

# NACCHO

National Association of County & City Health Officials

## **REQUEST FOR PROPOSALS**

### **Expanding Community-Based Suicide Prevention (ECSP) Projects**

**Date of Release: October 22, 2024**

**Applications Due: November 22, 2024 at 5:00PM ET**

## Contents

<b>Summary Information</b> .....	3
<b>About NACCHO</b> .....	3
<b>Overview</b> .....	3
<b>Purpose and Background</b> .....	4
<b>Eligibility and Contract Terms</b> .....	6
<b>Planning Track Project Requirements &amp; Expectations</b> .....	8
Partner Involvement—Planning Track.....	8
Scope of Work—Planning Track.....	8
Project Support—Planning Track.....	9
Tentative Payment Schedule—Planning Track .....	10
<b>Implementation Track Project Requirements &amp; Expectations</b> .....	11
Partner Involvement—Implementation Track.....	11
Scope of Work—Implementation Track .....	11
Project Support—Implementation Track.....	12
Tentative Payment Schedule—Implementation Track.....	13
<b>Method of Payment</b> .....	15
<b>Application Instructions</b> .....	15
Step One – Prework .....	15
Step Two – Gather Contract Documents .....	15
Step Three – Develop Application Narrative .....	15
Step Four – Develop Budget .....	16
Step Five – Submit Online Application Form .....	16
<b>Planning Track: Narrative Application Format &amp; Selection Criteria</b> .....	17
<b>Planning Track: Budget Proposal Instructions</b> .....	22
<b>Implementation Track: Narrative Application Format &amp; Selection Criteria</b> .....	25
<b>Implementation Track: Budget Proposal Instructions</b> .....	30
<b>Award Selection and Notification Process</b> .....	32
<b>Appendices</b> .....	33
APPENDIX A- CONTRACTOR AGREEMENT .....	33
APPENDIX B- List of Unallowable Activities and Expenditures .....	39
<b>References</b> .....	41

## Summary Information

**Project Title:** Expanding Community-Based Suicide Prevention (ECSP) Projects

**Application Due Date and Time:** November 22, 2024 at 5:00PM ET

**Selection Announcement Date:** On or around December 9, 2024

**Source of Funding:** Centers for Disease Control and Prevention

**NOA Award No.:** 6 NU38PW000037-01-01

**Maximum Funding Amount:** Up to \$45,000 for Planning Track awards; up to \$90,00 for Implementation Track award

**Estimated Period of Performance:** December 2024 – July 31, 2025

**Point of Contact for Questions Regarding this Application:** Injury and Violence Prevention team; [ivp@naccho.org](mailto:ivp@naccho.org)

**Special condition of this award:** see Appendix A and B

## About NACCHO

The National Association of County and City Health Officials (NACCHO) is the voice of nearly 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 capacity-building resources that support LHD leaders in developing and implementing public health policies and practices to ensure communities have access to the vital programs and services that protect them from disease and disaster. Additionally, NACCHO engages with federal policymakers on behalf of LHDs to ensure adequate resources, appropriate public health legislation, and sensible policies are in place to address the myriad of public health challenges facing communities.

## Overview

With support from the Centers for Disease Control and Prevention (CDC), NACCHO is pleased to offer funding opportunities for the **Expanding Community-based Suicide Prevention (ECSP)** project. NACCHO will award up to three (3) applicants in different stages of their community-based suicide prevention work:

- **Planning Track: Two (2) awards of up \$45,000 each**
- **Implementation Track: One (1) award of up to \$90,000**

Selections will be made on or around December 9<sup>th</sup>, 2024, and the project period will run from the date of Notice of Award (NOA) to July 31, 2025. Applications must be submitted using NACCHO's [online application portal](#) **no later than November 22, 2024, by 5:00PM Eastern Time**. All necessary information regarding the project and application process for both tracks may be found in this Request for Proposal (RFP).

NACCHO invites interested applications to join an **optional informational webinar on November 7, 2024, 2-3PM ET**. The webinar is an opportunity to learn about the ECSP project, roles and responsibilities of applicants, and components of writing a strong application. **Register for the Informational Webinar [here](#)**. The recording will be available after this date by [registering](#). Please note that 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 e-mailing the Injury Violence Prevention team at [ivp@naccho.org](mailto:ivp@naccho.org) with the subject line "ECSP RFP Question".

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

Event	Date/Time
RFP Informational Webinar: <a href="#">Register here</a>	November 7, 2024, at 1:00PM ET
Submission Deadline	November 22, 2024, at 5:00PM ET
Award Notification Date	On or around December 9, 2024
Anticipated Contract Start Date	December 9, 2024
Anticipated Contract End Date	July 31, 2025

## Purpose and Background

**The Expanding Community-Based Suicide Prevention (ESCP) Project is a two-pronged project that aims to strengthen the capacity of LHDs and their community partners to reduce suicides among disproportionately affected populations by providing support in two distinct stages of community-based suicide prevention work:**

- 1) developing a comprehensive suicide prevention strategic plan that is responsive to local data and needs (Planning Track), and**
- 2) implementing and evaluating comprehensive suicide prevention efforts (Implementation Track).**

Suicide is an urgent public health concern in the United States and is currently among the top 9 leading causes of death for Americans ages 10-49.<sup>1</sup> Despite a small dip in 2019 and 2020, a record high of 49,476 Americans died by suicide in 2022.<sup>1</sup> