



Request for Proposals

Reimagining Health and Public Safety Overdose Initiatives (RHAPSODI)

2024-2025

Date of release: October 28, 2024

Applications are due by 5:00 pm E.T. on December 3, 2024

Summary Information

Project Title: Reimagining Health and Public Safety Overdose Initiatives (RHAPSODI)

Proposal Due Date and Time: December 3, 2024, at 5:00 pm E.T.

Selection Announcement Date: On or around December 16, 2024

Source of Funding: Office of National Drug Control Policy

NOA Award No.: ORS9924C0002-00

Maximum Funding Amount: Up to \$50,000 for Planning Projects, Up to \$120,000 for Implementation Projects

Estimated Period of Performance: Upon execution of the contract – August 31, 2025.

Point of Contact for Questions Regarding this Application: Injury and Violence Prevention Team (ivp@naccho.org) with the subject line “RHAPSODI Question”

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

Event	Date/Time
Informational Webinar	Thursday, November 14 th at 3:00 pm ET – register here
Application Submission Deadline	Tuesday, December 3 rd at 5:00 pm ET
Award Notification Date	On or around December 16 th
Kick Off Webinar	Tuesday, January 7 th , 2025 at 3:00 pm ET
End of Period of Performance	August 31 st , 2025

About NACCHO

NACCHO is the voice of the over 3,300 local health departments (LHDs) across the country. These city, county, metropolitan, district, and Tribal departments 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. Additionally, NACCHO advocates on behalf of LHDs with federal policymakers for adequate resources, appropriate public health legislation, and sensible policies to address the myriad of challenges facing communities.

I. Overview

With support from the Office of National Drug Control Policy (ONDCP) and in collaboration with Centers for Disease Control and Prevention (CDC), NACCHO is pleased to offer a funding opportunity to build the evidence base for embedding public health and harm reduction practices within public safety settings, while leveraging the networked support of NACCHO, CDC, and the [Overdose Response Strategy](#) (ORS). 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 teams made up of Drug Intelligence Officers (DIO) and Public Health Analysts (PHA), who work together on drug overdose issues within and across sectors.

Through this funding opportunity, NACCHO will award up to **seventeen (17)** applicants in different stages of their project development. Project proposals must use public health approaches in line with Harm Reduction principles within public safety settings to respond to and prevent drug

overdoses. Each funded project will be supported by NACCHO, CDC, and the jurisdiction's Overdose Response Strategy (ORS) team (Public Health Analyst/PHA and Drug Intelligence Officer/DIO).

NACCHO invites interested applicants to participate in an informational webinar on **Thursday, November 14th, from 3:00-4:00PM ET**. Register [here](#). Participants are encouraged to come with any questions they may have regarding this opportunity. No new information will be shared during the webinar, and applicants do not need to wait for this optional webinar to begin or submit applications. Applicants may pose individual questions to NACCHO at any point during the application process by emailing the Injury Violence and Prevention Team at ivp@naccho.org with the subject line "RHAPSODI Question".

As detailed below, two types of awards will be available: planning and implementation. The project period shall begin upon receipt of the Notice of Award and will end **August 31, 2025**. Applications must be submitted through the [online submission form](#) no later than **December 3rd, 2024 at 5:00 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.

Applicants who experience unforeseen technical issues beyond their control that prevent them from submitting their application by the deadline must submit all required application materials to ivp@naccho.org no later than **5:00 p.m. ET on December 4th, 2024**, via email (including a brief explanation of the technical issues which prevented application through naccho.org) and request approval for acceptance of the separate application.

Categories of awards:

Projects can be funded for a maximum of one year in each category. Organizations that reach this limit may apply for funding for new projects.

- A. 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 overdose deaths and promote harm reduction. Applicants should apply with the intent of engaging public health, public safety, and people with lived/living experience in the planning process.
- B. Implementation Award:** Up to \$120,000 each – Proposals should describe how funds will be used to implement project activities and clearly illustrate that the project planning stage is complete. Proposals should demonstrate that relevant partners are engaged to start program activities. Applicants should apply with the intent of engaging public health, public safety, and people with lived/living experience in the implementation process.

Applications are due **December 3rd, 2024 by 5:00 pm E.T.** 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 December 16, 2024**. All necessary information regarding the project and application process may be found below. All questions should be sent via email to ivp@naccho.org.

II. Purpose and Background

The purpose of this funding opportunity is to build the evidence base for embedding public health and harm reduction practices within public safety settings, while leveraging the networked support of NACCHO, CDC, and the [Overdose Response Strategy \(ORS\)](#).

The United States is experiencing unprecedented levels of overdose deaths related to the increased presence of fentanyl across the rapidly changing and unregulated drug supply as well as a related

increase in polysubstance use. Between April 2022 and May 2023, the number of people who died from an overdose [exceeded 110,000](#). Thousands more live with a substance use disorder (SUD), survive overdoses, and [experience drug-related injuries or harm](#). Significantly, overdoses [disproportionately impact Black, Indigenous and People of color \(BIPOC\) communities](#), as well as those who live in [rural parts of the country](#). Historical disparities in access to [health care](#), [socioeconomic factors and systemic racism](#) have exacerbated the crisis in these populations.

People within the carceral system are particularly vulnerable to substance use overdoses and deaths, with a staggering [600% increase in overdose deaths within state prisons](#) and [200% increase in overdose deaths in county jails](#) over the past two decades. The prevalence of substance use disorders (SUD) for people within jail-based settings is high with about [63% of people sentenced in jails meeting the screening criteria for a SUD](#). Despite the high prevalence of SUD in the carceral setting, [only around 5% of people who are incarcerated receive medication for opioid use disorder \(MOUD\) during their incarceration](#). Due to the limited availability of MOUD during incarceration, individuals with SUD may reduce or abstain from opioid use during their incarceration. This reduction in opioid use decreases tolerance and [increases the risk of overdose upon release](#). Notably, within the first two weeks post-release, overdose is the [leading cause of death among formerly incarcerated individuals](#). Post-incarceration, individuals also face collateral consequences which may negatively impact a person's reintegration into their community. People who were formerly incarcerated face significant barriers to employment, education, housing, and healthcare. These consequences of incarceration create social, economic and physical stress which [increase the risk of post-release substance use and overdose](#).

As a best practice to develop programming for people who come into contact with the criminal legal system, public health and public safety partnerships should prioritize involving people with lived/living experience in determining program priorities and implementation. Research devoted to the [meaningful engagement of people with lived/living experience at the intersection of substance use and incarceration is limited](#), which makes it difficult to demonstrate the impact of meaningful inclusion of this population in program development. However, incorporating the perspectives of people with lived/living experience into public health and public safety collaborations can help to center [Harm Reduction principles](#) in program design to ensure that activities yield pragmatic solutions to potential harms associated with drug use and prioritize the goals and outcomes of those most impacted.

Given the increased risk of overdose that people who are involved with the criminal legal system, it is important to identify opportunities within overdose response or public safety settings to build Harm Reduction-centered programs that avoid any contact with the criminal legal system or mitigate the impact of entanglement with the criminal legal system.

III. Eligibility and Contract Terms

Eligibility requirements: There are no restrictions on type of projects. Harm reduction organizations; community-based organizations, tribal, county, city, or state, health departments; healthcare facilities; or other appropriate entities based upon the ability to fulfill project requirements and expectations may apply.

- **Fiscal agents are allowed**, but will be considered on a case-by-case basis. Fiscal agents will be asked to provide information to demonstrate their experience of compliance with the requirements of 2 CFR 200, especially as it relates to financial oversight and audits.

- Selected applicants will enter into an agreement with NACCHO using the NACCHO standard contract (terms and conditions). Agreement with majority of NACCHO standard contract terms and conditions is a requirement and as part of the application, the contractor will be asked to verify that they have read NACCHO’s standard contract language and confirmed in agreement with the terms and conditions.
 - Should your organization need to propose any changes to the terms and conditions, please upload those requested revisions along with your application; however, NACCHO reserves the right to accept or decline such changes. Significant changes, which could affect the agreement’s timely execution, may impact your selection as a successful applicant. Agreeing to NACCHO’s Resolution of Disputes and Governing Law is expected and aside from those two clauses, limited modifications to the terms or contract language may be accommodated. Contractors that cannot agree to the majority of NACCHO’s contract language should not apply for this initiative. If you are an applicant from Florida or Texas, please contact NACCHO immediately for a copy of the Florida or Texas standard contract.
- Have an active registration with [SAM.gov](https://sam.gov) that will remain active through the duration of the contracting and project period (December 2024 – August 31, 2025).
 - If you do not have an active SAM.gov registration or if your registration will expire before December 31, 2024, it is recommended that you start the registration/renewal immediately.
- Have not already received the maximum number of awards during previous funding rounds. Years of funding through the previous CDC-funded *Overdose Response Strategy Pilot Projects Program* do not count towards this maximum.
 - Projects are eligible to receive up to one planning award and implementation award in subsequent years through a competitive RFP process.
 - Funding limits are based on support of individual projects, not organizations.
- 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.

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 the applicant to review and agree to the NACCHO [standard contract language](#). **However, if the applicant knows in advance that their agency or organization is going to have difficulty accepting any of the provisions in the contract, submit the requested revisions with your application materials.** Applicants from Florida or Texas should 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 V for the deliverable schedule.

IV. Priority Considerations and Activities

All proposals will be asked to:

- Demonstrate alignment with [Harm Reduction principles](#).

- Meaningfully engage and appropriately compensate people with lived and living experience in planning and implementation activities (e.g., through focus groups or advisory boards). See [the Spectrum of Community Engagement to Ownership](#) for insight into meaningfully engaging people with lived/living experience.
- Demonstrate how their project integrates health equity and how using a health equity lens and approach has advanced overdose prevention and response in your work/community.
- If an organization provides naloxone to the community and/or administers naloxone to people experiencing overdoses, they will be asked for additional information about whether they practice [compassionate naloxone dosing](#).
- Ensure that roles and responsibilities for partnering organizations are appropriate based on their relationship with people who use drugs and areas of influence and expertise, see Appendix A for more information.

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

- Support people who use drugs that are involved with the criminal legal system. (e.g. pre-arrest diversion, peer support for incarcerated individuals, evaluating court programs for equity, [peer supported probation](#), etc.)
- Advance innovative harm reduction approaches for first responders (e.g. EMS field-based buprenorphine administration or induction, 911 call center training on overdose and naloxone use, etc.).
 - First responders can be broadly defined. This includes, but is not limited to, first responders staffed by government-funded agencies, community-based organizations that receive crisis calls routed to them, or people who use drugs who respond to overdoses before formal institutions can respond. Proposals should carefully consider the relationship and trust between the any first responder agency/organization with people who use drugs when determining roles and responsibilities related to provision of direct services or linkage to care.
- Develop or implement innovative strategies that allow jurisdictions to respond to needs and priorities of people who use drugs, emerging drug trends, and/or address a notable gap in the jurisdiction’s overdose prevention programming.

V. Project Requirements and Expectations

Scope of Work

The activities each awardee completes will be dependent upon their category of funding. There are two categories: Planning (up to \$50,000) and Implementation (up to \$120,000). This scope of work is subject to change, and a final scope of work will be agreed upon post awardee selection.

Invoice number	Planning Projects: Primary Task/Deliverable	Payment Schedule
Invoice 1	1a. Technical assistance needs assessment.	5% of funding
Invoice 2	2a. Implementation protocol – outline*	15% of funding
Invoice 3	3a. Engagement of people with lived/living experience in project planning, implementation, and/or evaluation. Submit documentation of engagement strategy such as, focus group guides, survey questions, key informant interview guide, or other similar documentation that is agreed upon between the awardee and NACCHO.**	15% of funding
Invoice 4	4a. Capacity building plan – topical/skill focus based upon results of the needs assessment and in consultation with CDC and NACCHO.***	20% of funding
Invoice 5	5a. Capacity building plan – topical/skill focus based upon results of the needs assessment and in consultation with CDC and NACCHO.***	20% of funding
	6a. Completion of CDC and NACCHO project feedback form.	5% of funding

Invoice 6	6b. Implementation protocol, standard operating procedures, curriculum/training materials, or other identified deliverable agreed upon between CDC, NACCHO, and awardee that depicts how the program operates*	20% of funding
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Invoice number	Implementation Projects: Primary Task/Deliverable	Payment Schedule
Invoice 1	1. Sustainability assessment completion using the PSAT .	15% of funding
Invoice 2	2. Engagement of people with lived/living experience in project planning, implementation, and/or evaluation. Submit documentation of engagement strategy such as, focus group guides, survey questions, key informant interview guide, or other similar documentation that is agreed upon between the awardee and NACCHO.**	15% of funding
Invoice 3	3. Completion of public health storytelling guide. This can either be completed as a virtual workshop facilitated by NACCHO, or using a template provided by NACCHO. This will form the basis of the dissemination materials in invoice 4.	15% of funding
Invoice 4	4. Development of dissemination material(s): Development of presentation slides, outline of report of blog, or other deliverable mutually agreed upon by individual awardees and NACCHO that provide an overview of the program. This will support implementation of the dissemination activity in invoice 5.	15% of funding
Invoice 5	5. Dissemination activity: This may take the form of a blog, short presentation, 2–3-page summary report, or other deliverable mutually agreed upon by individual awardees and NACCHO. NACCHO will provide opportunities for publishing blogs and speaking on webinars, though applicants may propose other public facing forums.	15% of funding
Invoice 6	6a. Completion of CDC and NACCHO project feedback form.	5% of funding
	6b. Sustainability Plan using the PSAT template .	20% 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 and will be determined in conversation with NACCHO, CDC, and awarded applicant. For example, a post-overdose outreach program might have a standard operating procedure, whereas an overdose education and naloxone distribution program might have a curriculum to meet this requirement.

** Site-specific deliverable related to engagement of people with lived/living experience to be determined in conversation with NACCHO, CDC, and awarded applicant.

*** NACCHO and CDC will review the results of the needs assessment and in collaboration with each awardee determine two topical areas to build capacity related to support implementation.

VI. Support and Technical Assistance

NACCHO and CDC will work closely with award recipients at each site to plan and implement their pilot project. The NACCHO and CDC staff assigned to each recipient will:

- Review and provide feedback on the deliverables
- Review and provide feedback for any project documents (e.g. interview guides, surveys, standard operating procedures, communication materials)
- Problem-solve with the recipients and partners on any challenges that arise during the project period
- Share relevant resources and trainings

- Link recipients to similar programs and partners to facilitate networking and information sharing
- Based on the findings of an initial technical assistance needs assessment, additional learning opportunities may be provided on topics such as health equity, building multi-sector partnerships, program evaluation, etc.

Each pilot will be connected to the **ORS Team (PHA and DIO)** in their jurisdiction. Pilot sites are encouraged, but not required to, engage with the ORS Team in their jurisdiction. The support that ORS Teams may provide depends on the type of project and expertise of each team member. Examples of ORS Team involvement include, but are not limited to:

- Helping design the proposed project;
- Identifying relevant partners;
- Participating in technical assistance calls;
- Connecting project partners to existing relevant work in the state
- Helping draft, review, or revise deliverables and other project related documents
- Conducting background research needed for project activities;
- Collecting and/or analyzing qualitative and/or quantitative data;
- Facilitating partnerships with other agencies and organizations

VII. Application Instructions

STEP ONE – PREWORK

Before beginning your application, we recommend the following pre-work:

- Read this RFP in its entirety.
- Submit NACCHO’s standard [contract language](#) to your legal team to ensure you will be able to agree to it.
- 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 attachment to your proposal.
- Ensure you will have an active [SAM.gov](#) registration for the duration of the contracting and project period. If you do not have an active SAM.gov registration or if your registration will expire before December 31, 2024, it is recommended that you start the registration/renewal immediately.
- Identify partners and request letters of support if needed.
- Create an account to access the application [online submission portal](#).

STEP TWO – GATHER CONTRACT DOCUMENTS

Complete all documents required for a complete contracting package:

- [Vendor Information Form](#)
- [Certification of Non-Debarment](#)
- [W-9](#)
- [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).
- Proof of active registration with [SAM.gov](#).
- [Budget, budget narrative](#), and supporting documentation – see Step Four.
- If applicable, documentation of fringe and indirect costs (if higher than 15%) – see Step Four.

STEP THREE – DEVELOP APPLICATION NARRATIVE

See the next page for the application narrative and information about how each section will be evaluated. The [online application](#) includes additional short answer responses for basic applicant information such as organization name, address, and primary point of contact.

Proposal 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 proposals.

Please review the CDC guide, [Preferred Terms for Select Population Groups & Communities](#), for information on adjusting language to be less stigmatizing. Specifically, sections on [substance use](#) and [corrections & detention](#) terminology that applicants may find helpful in choosing language in the narrative sections of the application.

Note: Not all reviewers will be staff who have closely worked on the ORS Pilot Projects (the previous iteration of this funding), so we strongly suggest that you do not make assumptions that the reviewers will be familiar with your project.

APPLICATION PROMPT	RESPONSE TYPE	NOTES	SCORING INFORMATION
Background – 0%			
Indicate the type of application for which you are submitting a proposal.	Drop down list	Indicate whether you are submitting a proposal for a Planning or Implementation project	This section is unscored.
Indicate the type of program for which you are submitting a proposal.	Drop down list	Select from a drop down list the type of program in the proposal. Projects not included in the list can be described with short text.	
Provide a proposal abstract (short summary of application narrative). Include a brief overview of your community/location, the services your program currently offers, your population of focus for this project, and one to three main project objectives.	750 characters, including spaces	This will be used by NACCHO to draft a press release for proposals that are awarded funding.	

Summarize the organization’s mission (two to three sentences).	300 characters, including spaces	This will be used by NACCHO to draft a press release for proposals that are awarded funding.	
Provide information about your naloxone dosing practices. <ul style="list-style-type: none"> A. Does your organization/agency provide naloxone to the community? (y/n) B. Does your staff administer naloxone to people who may be experiencing an overdose? (y/n) C. List the formulations your agency/organization (e.g. 4mg nasal, .4mg intramuscular) provides to the community and/or administers. D. Describe how your agency/organization makes decisions around dosing practices. 	<ul style="list-style-type: none"> A. Y/N B. Y/N C. 300 characters, including spaces D. 300 characters, including spaces 	If organizations/agencies provide or administer naloxone, only those that have compassionate naloxone dosing practices will be considered eligible for funding.	
Program Proposal – 30%			
Submit a work plan describing how you plan to implement activities that will impact short and intermediate outcomes in the RFP. The work plan should include objectives, activities, and a timeline with a month-by-month description of key tasks and milestones for project completion, and specific deliverables through August 31, 2025. The only activities from the scope of work that applicants need to have in their workplan are engagement activities.	Upload workplan using template provided.	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.	Points are awarded for proposals that are feasible within the project period, directly address the needs and/or barriers described in the Organizational and Community Needs sections, are tailored to the population(s) of focus, are evidence-based or evidence-informed.

Describe how the project proposal aligns with Harm Reduction principles and/or existing harm reduction efforts in the community.	2000 characters, including spaces		Points are awarded for centering the Harm Reduction Principles .
Describe how the proposed idea or intervention will work to achieve equitable health outcomes and consider relevant social determinants of health.	2000 characters, including spaces		Points are awarded for alignment between the program proposal and strategies that have the potential to promote equitable health outcomes.
Engagement Strategy – 20%			
<p>Provide information about how your organization will pursue meaningful and authentic engagement with people with <u>lived</u> and <u>living</u> experience or an appropriate proxy such as local harm reductionists.</p> <p>A. Do you plan to engage people with lived/living experience directly?</p> <p>A.1 If yes, please describe how your organization plans to engage people with lived and living experience throughout this project (e.g. project advisory board, focus groups, surveys) and your mechanism for outreach to people with a variety of experiences (see notes section for more information).</p>	<p>A. Y/N A.1 If Y, 1500 characters, including spaces A.2 If N, 1500 characters, including spaces</p>	<p>Meaningful engagement requires trusting relationships that take time to build. If your organization has invested time in building trust directly with people who use drugs, you will likely be well-equipped to seek input on your project. However, if seeking this type of engagement is new to your organization, it is critical to honestly assess your capacity to engage in this process. Moving too quickly can result in unintentional harms, such as insufficient accountability, inclusion, and/or accessibility, and can ultimately damage the trust-building process. It could be more appropriate to start with building foundational relationships with</p>	<p>Points are awarded for alignment of engagement strategies with the strength of relationship between project partners and the population of focus. Proposals will not lose points for selecting proxies if that is the most appropriate step to building longer-term relationships and trust with people who use drugs in your community.</p>

<p>A.2 If no, please describe how your organization plans to engage a proxy throughout this project (e.g. project advisory board, focus groups, surveys) to get insight into the ways in which your project should be tailored to meet the needs of people who use drugs in your community (see notes section for more information). Please provide information about the proxy(s) you identified: their role within the community, the services they provide, etc. and the ways in which they plan to engage people with lived and living experience throughout this program. Additionally, please provide information on how your organization will engage with the local harm reduction organization (e.g. how many times you will meet, what types of feedback they will provide, their role within this project etc.).</p>		<p>harm reductionists and direct service providers first.</p> <p>If you are doing direct engagement with people with lived/living experience, it is recommended to engage multiple people with a diverse set of experiences with substance use, recovery, incarceration, etc. Moreover, it is recommended that projects seek to reach a broad group of people who use drugs, rather than just a handful of people who are more vocal.</p> <p>It is strongly suggested that any activities that solicit input from people with lived/living experience compensate those individuals for their time. If you plan to use funding from this opportunity to compensate people with lived/living experience, please include that as a line item in your budget and budget narrative. If you do not include this in the budget for this project but plan to use other funding sources to compensate people with lived/living experience, please indicate so in this narrative section.</p>	
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Organizational and Community Needs – 30%

<p>Describe the overdose burden in your jurisdiction, including relevant background and community context. Additionally, describe identified community needs and gaps in current services for overdose prevention and any health equity considerations, which the proposed pilot activities will address.</p>	<p>2000 characters, including spaces</p>		<p>Points are awarded for clear demonstration of the needs of the organization, community, and population(s) of focus that this funding opportunity can help address.</p>
<p>State your population of focus.</p>	<p>250 characters, including spaces</p>	<p>This is a short answer response – there is space for further description in the following application prompt.</p>	
<p>Describe the population(s) of focus for the proposed project; how these population(s) is/are inequitably impacted and/or historically underserved within your community; the need for additional, modified, or continued services for and with that population; and how the proposed project opportunity can help meet some of these needs.</p>	<p>2000 characters, including spaces</p>	<p>Please note there is a difference between disproportionately affected and people who are underserved by services and resources.</p>	
<p>Describe barriers or challenges the organization/program faces to serving the population(s) of focus and how this funding opportunity could help address some of these challenges.</p>	<p>1000 characters, including spaces</p>		

Capacity and Partnerships – 20%			
<p>Describe partners involved and the role(s) of each partner. Include all relevant partners needed for the project to be successful, not only those responsible for implementing the project (e.g. harm reduction organization, local health department, etc.), but also those who provide supporting roles in creating timely access to the population of focus or data (e.g. jail/prison, first responders, etc.)</p> <p>A. Describe history of collaboration between partners.</p> <p>B. Implementation projects only: Describe the agreed upon roles and responsibilities for this proposed project and plan to collaborate on this initiative.</p>	<p>A. 3000 characters, including spaces</p> <p>B. 2000 characters, including spaces</p>		<p>Points are awarded based on demonstrating alignment with the roles and responsibilities, such as those described in Appendix A.</p>
<p>Applicants are required to provide resumes or curriculum vitae of all key pilot project staff, highlighting relevant knowledge, expertise/qualifications, and experience.</p>	<p>Uploaded document, combine multiple documents into one file</p>		<p>Points are awarded for demonstrating an ability to complete the proposed workplan, deliverables and administrative processes; employing qualified staff.</p>
<p>Applicants are required to provide Letters of Support (LOS) or Memorandum of Understanding (MOU) describing the partnership(s) in place to complete this project and/or demonstrate that the proposed collaborators commit to the</p>	<p>Uploaded document, combine multiple documents into one file</p>	<p>Applicants are required to provide a Memorandum of Understanding (MOU) or Letters of Support (LOS) describing their partnership(s) on this project and demonstrate that the proposed collaborators commit to the application</p>	<p>Points are awarded based on demonstrating strong support from project partners.</p>

application and agree to regular meetings to support and coordinate activities.		and agree to regular meetings to support and coordinate activities.	
Implementation projects only: upload your current standard operating procedure (SOP) for the program described in this proposal.	Uploaded document, combine multiple documents into one file		Points are awarded for SOPs that directly address the needs and/or barriers described in the Organizational and Community Needs sections, are tailored to the population(s) of focus, are evidence-based or evidence-informed.

STEP FOUR – DEVELOP BUDGET

Please note that the budget will not be included in the scoring criteria but is required for complete application submissions. NACCHO will work with accepted applicants to ensure compliance with the terms of NACCHO’s award from CDC. The purpose of the budget submission is to demonstrate that the applicant has considered appropriate funding needed to accomplish the proposed work and to expedite the contract process in the case of selection. The budget should span the 8 months from January 1, 2025 to August 31, 2025 (please note the contract will be retroactively effective, but may not be fully executed by, the start of the period of performance on January 1, 2024).

- Applicants must provide a [line-item budget](#) and [budget narrative](#). **Please review the detailed instructions in the linked templates before developing your budget proposal.**
- **Additional documentation may be required:**
 - **Indirect rates:** If you have budgeted for indirect costs using a rate that is higher than 15%, you must provide documentation/proof of your organization’s approved indirect cost rate or calculation. Acceptable documentation includes:
 - An approval letter issued by a relevant federal or state agency (e.g., HHS) and signed by the agency and your organization that authorizes your organization’s indirect cost rate
 - An excerpt from a financial audit report that outlines your organization’s indirect cost rate calculation
 - A letter (on your organization’s letterhead) signed by a financial official that lists the indirect cost rate used by the organization
 - A copy of your accounting procedures or policy that outlines how you calculate your indirect costs
 - A cost allocation plan, signed by a financial official, that shows a breakdown of indirect costs and their allocation to the project
 - **Incentives/gift cards:** If you wish to include incentives in your budget, provide a justification for how they support the project and specify the number, amount per incentive, and type (e.g., gift card to a specific store). Cash-equivalents (e.g., Visa or Amex) require additional justification and approval that may delay contract execution compared to store-based gift cards. You must also complete the [incentive approval form](#) and attach it to this budget narrative.
 - While appropriate compensation may vary based on participant activities and organizational constraints, consider the MIT Living Wage Calculator when developing rates for community consultants.
 - **Food** - If you wish to include food in your budget, please include a cost breakdown (number of participants x cost per snack/meal) in your budget narrative. You must also complete the [food approval form](#) and attach it to this budget narrative. In some cases, snacks for outreach and hot meals for participants may be allowable.
- Awardees must comply with all federal regulations under 45 CFR 75 and 2 CFR 200. Key unallowable costs are listed in the table below.
- The below table provides **non-exhaustive** examples of unallowable costs and **potentially** allowable costs relevant to this RFP. Please note this document does not guarantee the approval of an awardee's budget or any specific budget line items. All budget approvals are made on a case-by-case basis and are contingent on review and approval of detailed budget and budget narratives. Please see the budget and budget narrative templates linked in the

RFP for instructions for drafting these documents. This table was developed to help applicants create a draft budget of potentially allowable costs. NACCHO will work with selected applicants to make budget revisions as needed to ensure compliance with the terms of NACCHO's award from CDC.

Cost Type	Potentially Allowable Cost Examples	Unallowable Costs
Incentives (requires additional approval form)	<ul style="list-style-type: none"> • Gift cards as compensation or incentive for participating in data collection, feedback, media campaigns, etc. • Gift cards as incentives for participating in grant-related services (e.g., harm reduction services) 	
Harm reduction supplies	<ul style="list-style-type: none"> • Test strips (fentanyl, xylazine, etc.) • Filters • Straws • Wound care supplies • Safe injection kit (cookers, cottons, ties, alcohol wipes, water - no syringes) • Smoke kits (rubber bands, steel wool, alcohol wipes, hand wipes, gum - no pipes) • Hygiene kits • Safe sex kits • Sharps container • Pregnancy tests • Plan B contraceptive • Naloxone (subject to additional review and approval, including ensuring alignment with compassionate naloxone dosing practices) 	<ul style="list-style-type: none"> • Syringes • Pipes • Methadone, buprenorphine, and other prescription medications
Services	<ul style="list-style-type: none"> • Peer support • Case management • Yoga and wellness services as an evidence-based support for clients • Childcare during service delivery • Transportation for participants (e.g., bus tokens and ride share services) • Staff time for outreach, coordination, administrative work, education, etc. 	<ul style="list-style-type: none"> • Clinical services
Naloxone distribution	<ul style="list-style-type: none"> • Naloxboxes/other naloxone distribution boxes (if under \$10k per unit) • Vending machines (if under \$10k per unit) • Costs associated with naloxone distribution devices (e.g., insurance, installation, service plan, shipping, etc.) 	<ul style="list-style-type: none"> • Vending machines/other distribution mechanisms over \$10k per unit
Food (requires additional approval form)	<ul style="list-style-type: none"> • Food for harm reduction outreach • Food for grant-related meetings and events 	<ul style="list-style-type: none"> • Food for non-grant-related purposes

Other	<ul style="list-style-type: none"> • Promotional items for participants (e.g., T-shirts and mugs) • Commemorative artwork related to workplan • Toys or games for programs or projects serving children • Mileage and other travel reimbursement for project-related professional development or activities • Laptops, cell phones from NDAA compliant manufacturers (see Appendix B) 	<ul style="list-style-type: none"> • Equipment with a per unit cost of over \$10k and a usable life of more than one year
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STEP FIVE – SUBMIT ONLINE APPLICATION FORM

Complete the [online submission form](#) by December 3rd at 5pm ET, including uploading all required documents. 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.

Applicants who experience unforeseen technical issues beyond their control that prevent them from submitting their application by the deadline must submit all required application materials to ivp@naccho.org no later than **5:00 p.m. ET on December 4th, 2024**, via email (including a brief explanation of the technical issues which prevented application through naccho.org) and request approval for acceptance of the separate application.

I. AWARD SELECTION AND NOTIFICATION PROCESS

The sections of eligible applications will be scored on a scale of zero to ten and weighted according to scoring information provided in the Section VII, Step Three table.

Applicants will be notified of their selection status by e-mail to the project point of contact listed on the online application form **on or around December 16, 2024**. 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 and any necessary budget revisions within five business days.

APPENDIX A

Examples of Public Health and Public Safety Collaborations

Below reflects common examples of public safety and public health collaborative efforts broken down by type of partner, and delineating key suggested roles and responsibilities of public health or harm reduction and public safety partners. Public health and public safety partnerships are important because they leverage significant cross-sector strengths and resources. They are most effective when partners share some responsibilities and divide up others based on their respective areas of influence and expertise. Please take into consideration the following information when reviewing this list:

- The relationship between public safety and the community must be considered when determining partner roles and responsibilities. For example, in communities where this relationship has been uneasy, the public safety partner may need to avoid roles that involve direct service, such as outreach or care coordination.
- These suggested roles and responsibilities may not fit the needs of every community or the strengths and resources of every applicant. Applicants may adapt them as needed.
- This list is not exhaustive. It does not include every possible project. For the projects listed, it does not cover all involved responsibilities. Partners will each have program specific roles and responsibilities, as well as crosscutting project activities such as developing standard operating procedures (SOPs), developing training, etc.
- Refer to Appendix B for unallowable expenses when determining the project that they will propose.

First Responder and Public Health Partnerships		
	First Responder Role	Public Health/Harm Reduction/Community Partner Role
<p>Post-Overdose Outreach <i>*It is strongly recommended that programs intending to plan, implement, or enhance, post-overdose outreach programs align their program with the best practice guidance from the PRONTO study.</i></p>	<ul style="list-style-type: none"> • Collect and share data about overdose events • Establish privacy protections and informed consent procedures for data collection, storage, and use • Refer individuals to peer support and/or community partners 	<ul style="list-style-type: none"> • Conduct outreach to individuals • Develop individualized, person-centered goals based on the stated needs and priorities of the participant • Provide individuals with support, resources, and linkages to care • Provide people who use drugs and others likely to witness overdose with naloxone kits
<p>Diversion/Deflection Programs <i>*It is strongly recommended that any diversion/deflection program embraces harm reduction and is as low barrier and non-coercive as possible, such as the Law Enforcement Assisted Diversion/Let Everyone Advance with Dignity program. Making treatment compulsory has consistently been shown to be less effective in the long-term than when it is voluntary.ⁱ</i></p>	<ul style="list-style-type: none"> • Identify individuals for diversion • Refer individuals to peer support and/or community partners 	<ul style="list-style-type: none"> • Conduct intakes and follow up • Develop individualized goals based on the stated needs and priorities of the participant • Provide support and resources for participants to meet goals

