

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

Request for Application

Implementing Overdose Prevention Strategies at the Local Level (IOPSL)

Date of release: September 16, 2021

Applications are due by 11:59 pm E.T. on October 21, 2021

Summary Information

Project Title: Implementing Overdose Prevention Strategies at the Local Level (IOPSLL)

Proposal Due Date and Time: October 21, 2021, 11:59 E.T.

Selection Announcement Date: On or around November 18, 2021

Source of Funding: Centers for Disease Control and Prevention

NOA Award No.: 6 NU38OT000306-04-01

Maximum Funding Amount: Up to \$500,000

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

I. Background

Almost 450,000 people died from overdoses in the United States from 1999-2018.ⁱ Apart from the tragic loss of life, the overdose epidemic, driven by opioid use but substantially impacted by stimulant and polysubstance use, has also contributed to increases in non-fatal overdoses, emergency room visits, and widespread outbreaks of infectious diseases linked to intravenous drug use while also causing community-level harms such as economic decline and increased incarceration rates.^{ii iii iv} Provisional data from the CDC's National Center for Health Statistics (NCHS) has indicated that since the onset of the COVID-19 pandemic, numbers of drug overdose deaths have increased. From June 2019 to May 2020, an estimated 81,000 drug overdose deaths were recorded- the most ever recorded in a 12-month period.^{vi}

Drug overdose deaths continue to increase in the United States, contributing to 92,183 deaths in 2020,^{vii viii ix} subsequently, opportunities to prevent and respond to the overdose epidemic also continue to grow.^{xxixii} The complex and changing nature of the overdose epidemic highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach.

II. Funding Opportunity Overview

The National Association of County and City Health Officials (NACCHO), with support from the Centers for Disease Control and Prevention (CDC), the National Center for Injury Control and Prevention (NCIPC), is accepting applications for *Implementing Overdose Prevention Strategies at the Local Level*. This funding opportunity is designed to build capacity for local health departments (LHDs) serving jurisdictions with an above average burden of drug overdose deaths.

NACCHO will select up to ten (10) awards available through this funding opportunity. Each LHD may request up to \$500,000 to support project activities. The project period shall begin upon both parties' full execution of the contract and will end **July 31, 2022**. Contingent on CDC approving a no cost extension, the project will continue (with a contract modification) to end on **July 31, 2023**. Applications must be submitted through the [online submission form](#) no later than **October 21, 2021, 11:59 E.T.** In fairness to all applicants, NACCHO will not accept late submissions.

Recipients are expected to implement activities that address their community's challenges related to drug overdoses in one or more of the following strategies. There may be a natural overlap amongst the activities proposed under the strategies. Mutual exclusivity is not required, and some proposed activities may be classified under more than one strategy.



- **Establishing Linkages to Care:** Identify systems-level strategies in healthcare (e.g., emergency departments, outpatient settings, community-based programs) or substance use treatment, harm reduction facilities, naloxone education events, or first responders to support care linkages with improved coordination, or integration using technology.
- **Providers and Health Systems Support:** This strategy focuses on ensuring that providers and health systems are equipped with the science, tools, resources, guidance, and networks to contribute to overdose prevention and response solutions. Applicants may propose activities in this domain that equip providers and health systems to make evidence-based prescribing decisions, have timely and complete information regarding non-opioid medications and non-pharmacologic treatments, and identify patients at risk for overdose or opioid use disorder and can then either offer or connect their patients with appropriate care.
- **Enhanced Surveillance and Data Sharing:** Data sharing and surveillance to inform prevention and response efforts. This can include collection and dissemination of data from emergency departments, emergency medical services, treatment centers, jails or prisons, death certificates and medical examiner or coroner data, plans of safe care, OD Map and other less common data sources. Applicants should describe how their data will be used to inform their prevention efforts.
- **Partnerships with Public Safety and First Responders:** Programmatic collaborations across public health and public safety partners to share and leverage prevention and response resources. Public safety partners play a critical role in responding to overdoses and should be engaged in prevention efforts aimed at reducing drug-related morbidity, mortality, and associated harms. This domain is an opportunity for funded jurisdictions to either develop new partnerships, or build upon existing partnerships, with local public safety entities. For the purposes of this funding opportunity, public safety entities include police and public safety and first responder agencies, courts and corrections, as well as fire and paramedic/emergency services. Within regions where they exist, funded recipients can also choose to develop partnerships with regional entities, such as High-Intensity Drug Trafficking Area (HIDTA) units and the Drug Enforcement Administration (DEA). Public safety partnerships that incorporate both data and programming are strongly encouraged.
- **Communication Campaigns:** Communication and public education campaigns that raise awareness about the risks of substance misuse and address stigma surrounding substance use disorder, overdose, disclosure, help seeking/treatment, and naloxone among the public, healthcare providers, public safety professionals, emergency medical service professionals, and others. **This should include addressing stigma at multiple levels of the social ecological model simultaneously and should include best practices for stigma reduction.** Leveraging peer supporters in recovery to address stigma at the individual is encouraged. Applicants may consider implementation of the CDC's Rx Awareness Campaign, use of the Stop Overdose mini-campaigns from the CDC ([Stop Overdose \(cdc.gov\)](https://www.cdc.gov/stopoverdose/)) or the Beyond Labels campaign under this domain.
- **Harm Reduction Activities:** Harm reduction involves tertiary prevention measures implemented by and for people who are already engaged in drug use, which are designed to minimize or reduce the risks associated with drug use while affirming the humanity and agency of people who use drugs. Public health focused harm reduction strategies that are supported by multi-sector partners and offering accessible, life saving strategies is critical to prevent death among people who use drugs. Some notable harm reduction strategies include: naloxone education and distribution developing population-specific risk-reduction messaging for those who use illicit drugs; providing auxiliary services to organizations responsible for naloxone purchases, for



example, naloxone training and awareness, tracking, resources mapping; partnering with syringe service programs to offer comprehensive harm reduction services and linkage to care, including outreach staffing.

- **Innovative Prevention Projects:** To allow flexibility for recipients to respond to emerging threats and opportunities and to promote innovation in prevention strategies, this opportunity includes an option that 10% of the project budget may be used for innovation projects beyond the strategies already outlined in this RFA. Projects must be informed by evidence or scientific theory that is described and referenced within the application. These projects must be approved by CDC and NACCHO.

Applicants are also encouraged to review [Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States](#) for guiding principles and a general overview of current best practices. Recipients are expected to implement activities that will impact short and intermediate outcomes listed in their own logic models. [Here](#) is an example of a logic model detailing potential activities and outcomes. These activities must be linked to measurable outcomes, which must be captured in the required logic model submitted by each LHD. Technical assistance (TA) throughout the implementation process and project year will be provided by NACCHO, CDC, and other identified consultants. Specifics related to technical assistance provided can be found in the Request for Application (RFA), Section IV.

A cost-reimbursable subaward contract will be executed between NACCHO and the LHD; however, LHDs may subcontract with community organizations or other consultants to accomplish the work plan activities.

All necessary information regarding the project and application process may be found in this RFA. Applicants may pose individual questions to NACCHO at any point during the application process by e-mailing IVP@naccho.org.

Informational Webinar: NACCHO and CDC will host an optional informational webinar on **September 28, 2021, at 1 pm E.T.** to discuss the funding opportunity and respond to questions. Visit [this link](#) to register. Questions may be submitted in advance to IVP@naccho.org. The webinar will be recorded and sent out to registrants. Please note that no new information will be shared during the webinar. Applicants can submit applications and questions regarding this announcement at any time and do not have to wait for the optional webinar to begin or submit applications and questions. The webinar will also be recorded and posted to the NACCHO website [here](#). NACCHO will aggregate and anonymize the questions and upload an FAQ to the application site by October 7, 2021.

Event	Date/Time
Launch RFA	September 16, 2021
Informational Webinar (register here)	September 28, 2021, at 1 pm E.T.
Application Submission Deadline	October 21, 2021, at 1pm
Award Notification Date	On or around November 18, 2021
End of initial contract	July 31, 2022
End of Period of Performance (upon CDC approval of no cost extension)	July 31, 2023



III. Eligibility and Contract Terms

Eligibility: This funding opportunity is open to LHDs that meet the following requirements:

- Serve a population of **170,000** full time residents or higher and;
- Drug overdose death rate at the national average of **21.6 per 100,000** or higher *or* death count **equal to or greater than 400**.

