce SUD and drug overdose. Innovative approaches to preventing and mitigating ACEs are encouraged; however, these approaches must be empirically informed and have strong rationale that is supported by peer-reviewed literature or have demonstrated effectiveness in the community.

ACEs are preventable. A CDC-developed resource, [Preventing Adverse Childhood Experiences \(ACEs\): Leveraging the Best Available Evidence](#), that can help states and communities use the best available evidence to prevent ACEs from happening in the first place, as well as lessen harms when ACEs do occur. This resource features six strategies drawn from the [CDC Technical Packages to Prevent Violence](#)

Applicants receiving other CDC funding for ACEs prevention (e.g, Preventing Adverse Childhood Experiences: Data to Action, Essentials for Childhood, Resilience Catalyst) should align and collaborate, as appropriate, with state/local jurisdictions.

Adaptation of these programs to include a focus on prevention or mitigation of SUD is encouraged.

Examples of programs at the intersection of ACEs and SUD response strategies might include:

- Parenting programs for people with known SUD or SUD risk factors.
- Trauma-informed training for healthcare workers focused on harm reduction.
- Adaptation of school-based social and emotional learning programs for virtual learning.
- Naloxone distribution and training in communities combined with parenting programs.
- Home visiting programs for pregnant and parenting women with known SUD or SUD risk factors.
- Expansion or implementation of programs that support plans of safe care,ⁱⁱⁱ a requirement for states to receive Child Abuse Prevention and Treatment Act funds.

Implementation of data-informed ACE prevention strategies:

The selected jurisdictions will develop an implementation plan (with support of an implementation science expert) for additional activities that address an unmet need among the target population (possibly due to lack of resources; time, funding, capacity, etc.). The activities should build on existing programs and be evidence based or evidence-informed with the long-term goal of reducing SUD and drug overdoses in the jurisdiction.

Implementation of an academic detailing program:

Academic detailing is an established technique that has been shown to change prescribing behavior of providers.^{iv} This technique uses one on one interactions between an academic detailer and a provider, establishing a relationship in which the detailer shares up to date and accurate information that can benefit patients. We have adapted this established technique to address ACEs with adults in the primary care setting. The selected jurisdictions will receive virtual training and ongoing technical assistance (TA) to build on an existing or create a new [academic detailing program](#). The academic detailing program will target primary care providers. The TA will support the program with leadership buy-in, planning and assessment, detailer recruitment and training, ACE-specific messaging tools, field and e-visit support, resource identification, evaluation, and continuation planning. The community must have established resources to support patients with identified ACEs. The detailers will provide the primary care providers a comprehensive list of locally available

resources and encourage linkage to these resources when appropriate. *The selected sites do not need prior experience with academic detailing to apply for this opportunity and should ensure that there are accessible resources in place to support patients' needs identified with primary care providers.*

COVID 19 considerations:

In the statement of need section of the application, the applicant should include how COVID-19 has impacted the current programs, and how these programs have been adapted due to COVID-19. All programs described in the application that include group activities or interaction with the public must adhere to CDC recommended safety protocols and guidelines including local COVID-19 policies.

Eligibility and Contract Terms

This funding opportunity is open to all jurisdictions that have an existing program in place to mitigate the potential health outcomes associated with ACEs, including substance use disorder and are working directly or in partnership with other organizations. The application should meet the following requirements:

- The applicant must be a nonprofit 501 (c)(3) organization or a governmental entity.
- The applicant must be able to describe either how they have identified individuals at risk for ACEs through screenings or assessments or the prevalence of ACEs (e.g., ACE module in the State's Behavioral Risk Factor Surveillance System (BRFSS) or another proxy) in the jurisdiction.
- The applicant's proposal must involve a comprehensive approach to mitigate or prevent ACEs and have at least one strong partner in this work (e.g., public safety, public health, schools (or school system), foster care system, child reunification programs, parenting programs, behavioral health system).
- The applicant must commit to implementing an academic detailing program in the jurisdiction (to be supported by the National Resource Center for Academic Detailing (NaRCAD) and pilot a tool to facilitate conversations about ACE impacts in adult primary care settings.
- The applicant must have experience in federal contracting and have completed a [Single Audit](#). If Single Audit does not apply to the applicant, please provide explanation, and fill out the Certification Regarding Non-Applicability of Audit Requirement. An additional Risk Assessment Form will be provided for selected applicant.

Selected applicants will be required to identify and designate an agency to enter a contract with NACCHO, to serve as a fiscal agent for the project and to submit the deliverables specified in the contract. Agreement with NACCHO's standard contract terms and conditions is a requirement. **No modifications to the terms or contract language will be made. Applicants that cannot agree to NACCHO's contract language should not apply for this initiative.** Read the standard contract language (Appendix A) for more information. NACCHO has a specific contract template as approved by the State's General Counsel for applicants from State of FL and TX. Please email us for a copy should you need it. As part of the application, the contractor/organization will be asked to verify that they have read NACCHO's standard contract language and have provided a copy to the individual with signing authority at your organization for advanced consideration. Do not sign and return at the time of application.

NACCHO invites interested applicants to participate in an informational webinar, [Informational Webinar: Comprehensive Community Approaches that Address Childhood Trauma to Prevent Substance Misuse](#). This webinar will feature Injury and Violence Prevention program leads from NACCHO and the Centers for Disease Control and Prevention (CDC). Participants are encouraged to

come with any questions they may have regarding this opportunity. The webinar will take place on **Tuesday, October 13th (1:00 - 2:00 PM ET)**. This webinar will be recorded and will be accompanied by an FAQ document that will cover all questions received to date.

All questions should be sent via email to IVP@naccho.org and will be reviewed in consultation with CDC staff.

Project Expectations and Requirements

NACCHO and CDC will serve as technical assistance providers for the selected communities. This includes support linking to existing CDC efforts in the state or region and with other health departments or communities doing similar activities. NACCHO will also assign a project administrative liaison to provide contractual oversight for the project (e.g., establishing contracts with local health departments or other entities, invoicing and payments, final reports from each site to capture facilitators, barriers, and best/promising practices). The selected applicant will be required to conduct provide specific activities in addition to implementing their work plan. A draft scope of work (SOW) is attached as Appendix C. A final SOW will be agreed upon after award acceptance by applicant.

Application

Applications for this opportunity should use single-spaced, Times New Roman, 12-point font, with 1" margins. Applicants should:

1. Review the requirements and expectations outlined in this RFA.
2. Read NACCHO's standard contract (Appendix A) and provide a copy to the individual with signing authority for the LHD (or entity that would be contracting with NACCHO, e.g., city government), including any relevant financial or legal offices for advanced consideration. *Do not sign or send back the contract with the application.*
3. Submit the application to NACCHO's Overdose Prevention Team at IVP@naccho.org by **November 12th, 2020 at 5:00pm ET**. Submissions after this deadline will not be considered. Please use the subject line, "Comprehensive Community Approaches that Address Childhood Trauma to Prevent Substance Misuse". NACCHO will confirm receipt of all applications within two business days, however, confirmation of receipt does not guarantee verification of completeness.
4. The application must include the following items to be deemed complete:
 - Narrative (**no more than 5 pages**) that addresses the four domains described below: Statement of Need, Strategy and Approach, Partnerships, and Potential Impact (Logic Model)
 - Budget (template provided) and budget narrative
 - Work plan (template provided)
 - Completed attachments

Selection Process

Applications for this project will be evaluated by NACCHO and CDC. The budget and budget narrative are required for complete application submissions but will not be considered against the scoring criteria. NACCHO will not review incomplete applications.

Scoring and considerations:

- Statement of Need (25%)

- Strategy and Approach (30%)
- Partnerships (20%)
- Potential Impact (25%)

Please note, reviewers will also consider geographic distribution, jurisdictional characteristics, and population size to ensure community diversity.

Applications should include:

A. Project Narrative

1. Statement of Need

Describe characteristics of the jurisdiction including:

- Race and ethnicity of the jurisdiction
- Prevalence of ACEs, including data sources and collection methods (e.g. ACE module in the state’s Behavioral Risk factor Surveillance System or another proxy).
- The impact of COVID-19 on the jurisdiction’s current incidence of ACEs and any ACE mitigation or prevention programs.

2. Strategy and Approach

- Describe the target population (s) of your current programs and how you have identified them.
- Describe the current evidence-based programs you are implementing for your child, youth and/or adult population at risk. Are you implementing these strategies with fidelity or have you adapted them to your circumstance? If so, explain the nature and reasoning for these adaptations.
- Describe any plans for changes or expansion of current evidence-based programs that you are interested in pursuing with these funds and how they have been informed by community need and local data.
- Include a brief description of the staffing plan to implement the strategy and approach. Key personnel should be included in the CV/resume attachments.
- What are the identified social or structural determinants of health leading to inequities in your community, and what are you doing to address them or what do you propose to do to address them?

3. Partnerships:

- Describe the role of each partner and how they work together to plan and implement program(s). Describe additional community partnerships that will be involved in this effort.
- How have you used input from program participants and/or community stakeholders/members to inform your programs and services?

4. Potential Impact

- Through a logic model, describe the short- and long-term outcomes you intend to achieve because of this project. Use the template and instructions ([Logic Model](#)), or include your own logic model created for your program.

B. Budget and Budget Justification

- Refer to the [budget template and instructions](#). 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 18 months with the understanding that the project will end on July 31, 2022. All federal regulations included in [45 CFR 75](#) will be mandated for awardees. Non-allowable expenses are listed in Appendix B.

- **Include a budget narrative** (one page or less not included in page count) to explain each line-item and how the amounts were derived. See detailed guidance below.
 - Personnel: List all staff positions by title (both current and proposed). Give the annual salary or hourly rate of each position, the percentage of each position's time devoted to the project, and the activities you anticipate these staff persons to conduct.
 - Fringe Benefits: Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, etc.
 - Travel: Specify the purpose and details of the travel.
 - Supplies: Identify supplies in the detailed budget and the intended use for these supplies (i.e. what activities will the supplies support).
 - Contractual: Identify each proposed contract and specify its purpose and estimated cost.
- Respond to the following two questions at the end of the budget narrative:
 - Do you have a prior experience in Federal Contracting?
 - Have you completed a Single Audit?

C. Workplan

- Submit a work plan describing how you plan to achieve the period of performance outcomes, strategies, and activities using this funding opportunity. The work plan should include goals, objectives, activities, expected outcomes, and a timeline with a month-by-month description of key tasks and milestones for project completion, and specific deliverables. After reading the work plan, reviewers should be able to understand how the applicant plans to carry out achieving the period of performance outcomes, strategies, and activities using this funding opportunity.

D. Attachments

- Required: **At least** one letter of support from a community partner.
- Required: Copy of all key personnel C.V.s, highlighting relevant knowledge, skills, and abilities
- Required: Submit a W-9
- Required: Complete and submit the Certification of Non-Debarment, Certification Regarding Lobbying with Federally Appropriated Funds
- As applicable: Certification regarding Non-Applicability of Audit Requirement
- As applicable: Complete and submit the FFATA data collection form. *(This form will be required for all contracts over \$25,000, but if you are not able to complete the form in time for the application deadline, this form can be submitted up to three weeks after the application deadline.)*

Applicants will be notified of their selection status by e-mail to the project point of contact on or around **November 23rd, 2020**. 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.

Funding for this initiative is supported by the Centers for Disease Control and Prevention (CDC) cooperative agreement 5 NU38OT000306-03-00 titled *Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health*.

Attachments

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

- [Budget](#)
- [Work plan](#).
- [Logic Model](#)
- Vendor Information Form – [Form](#)
- W-9 – [Form](#)
- Certification of Non-Debarment - [Form](#)
- Certification Regarding Lobbying with Federally Appropriated Funds - [Form](#)
- Certification regarding Non-Applicability of Audit Requirement (as applicable) - [Form](#)
- FFATA Form (as applicable) - [Form](#)

Appendix A – Subaward Agreement

Appendix B – List of unallowable costs

Appendix C – Draft Scope of Work

APPENDICES

APPENDIX A – Subaward Agreement

SUBAWARD AGREEMENT

This Contractual Agreement is entered into, effective as of the date of the later signature indicated below, by and between the **National Association of County and City Health Officials** (hereinafter referred to as “NACCHO”), with its principal place of business at 1201 (I) Eye Street NW, 4th Fl., Washington, DC 20005, and *[insert name of Subrecipient]* (hereinafter referred to as “Subrecipient”), with its principal place of business at *[insert mailing address of Subrecipient]*.

WHEREAS, NACCHO wishes to hire Subrecipient to perform the services specified herein for NACCHO to enhance the programmatic activities of a grant; and

WHEREAS, Subrecipient wishes to perform such services for NACCHO, and

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties, intending to be legally bound, do hereby agree as follows:

ARTICLE I: SPECIAL PROVISIONS

1. **PURPOSE OF AGREEMENT:** Subrecipient agrees to provide the goods and/or services to NACCHO to enhance the programmatic activities of ____ GRANT # ____, CFDA # ____, as described in Attachment I. The terms of Attachment I shall be incorporated into this Agreement as if fully set forth herein. Subrecipient shall act at all times in a professional manner consistent with the standards of the industry.
2. **TERM OF AGREEMENT:** The term of the Agreement shall begin on *(insert date)* and shall continue in effect until *(insert date)*, unless earlier terminated in accordance with the terms herein. Expiration of the term or termination of this Agreement shall not extinguish any rights or obligations of the parties that have accrued prior thereto. The term of this Agreement may be extended by mutual agreement of the parties.
3. **PAYMENT FOR SERVICES:** In consideration for services to be performed, NACCHO agrees to reimburse the Subrecipient for eligible costs incurred up to \$ ##### *(enter amount to be reimbursed. You should also insert here the time schedule on which the Subrecipient will be paid.)* Eligible costs are those previously approved by NACCHO. All payments will be made within 30 days of receipt of invoice(s) from Subrecipient and following approval by NACCHO for approved services, as outlined on Attachment I. The invoice(s) shall itemize all expenses with supporting documentation for each itemized expense.
Two invoices must be submitted as follows:

| Invoice No. | Amount | Due date |
|-------------|--------|----------|
| Invoice I | | |
| Invoice II | | |

NACCHO award number must be included on all invoices. The parties agree that payment method shall be made by check, via postage-paid first class mail, [at](#)

[the](#) address for the *giving of notices as set forth in Section 26* of this Agreement. Any changes of payment method would require a modification signed by both parties. **The final invoice must be received by NACCHO no later than 15 days after the end date of the Agreement. Subrecipient will be given an opportunity to revise as needed but the final revised invoice must be received no later than 30 days after the end date of the Agreement. NACCHO will not accept any invoices past 30 days of the end date of the Agreement.**

ARTICLE II: GENERAL PROVISIONS

1. **INDEPENDENT CONTRACTOR:** Subrecipient shall act as an independent Contractor, and Subrecipient shall not be entitled to any benefits to which NACCHO employees may be entitled.

2. **PAYMENT OF TAXES AND OTHER LEVIES:** Subrecipient shall be exclusively responsible for reporting and payment of all income tax payments, unemployment insurance, worker's compensation insurance, social security obligations, and similar taxes and levies.

3. **LIABILITY:** All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Subrecipient in the performance of this agreement shall be the responsibility of the Subrecipient, and not the responsibility of NACCHO if the liability, loss, or damage is caused by, or arises out of the actions or failure to act on the part of the Subrecipient, or anyone directly or indirectly employed by the Subrecipient.

All liability to third parties, loss, or damage as result of claims, demands, costs, or judgments arising out of activities, such as the provision of policy and procedural direction, to be carried out by NACCHO in the performance of this agreement shall be the responsibility of NACCHO, and not the responsibility of the Subrecipient, if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any NACCHO employee.

In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Subrecipient and NACCHO in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the Subrecipient and NACCHO in relation to each party's responsibilities under these joint activities.

4. **REVISIONS AND AMENDMENTS:** Any revisions or amendments to this Agreement must be made in writing and signed by both parties.

5. **ASSIGNMENT:** Without prior written consent of NACCHO, Subrecipient may not assign this Agreement nor delegate any duties herein.

6. **CONTINGENCY CLAUSE:** This Agreement is subject to the terms of any agreement between NACCHO and its Primary Funder and in particular may be terminated by NACCHO without penalty or further obligation if the Primary Funder terminates, suspends or materially reduces its funding for any reason. Additionally, the payment obligations of NACCHO under this Agreement are subject to the timely fulfillment by the Primary Funder of its funding obligations to NACCHO.
7. **INTERFERING CONDITIONS:** Subrecipient shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Subrecipient's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Subrecipient of said duties and responsibilities under this Agreement.
8. **CONFIDENTIALITY:** *It is expected that Subrecipient will have access to confidential information of NACCHO in the performance of services under this Agreement. Subrecipient agrees not to divulge to any third party, at any time either before or after termination or expiration of this Agreement, any information of NACCHO that could reasonably be considered confidential information, whether or not marked as such or defined as confidential by federal, state or local law, and to use commercially reasonable efforts to protect all such confidential information so as to prevent its disclosure. Notwithstanding the foregoing, Subrecipient may file information as required to federal, state or local governments, and disclose information to Subrecipient's or NACCHO's auditor for audit purposes. (THIS CLAUSE IS NOT NECESSARY UNLESS YOU ARE WORKING WITH CONFIDENTIAL INFORMATION.)*
9. **OWNERSHIP OF MATERIALS:** Subrecipient hereby transfers and assigns to NACCHO all right, title and interest (including copyright rights) in and to all materials created or developed by Subrecipient pursuant to this Agreement, including, without limitation, reports, summaries, articles, pictures and art (collectively, the "Materials") (subject to any licensed third-party rights retained therein). Subrecipient shall inform NACCHO in writing of any third-party rights retained within the Materials and the terms of all license agreements to use any materials owned by others. Subrecipient understands and agrees that Subrecipient shall retain no rights to the Materials and shall assist NACCHO, upon reasonable request, with respect to the protection and/or registrability of the Materials. Subrecipient represents and warrants that, unless otherwise stated to NACCHO in writing, the Materials shall be original works and shall not infringe or violate the rights of any third party or violate any law. The obligations of this paragraph are subject to any applicable requirements of the Federal funding agency.
10. **RESOLUTION OF DISPUTES:** The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the Subrecipient, the Chief Executive Officer of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the Subrecipient and NACCHO in relation to the actual costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination. If such efforts fail to resolve the differences, the disputes will be submitted to arbitration in the District of Columbia before a single arbitrator in accordance with the then-current rules of the American Arbitration Association. The arbitration award shall be final and binding upon the parties and judgment may be entered in any court of competent jurisdiction.
11. **TERMINATION:** Either party may terminate this Agreement upon at least fifteen (15) days prior written notice to the other party. NACCHO will pay Subrecipient for services rendered through the date of termination.

12. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties regarding the subject matter hereof and supersedes and replaces any and all previous understandings, commitments, or agreements, whether oral or written, regarding such subject matter.
13. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, such part, term or provision shall be restated in accordance with applicable law to best reflect the intentions of the parties and the remaining portions or provisions shall remain in full force and effect and shall not be affected.
14. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the District of Columbia (without regard to its conflict of laws provisions).
15. ADDITIONAL FUNDING: Unless prior written authorization is received from NACCHO, no additional funds will be allocated to this project for work performed beyond the scope specified or time frame cited in this Agreement.
16. REMEDIES FOR MISTAKES: If work that is prepared by the Subrecipient contains errors or misinformation, the Subrecipient will correct error(s) within five business days. The Subrecipient will not charge NACCHO for the time it takes to rectify the situation.
17. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Subrecipient's use of funds under this Agreement is subject to the directives of and full compliance with 2 CFR Part 200 (Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards, and 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards), It is the Subrecipient's responsibility to understand and comply with all requirements set forth therein.
18. EQUAL EMPLOYMENT OPPORTUNITY: Pursuant to 2 CFR 200 Subpart D , Subrecipient will comply with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 C.F.R. part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."
19. DEBARRED OR SUSPENDED SUBRECIPIENTS: Pursuant to 2 CFR 200 Subpart C, Subrecipient will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689, "Debarment and Suspension."
20. AUDITING: Subrecipient agrees to permit independent auditors to have access to its records and financial statements for the purpose of monitoring compliance with this Agreement. If Subrecipient is not required to undergo an audit pursuant to 2 CFR 200 Subpart F because Subrecipient receives less than \$750,000 in federal direct or indirect cooperative agreement or grant funds, Subrecipient will certify to NACCHO that it is not so required. If Subrecipient is required to undergo an audit pursuant to 2 CFR 200 Subpart F, Subrecipient will undergo the required audit and agrees to send a copy of its most recent Single Audit report and any management letters to NACCHO.

21. LOBBYING RESTRICTIONS AND DISCLOSURES: Pursuant to 2 CFR 200 Subpart E, Subrecipient will certify to NACCHO using the required form that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Subrecipient will also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

22. COMPLIANCE WITH FEDERAL ENVIRONMENTAL REGULATIONS: Pursuant to 2 CFR 200 Subpart F, Subrecipient agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.)

23. REPORTING REQUIREMENTS: If applicable, Subrecipient must comply with Subrecipient reporting requirements specified in the Federal Funding Accountability and Transparency Act (P.L. 109-282). Subrecipient shall submit the information required on the form provided by NACCHO within 15 days of execution of this agreement and prior to any payment being made against this agreement.

24. WHISTLEBLOWER PROTECTION: Pursuant to 41 U.S.C. 4712 employees of a contractor, subcontractor, or Subrecipient will not be discharged, demoted, or otherwise discriminated against as reprisal for “whistleblowing.”

25. EXECUTION AND DELIVERY: This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same Agreement. The counterparts of this Agreement and all Ancillary Documents may be executed and delivered by facsimile or electronic mail by any of the parties to any other party and the receiving party may rely on the receipt of such document so executed and delivered by facsimile or electronic mail as if the original had been received.

26. NOTICE: All notices, including invoices, required to be delivered to the other party pursuant to this Agreement shall be in writing and shall be sent via facsimile, with a copy sent via US mail, postage prepaid, to the parties at the addresses set forth below. Either party may send a notice to the other party, pursuant to this provision, to change the address to which notices shall be sent.

FOR NACCHO:

National Association of County and City
 Health Officials
 Attn: _____
 [Name of Program Staff]
 1201 (I) Eye Street NW 4th Fl.,
 Washington, DC 20005

With a copy to:

National Association of County and City Health
 Officials
 Attn: Ade Hutapea, LL.M., CFCM
 Lead Contracts Administrator
 1201 (I) Eye Street NW 4th Fl.,
 Washington, DC 20005
 Tel. (202) 507-4272

Tel. (202) _____

Fax (202) 783-1583

Fax (202) 783-1583

Email: ahutapea@naccho.org

Email: _____@naccho.org

FOR SUBRECIPIENT:

(Name and address of Contractor's Contract Officer or Designee, including telephone and fax.)

IN WITNESS WHEREOF, the persons signing below warrant that they are duly authorized to sign for and on behalf of, the respective parties.

AGREED AND ACCEPTED AS ABOVE:

NACCHO:

SUBRECIPIENT:

By: _____

By: _____

Name: Jerome Chester

Name: _____

Title: Chief Financial Officer

Title: _____

Date: _____

Date: _____

Federal Tax ID No.:

DUNS No.: _____

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS

SUBRECIPIENT AGREEMENT – ATTACHMENT I

SCOPE OF WORK

During the term of this Agreement, Subrecipient agrees to: *(list specific services, activities, products for which the Subrecipient is responsible for producing under this Agreement. Each should be clearly stated. Be as specific as possible. This Attachment sets forth the entire obligation of Subrecipient and should not be vague or unclear. The more details the better. If there is any dispute or confusion about the Subrecipient's obligations, this is the document that will decide whether Subrecipient has fulfilled his or her obligations, so be precise.)*

APPENDIX B – Unallowable Costs

Unallowable Cost Guidelines

- Unallowable costs
- Naloxone/Narcan, syringes, fentanyl test strips.
- HIV/HCV/other STD/STI testing.
- Drug disposal. This includes Implementing or expanding drug disposal programs or drug take-back programs, drug drop box, drug disposal bags.
- The provision of medical/clinical care.
- Wastewater analysis, including testing vendors, sewage testing and wastewater testing.
- Research.
- Direct funding or expanding the provision of substance abuse treatment.
- Development of educational materials on safe injection.
- Incentives such as gift cards.
- Furniture or vehicles.
- Food and beverage requests will be approved on a case-by-case basis and will require the submission of further documentation.

APPENDIX C – Draft Scope of Work – Crosscutting Activities

The Scope of Work for this subaward will include implementing the work plan in the application as well as these crosscutting activities.

| Statement of Work - Crosscutting Activities | | | |
|--|---|--|-------------------------------|
| Period | Activity | Lead Person/Organization | Timeline |
| <i>Objective 1. Through the period of performance, participate in virtual learning, and evaluation activities to openly share challenges, results, and outcomes of selected site's experience</i> | | | |
| Year 1 & Year 2 | Participate in monthly check-in calls facilitated by NACCHO to review the progress of ongoing activities, any major changes to the work plan, and discuss technical assistance needs. Participants will include at least one representative from NACCHO, CDC, and the awardee as well as any other stakeholders invited by the awardee. | NACCHO, CDC, Selected jurisdiction | Complete by July 31, 2022 |
| Year 1 | Complete an ACE Capacity Assessment tool. Each site will complete a vetted capacity assessment tool at the beginning of the project. | NACCHO, Selected jurisdiction | Complete by January 31, 2021 |
| Year 1 | Develop an evaluation plan based on the logic model. A template and technical assistance will be provided from NACCHO and CDC. | NACCHO, CDC, Selected jurisdiction | Complete by February 15, 2021 |
| Year 2 | Implement the evaluation plan and hold quarterly calls to update progress on evaluation | NACCHO, CDC, Selected jurisdiction | Completed by July 31, 2021 |
| Year 1 & Year 2 | Develop an implementation plan for each program to document process and activities (customizable template will be provided). | NACCHO, CDC, Implementation Science expert, Selected jurisdiction | Complete by July 31, 2021 |
| Year 1 & Year 2 | Participate in cohort learning and sharing experiences. Technical assistance and training will be available to sites and will be based on the site capacity assessment tool results. | NACCHO, CDC, Implementation Science expert, all program participants | Complete by July 31, 2022 |
| Year 1 | Implement an academic detailing program and pilot a tool to facilitate conversations about ACE impacts in adult primary care settings. Sites will manage detailer tracking, reporting of program plus feedback regarding pilot curriculum (templates will be provided). | NACCHO, NaRCAD, Selected jurisdiction | Complete by July 31, 2021 |

| | | | |
|--------|---|------------------------------------|---------------------------|
| Year 2 | Participate in project evaluation-related activities with NACCHO and CDC, including interviews and surveys, to assess how the technical assistance and funding changed the site’s capacity. Submit a final report that includes information about lessons learned, successes, and challenges experienced during the project, as well as progress and evaluation data from the beginning of funding through the end of the project period. | NACCHO, CDC, Selected jurisdiction | Complete by July 31, 2022 |
| Year 2 | Complete an ACE Capacity Assessment tool at the end of the project. | NACCHO, Selected jurisdiction | Complete by July 31, 2022 |

ⁱ 2019 VS: Merrick, M. T., Ford, D. C., Ports, K. A., Guinn, A. S., Chen, J., Klevens, J., ... & Ottley, P. (2019). Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention—25 States, 2015–2017. *Morbidity and Mortality Weekly Report*, 68(44), 999.

ⁱⁱ Merrick MT, Ford DC, Ports KA, et al. (2019) Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017. *MMWR Morbidity and Mortality Weekly Report*, 68,999-1005. DOI: <http://dx.doi.org/10.15585/mmwr.mm6844e1external> icon.

AND Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, 14, 245-258.

ⁱⁱⁱ 42 U.S.C. § 5106a(b)(2)(B)(ii)-(iii), as amended by the Comprehensive Addiction and Recovery Act of 2016 (P.L. 114-198)

^{iv} Liebschutz JM, Xuan Z, Shanahan CW, et al. Improving adherence to long-term opioid therapy guidelines to reduce opioid misuse in primary care: A cluster-randomized clinical trial. *JAMA Intern Med* 2017;177(9):1265–72.’