Naloxone Leave-Behind Programs	<ul style="list-style-type: none"> • Provision of naloxone supply in line with compassionate naloxone dosing • Collect and share data about overdose hot spots • Provide community members and people who use drugs with naloxone kits 	<ul style="list-style-type: none"> • Provision of naloxone supply in line with compassionate naloxone dosing • Provide training to community members and people who use drugs on overdose prevention • Provide community members and people who use drugs with naloxone kits
Drug Checking Programs	<ul style="list-style-type: none"> • Validate test results with drug seizure data • Share drug seizure data with public health/community partners in a timely manner • Alert partners to drug trends or detection of new substances • Make drug checking technology available to public health/community partners • Provide training on how to use drug checking technology • Create MOU/memo reflecting support of program in the community 	<ul style="list-style-type: none"> • Provide or coordinate with harm reduction partners to provide drug checking services to people who use drugs • Provide people who use drugs with fentanyl test strips, xylazine test strips, naloxone, and information on safer use strategies • Share data about drug trends with the community • Issue drug alerts
EMS Field-Based Buprenorphine Induction	<ul style="list-style-type: none"> • Receive specialized training to assess patients for withdrawal symptoms and to safely administer buprenorphine • Administer buprenorphine in the field to relieve symptoms, stabilize patients, demonstrate compassion, and build trust between patients and first responders • Facilitate warm hand-offs to other providers and treatment centers • Provide referrals to peer support and community partners 	<ul style="list-style-type: none"> • Conduct intake and follow up after initial EMS intervention to ensure continuity of care • Provide individuals with support, resources and linkages to care to address their medical, behavioral, or social support needs and promote safe harm reduction practices • Provide training and resources to EMS personnel on opioid use disorder and buprenorphine administration • Analyze and share data to monitor effectiveness of field-based buprenorphine programs and to identify areas for improvement

Prosecutor/Court/Parole/Probation and Public Health Partnerships

	Prosecutor/Court Role	Public Health/Harm Reduction/Community Partner Role
Diversion Programs <i>*It is strongly recommended that diversion/deflection programs be voluntary, low-barrier, and harm reduction-oriented. Making treatment compulsory has consistently</i>	<ul style="list-style-type: none"> • Provide referrals to peers/community partners 	<ul style="list-style-type: none"> • Conduct intakes and follow up sessions • Develop individualized goals plans based on the stated needs and priorities of the participant • Provide support and resources for participants to meet goals

<i>been shown to be less effective in the long-term.¹</i>		
Integrating Peer Support Services	<ul style="list-style-type: none"> • Provide referrals to peers/community partners • Develop MOU/memo or SOP to show support for peers and develop buy-in among key system leaders and partners 	<ul style="list-style-type: none"> • Conduct intakes and follow up sessions • Develop individualized plans based on the stated needs and priorities of people who use drugs • Provide support to peers to avoid secondary trauma and burnout

Jail/Prison and Public Health Partnerships

	Jail/Prison Role	Public Health/Harm Reduction/Community Partner Role
Overdose Education and Naloxone Distribution	<ul style="list-style-type: none"> • Provision of naloxone supply in line with compassionate naloxone dosing • Facilitate access to staff for training • Facilitate access to people are incarcerated for training • Advertise trainings • Coordinate access to naloxone kits for staff and people who are incarcerated 	<ul style="list-style-type: none"> • Provision of naloxone supply in line with compassionate naloxone dosing • Conduct training for correctional staff and people who are incarcerated • Provide public safety staff with naloxone kits if they do not otherwise have access • Provide people who are incarcerated with naloxone kits while incarcerated and/or at reentry
Re-entry planning	<ul style="list-style-type: none"> • Facilitate re-entry planning for people who are incarcerated • Communicate predicted release times as soon as possible • Allow access to facility for re-entry planning purposes 	<ul style="list-style-type: none"> • Conduct intakes and follow up sessions • Develop individualized plans based on the stated needs and priorities of people who use drugs • Establish partnerships with MOUD treatment providers and pharmacists • Provide warm handoffs to MOUD, harm reduction, or other services upon reentry
Integrating Peer Support Services	<ul style="list-style-type: none"> • Provide referrals to peers/community partners • Develop MOU/memo or SOP to show support for peers and develop buy-in among key system leaders and partners 	<ul style="list-style-type: none"> • Conduct intakes and follow up sessions • Develop individualized plans based on the stated needs and priorities of people who use drugs • Provide warm handoffs to MOUD, harm reduction, or other services upon reentry • Provide support to peers to avoid secondary trauma and burnout

Other Partnerships and Multi-Partner Collaborations

	Public Safety Role	Public Health/Harm Reduction/Community Partner Role
Stigma Reduction	<ul style="list-style-type: none"> • Facilitate access to staff for anti-stigma training 	<ul style="list-style-type: none"> • Develop and implement anti-stigma trainings