Statistics related to these criteria are drawn from the CDC WONDER database. All data refer to statistics from 2019. [Jurisdictions meeting these criteria are listed here.](#)

- If two or more LHDs cover the same jurisdictional county, only one will be awarded. LHDs are encouraged to work together on one application to serve their entire county and select one agency to submit the application and serve as a fiscal agent for the funds.
- Direct recipients of CDC's Overdose Data to Action (OD2A) funding are not eligible. LHDs who received OD2A funding through their state are welcome to apply.
- Currently funded IOPSLP projects are not eligible to apply. Where there's overlap, recipients will be required to coordinate with jurisdictions funded under the Comprehensive Community Approaches Preventing Substance Misuse ([CCAPS](#)) project.

If you believe your jurisdiction is missing from the list of eligible applicants, please email IVP@naccho.org.

Contract Terms: Agreement with NACCHO standard contract terms and conditions is a requirement. Awardees must comply with all federal regulations under 45 CFR 75, which is incorporated by reference in the contract. Florida and Texas applicants should email IVP@naccho.org immediately for a copy of their standard contract. As part of the application, LHD applicants 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.

It is the responsibility of awarded LHDs to return a signed copy of the contract **no later than January 25, 2021**. Recipients are encouraged to be proactive in coordinating their agency's grant approval process to avoid possible delays.

Applicants should review all terms and conditions to determine whether they are the appropriate entity for submitting a proposal. The project period shall begin upon both parties' full execution of the contract and will end **July 31, 2022**. Contingent on CDC approving a no cost extension, the project will continue (with a contract modification) and end on **July 31, 2023**. Applicants should review all proposed activities and expenditures to ensure there is a reasonable expectation that project funds can be spent within the given project period.

V. Project Requirements and Expectations

The selected applicants will be required to conduct specific activities as listed below in addition to implementing their program activities. A scope of work (SOW) will be agreed upon after award acceptance by applicants.



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

- Participate in virtual learning, technical assistance, and evaluation activities highlighted below to openly share challenges, results, and outcomes. **This is a critical element of the award and requires a time commitment of three to five hours per month on average from awardees throughout the period of performance.**
 - Participate in monthly check-in calls facilitated by NACCHO to review progress of planned activities and any major changes to the proposed work plan. Participants will include at least one representative from NACCHO, CDC, and the awardee as well as any other stakeholders invited by the awardee.
 - Participate in additional TA calls by specialized TA providers to support work plan activities.
 - Participate in monthly peer-to-peer (P2P) learning calls with other awardees.
 - Participate in evaluation-related activities with NACCHO and CDC to track and measure progress towards expressed outcomes.
 - Complete an Overdose Prevention Capacity Assessment Tool designed to guide IOPSLR recipients in a systematic and objective assessment of their existing capacity to address the overdose epidemic and gauge technical assistance needs.
 - In collaboration with NACCHO and CDC, participate in the dissemination of a project impact or process evaluation through submission of an abstract for presentation at a conference, submission of an article to a peer reviewed journal, or through an alternative channel.
 - To supplement the TA provided during the project period, an in-person or virtual learning event may be hosted by NACCHO and CDC, considering safety and the continued impact of COVID-19 across the country.
- Recipients will be expected to evaluate and document activities during the implementation process, including process evaluation-related measures and outcome evaluation-related measures, data collection, data analysis and impact. As such, recipients will be expected to develop the following:
 - An evaluation plan with measures associated with the program strategies and activities.
 - Submit an Implementation Progress Report (IPR) intended to reflect information related to implementation and progress of work at the end of the project period.
 - Evaluation Report (ER) intended to reflect information on the monitoring and evaluation of activities conducted.
- Adhere to NACCHO's standard contract language and be able to sign and return the contract to NACCHO within approximately 30 days of receipt.
- Designate one LHD main point of contact with whom NACCHO will directly communicate on all matters related to this project.