	<ul style="list-style-type: none"> • Make existing policies, protocols, and trainings available for review to identify opportunities to reduce stigma • Identify champions to help reinforce anti-stigma practices • Build relationships with community partners 	<ul style="list-style-type: none"> • Work with community to develop culturally relevant anti-stigma narratives
Linkage to and Retention in Care	<ul style="list-style-type: none"> • Provide referrals to peers/community-based organizations for harm reduction, treatment and supportive services, and any other needs 	<ul style="list-style-type: none"> • Facilitate access to harm reduction, treatment, and supportive services • Establish partnerships with MOUD treatment providers and pharmacies • Develop individualized plans based on the stated needs and priorities of people who use drugs
Overdose Education and Naloxone Distribution	<ul style="list-style-type: none"> • Provision of naloxone supply in line with compassionate naloxone dosing • Provide data to identify overdose hot spots • Facilitate access to staff for training 	<ul style="list-style-type: none"> • Provision of naloxone supply in line with compassionate naloxone dosing • Conduct training with public safety staff and the community
OFR-PHAST Overdose Fatality Review and PHAST (Public Health and Safety Team)	<ul style="list-style-type: none"> • Champion OFR-PHAST development and planning • Provide and present relevant data to establish a community shared understanding • Develop MOUs for partnership and agreements to facilitate data-sharing • Participate in data-to-action discussion, case reviews, and develop recommendations. • Implement program/policy recommendations • Public Safety Partner Roles 	<ul style="list-style-type: none"> • Champion OFR-PHAST development and planning • Provide and present relevant data to establish a community shared understanding • Develop MOUs for partnership and agreements to facilitate data-sharing • Participate in data-to-action discussion, case reviews, and develop recommendations. • Implement program/policy recommendations • Public Health Partner Roles
TI-ROSC (Trauma-informed, Recovery-oriented Systems of Care)	<ul style="list-style-type: none"> • Participate in TI-ROSC development and implementation meetings • Participate in TI-ROSC assessments and readiness tools • Participate in TI-ROSC project team training and education • Identify staff training needs and facilitate access to staff for training • Identify primary, secondary, and tertiary interventions based on gaps and needs 	<ul style="list-style-type: none"> • Participate in TI-ROSC development and implementation meetings • Participate in TI-ROSC assessments and readiness tools • Participate in TI-ROSC project team training and education • Identify staff training needs and facilitate access to staff for training • Develop and adapt culturally relevant program training based on identified gaps and needs

	<ul style="list-style-type: none"> • Develop and revise policies and protocols based on gaps and needs 	<ul style="list-style-type: none"> • Identify primary, secondary, and tertiary interventions based on gaps and needs • Develop and revise policies and protocols based on gaps and needs
<p><u>PS-COPE (Public Safety-led Community-oriented Overdose Prevention Efforts)</u></p>	<ul style="list-style-type: none"> • Participate in PS-COPE development and implementation meetings • Participate in PS-COPE assessments and readiness tools • Participate in PS-COPE project team training and education • Identify staff training needs and facilitate access to staff for training • Identify primary, secondary, and tertiary interventions based on gaps and needs • Develop and revise policies and protocols based on gaps and needs 	<ul style="list-style-type: none"> • Participate in PS-COPE development and implementation meetings • Participate in PS-COPE assessments and readiness tools • Participate in PS-COPE project team training and education • Identify staff training needs and facilitate access to staff for training • Develop and adapt culturally relevant program training based on identified gaps and needs • Identify primary, secondary, and tertiary interventions based on gaps and needs • Develop and revise policies and protocols based on gaps and needs
<p>Syringe Services Programs</p>	<ul style="list-style-type: none"> • Provision of naloxone supply in line with <u>compassionate naloxone dosing</u> • Promote access to syringe services programs • Create MOU/memo reflecting support of program in the community • Minimize public safety presence around syringe services programs to allow for maximum access to services 	<ul style="list-style-type: none"> • Provision of naloxone supply in line with <u>compassionate naloxone dosing</u> • Provide safer use supplies to people who use drugs • Provides resources and referrals to people who use drugs • Develop individualized plans based on the stated needs and priorities of people who use drugs • Establish partnerships with MOUD treatment providers • Provide people who use drugs with fentanyl test strips, xylazine test strips, and information on safer use strategies
<p>Community Advisory Board (CAB) <i>*When developing a CAB, it is important to consider engaging with people with both lived and living experience to be able to share their perspectives.</i></p>	<ul style="list-style-type: none"> • Create MOU/memo reflecting support of program in the community • Share policies, protocols, trainings, etc. to community advisory for review and feedback • Identify funding for compensation for CAB members 	<ul style="list-style-type: none"> • Create MOU/memo reflecting support of program in the community • Provide policies, protocols, trainings, etc. to community advisory for review and feedback • Identify funding for compensation for CAB members • Support development and implementation of CAB

		<ul style="list-style-type: none"> • Coordinate with harm reduction organizations, local overdose prevention coalitions and committees, and other behavioral health and community-based partners to recruit members for the CAB
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ⁱCDC. (2018). Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

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APPENDIX B – NDAA COMPLIANCE

Per section 899(b) of the National Defense Authorization Act (NDAA), there is currently a [ban](#) on the use of federal funding—which is the source of NACCHO’s funding for this project—for the purchase of certain telecommunications and video surveillance services or equipment from Chinese companies. This includes equipment such as computers, laptops, tablets, cellphones (including cellphone plans), and other products but does not include hotspots or Zoom subscriptions.

For reference, a list of entities and companies that are not subject to this ban (i.e., common US-based telecoms companies) is included below:

Computers, smart phones, tablets

- Apple
- Dell
- Google
- HP
- Lenovo
- Microsoft
- Motorola Mobility / Motorola Solutions
- Samsung
- Toshiba

Internet and cell phone providers

- AT&T
- Comcast
- T-Mobile/Sprint
- Verizon

Software

- Adobe
- Apricot360
- Canva
- McAfee
- Microsoft
- Quickbooks
- Tableau
- Windows
- Zoom