IV. Technical Assistance and Support to Awardees

NACCHO, in collaboration with CDC, will provide the following TA and support to awardees:

- Schedule and conduct check-in calls with each awardee.
- Provide monthly opportunities for peer-to-peer networking among awarded LHDs.
- Create a customized TA package for selected LHDs with virtual technical assistance and guidance from subject-matter experts.
- Evaluation planning support.



NACCHO will establish relationships with expert contractors to provide ongoing TA and support to awardees.

VI. Application Process

- Review the requirements and expectations outlined in this RFA.
- Applicants are urged to carefully consider activities that will be both meaningful and feasible to accomplish during the previously described project timeframe.
- Read NACCHO's [standard contract language](#) 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.*
- Reviewed NACCHO's [invoicing instructions](#) and [subaward financial report worksheet](#) (i.e., invoice submission form). Ensure your organization will be able to complete invoices according to these instructions and using this worksheet.
- Submit the application to NACCHO by **October 21, 2021**, at 11:59pm ET. Submissions after this deadline will not be considered. Please submit your application using NACCHO's online portal [here](#).
- The application must include the following items to be deemed complete:
 - Narrative that addresses the four domains described below:
 - Statement of Need, Strategy and Approach, Collaboration and Partnerships, LHD Capacity to Implement Approach, and Impact (Logic Model)
 - Budget (template provided) and budget narrative (no more than one page)
 - Completed attachments
 - The applicant must be registered with the System for Award Management (SAM) and its SAM number. For applicants without a SAM number, please note that it takes 7-10 business days to receive a number after registration. Please plan accordingly to ensure an active SAM number at the time of submission.

NACCHO will confirm receipt of all applications, however, receipt does not guarantee verification of completeness. All questions may be directed to IVP@naccho.org.

VII. Selection Process and Criteria

All applications will be evaluated for scientific and technical merit through a peer review system.

Applications must include information about (1) a clearly defined substance use, SUD, or overdose prevention strategy that has been defined by the applicant and its partner organizations (2) describe plans to implement of an evidence-based or evidence-informed program and how it can prevent SUD or drug-related morbidity, mortality, or associated harms (3) the needs of the community must be reflected in the approach and must align with the strategy outlined and (4) marginalized people or groups of people must be part of the population of focus for the proposed strategies. Applications missing this information may not be forwarded for full panel peer review and will not be recommended for funding consideration.

The following will be considered in making funding recommendations:

- Scientific and technical merit of the proposed project as determined by scientific peer review
- Availability of funds



- Relevance of the proposed project to program priorities

Applications should include:

A. A project narrative

- **Statement of Need (15%)**
 - Describe the characteristics of your jurisdiction, overdose burden, and population of focus. Include the following:
 - Describe the overdose burden or SUD-related mortality and morbidity.
 - Describe the identified gaps in or barriers to services.
 - Information about the racial and ethnic breakdown of your community. Describe the populations impacted by the overdose epidemic in your jurisdiction (including, specific populations that are disproportionately impacted by substance use-related harms or historically underserved).
 - Applicants should include information on the data types or sources and collection methods used to describe the community burden.
 - How health disparities and social determinants of health are considered in the development, implementation, and evaluation of program-specific efforts.
- **Strategy and Approach (30%)**
 - Describe your overdose prevention program’s proposed objectives and goals. Provide a narrative description of your proposed program’s interventions and implementation plan.
 - Describe other competitive awards received and any federal funding related to overdose prevention and response received in the last five years. Describe the measured impacts of your program over the last five years and how this funding will enhance, expand or improve those impacts.
 - Describe how your program focuses on populations that are most likely to experience or witness an overdose, including people who use drugs (PWUD) (e.g., at SSP, emergency rooms, drug treatment facilities, recovery programs, infectious disease and mental health clinics, and jails/prisons), first responders (e.g., EMS and police), and service providers (e.g., peer supporters and clinicians).
 - Describe how you will ensure services/activities are reaching those disproportionately impacted and how your program is addressing members of the community that have been marginalized, defined as communities excluded from mainstream social, economic, educational, and/or cultural life. Examples include but are not limited to Black/African American, Hispanic/Latinx, American Indian and Alaskan Native populations; members of the LGBTQ+ community, and/or language diverse populations.
 - Describe how you used input from PWUD and/or community partners or community members to inform your programs and services. Describe how your program uses culturally appropriate prevention messages, strategies, and interventions that are tailored for the applicant’s community.
- **Collaboration and Partnerships (15%)**
 - Applicants must demonstrate strong, multi-sector collaborations to support their work, including but not limited to community-based organizations; harm reduction facilities or providers; health care providers or health systems; public safety and first responders; and/or other key entities and organizations involved in their work. Describe the extent to which you have working relationships with each partner. Describe the role of each partner and how they work together to plan and implement program(s) by leveraging resources. Include information on any county wide coalitions.



- Include a letter of support from partners. These letters should outline the relationship between the applicant and the partnering program, as well as the role of the partner in the proposed project.
- **LHD Capacity to Implement Approach (10%)**
 - Describe the LHDs’ institutional capacity to coordinate, implement, and evaluate proposed activities, including project management, technical, financial, and administrative management capacity. Describe how this funding will impact the LHD’s capacity.
 - Describe your capacity and capability to accept and expend project funds within the project period. Describe any contracting, procurement, or hiring practices your organization can/will employ to ensure project funds are expended within the given project period.
 - Identify key staff (those who are essential to carrying out your proposal) and provide sufficient detail to demonstrate knowledge, skills, and abilities to perform the functions required to meet the project goals.
- **Impact (25% points)**
 - Using the logic model [template](#) provided, describe the short, intermediate and long-term outcomes you intend to achieve with this project. Applicants must depict the relationship between the program activities and intended outcomes as described in the Strategy and Approach.
 - Please refer to the [Logic Model Quick Guide](#) for additional guidance and information. Recipients are expected to implement activities that will impact short and intermediate outcomes listed in their own logic models.

B. Budget Justification and Narrative (5%)

- Applicants must provide a detailed line-item budget and narrative justification of the items included in their proposed budget.
- 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 an extended project would 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.
- Applicants must demonstrate sufficient staff support to manage and coordinate the proposed program activities and ensure adequate evaluation expertise to support project requirements, as listed in section V.
 - At minimum, applicants must allocate 15% of their proposed budget to support LHD personnel costs.

C. Additional Required Information

- Vendor Form
- W-9 Form
- Completed Certification of Non-Debarment
- Completed Certification Regarding Lobbying with Federally Appropriated Funds
- At least one (1) Letter of Support from any partner organization that is reflected in the project narrative
- Proof of active SAM.gov registration
- As applicable: Certification regarding Non-Applicability of Audit Requirement
- As applicable: Completed 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 about



November 18, 2021. Selected LHDs will be required to confirm participation and agreement with the contract scope of work after receiving notification. The designated point of contact for selection must be available to receive and respond to the notification in a timely manner.

VIII. Strategies and Sample Activities

Recipients are expected to implement activities that address their community’s unique challenges related to drug overdoses. The below table provide examples of potential activities that may fall under the strategies outline in the RFA; however, it is not meant in any way to indicate required or recommended activities and is provided only as a reference.

All programs described that include group activities or interaction with the public must adhere to CDC recommended safety protocols and guidelines including local COVID-19 policies.

Examples of proposed strategies and activities
<p>Establishing Linkages to Care Identify systems-level strategies in healthcare (e.g., emergency departments, outpatient settings, community-based programs) or substance use treatment, harm reduction facilities, naloxone education events, or first responders to support care linkages with improved coordination, or integration using technology.</p> <p><i>Example activities:</i></p> <ul style="list-style-type: none"> • Employ peer navigators to connect and communicate with people who use drugs and people who are seeking care. • Place a case managers or peer support in probation office to link people to care and wrap around services. • Enhance policies and programs to strengthen or improve the system’s ability to engage people in care (i.e., supporting transportation costs for clients). • Increase and improve coordination among organizations that provide care or enable linkages to care by establishing and facilitating ongoing case coordination meetings. • Integrate technology to support linkage to care efforts. • Developing linkages to care upon release from incarceration, i.e., by providing education or implementation support for law enforcement, prison or jail staff on trauma, naloxone, MOUD, or harm reduction services.
<p>Providers and Health Systems Support This strategy focuses on ensuring that providers and health systems are equipped with the science, tools, resources, guidance, and networks to contribute to overdose prevention and response solutions</p> <p><i>Example activities:</i></p> <ul style="list-style-type: none"> • Support guideline implementation, clinical education, and training for providers and health systems. • Support PDMP integration into the electronic health record of local health systems • Implement academic detailing to increase appropriate and evidence-based practice among province or initiate support for insurers and health systems to better serve people who use drugs.

Enhanced Surveillance and Data Sharing

Data sharing and surveillance to inform prevention and response efforts.

Example activities:

- Linking PDMP data with overdose related data or other drug-related datasets: ED, Vital Statistics, EMS, and others (e.g., foster care, justice-related data).
- Determine indicators or factors for identifying high-burden areas within a jurisdiction using surveillance data and report results.

Partnerships with Public Safety and First Responders

Programmatic collaborations across public health and public safety partners to share and leverage prevention and response resources.

Example activities:

- Establishing local overdose fatality reviews (OFRs) to conduct confidential reviews of select overdose death cases and identify agency-level and systems-level gaps, strengths, and opportunities to prevent similar future deaths.
- Deflection programs or alternatives to incarceration through pre-arrest diversion or pre-trial diversion programs.
- Enhance data sharing across public health and public safety partners, such as law enforcement, first responders, emergency rooms, fire department, etc.

Communication Campaigns

Communication and public education campaigns that raise awareness about the risks of substance misuse and address stigma surrounding substance use disorder, overdose, disclosure, help seeking/treatment, and naloxone among the public, healthcare providers, public safety professionals, emergency medical service professionals, and others.

Example activities:

- Develop and implement a mass-market communications campaign to share evidence-based messaging about drug use and people who use drugs (i.e., CDC's Rx Awareness Campaign, Stop Overdose mini-campaigns from the CDC ([Stop Overdose \(cdc.gov\)](https://www.cdc.gov/stopoverdose/)) or the Beyond Labels campaign).
- Address stigma about substance use at multiple levels of social ecology simultaneously through activities such as communications campaigns, provider education within a health system and through peer support specialists for individuals with SUD, etc.
- Develop messaging for those who use illicit drugs to enhance their knowledge of services and resources available within the community.

Harm Reduction Activities

Harm reduction involves tertiary prevention measures implemented by and for people who are already engaged in drug use, which are designed to minimize or reduce the risks associated with drug use while affirming the humanity and agency of people who use drugs.

- Drug checking programs to determine if drugs have been mixed or cut with fentanyl.
- Develop and disseminate risk reduction messaging for vulnerable populations to reduce the unintended negative consequences of drug use.
- Partner with harm reduction organizations to serve people who use drugs and their friends and family (i.e., host naloxone trainings, support syringe service program efforts, provide educational opportunities).
- Evaluate the impact of harm reduction strategies on people who use drugs.

Innovative Prevention Projects

To allow flexibility for recipients to respond to emerging threats and opportunities and to promote innovation in prevention strategies, this opportunity includes an option that 10% of the prevention budget may be used for innovation projects beyond the strategies already outlined in this RFA. Projects must be informed by evidence or scientific theory that is described and referenced within the application. These projects must be approved by CDC and NACCHO.

Note that there may be a natural overlap between the activities proposed under the strategies. Mutual exclusivity is not required, and some proposed activities may be classified under more than one strategy

IX. Attachments

Required Application Resources

- Budget Proposal – [Template](#)
- Logic Model – [Template](#)
 - [Logic Model Quick Guide](#) for reference
- NACCHO Standard Contract for review – [Template](#)
- Vendor Information – [Form](#)
- W-9 Form – [Form](#)
- Certification of Non-Debarment – [Form](#)
- Certification Regarding Lobbying with Federally Appropriated – [Form](#)
- FFATA – [Form](#)
- Certification regarding Non-Applicability of Audit Requirement (as applicable) – [Form](#)
- Required: Proof of active registration with SAM.gov in accordance with an active DUNS number

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 NACCHO and 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.
2. HIV/HCV/other STD/STI testing.
3. Drug disposal programs and supplies. 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 research.
8. Development of educational materials on safe injection.
9. The primary prevention of Adverse Childhood Experiences (ACEs) as a stand-alone activity.
10. Request to purchase motor vehicles will be approved on a case-by-case basis and will require the submission of further documentation.
11. Participant costs, including food and beverage as well as incentives for participation will be approved on a case-by-case basis and will require the submission of further documentation.
12. 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



13. Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
14. Travel Costs – Hotel, meals and incidentals generally are unallowable if they exceed on a daily basis 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.
15. Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
16. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - 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
 - 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, or Executive order proposed or pending before any legislative body

APPENDIX B – Draft Scope of Work – Crosscutting Activities

The Scope of Work for this subaward will include implementing specific program activities alongside these crosscutting project activities:

Scope 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, 2023
Year 1	Complete an Overdose Prevention 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, 2022
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, 2022
Year 2	Implement the evaluation plan and hold quarterly calls to update progress on evaluation.	NACCHO, CDC, Selected jurisdiction	Completed by July 31, 2022
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 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, 2023
Year 2	Complete an Overdose Prevention Capacity Assessment Tool at the end of the project.	NACCHO, Selected jurisdiction	Complete by July 31, 2023

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- ⁱ Mattson CL., Tanz LJ., Quinn K., Kariisa M., Patel P. DN. Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths — United States, 2013–2019. *MMWR Morb Mortal Wkly Rep*. doi:<http://dx.doi.org/10.15585/mmwr.mm7006a4external icon>
- ⁱⁱ Vivolo-Kantor AM, Hoots BE, Scholl L, et al. Nonfatal Drug Overdoses Treated in Emergency Departments — United States, 2016–2017. *MMWR Morb Mortal Wkly Rep* 2020;69:371–376. DOI: <http://dx.doi.org/10.15585/mmwr.mm6913a3>
- ⁱⁱⁱ Anon. (2018, March 06). Emergency Department Data Show Rapid Increases in Opioid Overdoses. Retrieved from <https://www.cdc.gov/media/releases/2018/p0306-vs-opioids-overdoses.html>
- ^{iv} Alter, A., & Yeager, C. (2020, June). COVID-19 Impact on US National Overdose Crisis. Retrieved from <http://www.odmap.org/Content/docs/news/2020/ODMAP-Report-June-2020.pdf>
- ^v Nosrati, E., Kang-Brown, J., Ash, M., McKee, M., Marmot, M., & King, L. (2019, July). Economic decline, incarceration, and mortality from drug ... Retrieved from [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30104-5/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30104-5/fulltext)
- ^{vi} Centers for Disease Control and Prevention. Increase in Fatal Drug Overdoses Across the United States Driven by Synthetic Opioids Before and During the COVID-19 Pandemic.
- ^{vii} Hedegaard H, Minino AM, Warner M. Drug overdose deaths in the United States, 1999–2019. *NCHS Data Brief*. 2020;No. 394(December 2020)
- ^{viii} Wilson N, Kariisa M, Seth P, Smith IV H, Davis NL. Drug and opioid-involved overdose deaths—United States, 2017–2018. *Morbidity & Mortality Weekly*. 2020;69(11):290-297.
- ^{ix} Ahmad F, Rossen L, Sutton P. Data from: Provisional drug overdose death counts. 2021. *National Center for Health Statistics*.
- ^x Volkow ND, Jones EB, Einstein EB, Wargo EM. Prevention and Treatment of Opioid Misuse and Addiction: A Review. *JAMA Psychiatry*. Feb 1 2019;76(2):208-216. doi:10.1001/jamapsychiatry.2018.3126
- ^{xi} Compton WM, Valentino RJ, DuPont RL. Polysubstance use in the U.S. opioid crisis. *Mol Psychiatry*. Jan 2021;26(1):41-50. doi:10.1038/s41380-020-00949-3
- ^{xii} Compton WM, Jones CM. Epidemiology of the U.S. opioid crisis: the importance of the vector. *Ann N Y Acad Sci*. Sep 2019;1451(1):130-143. doi:10.1111/nyas.14209

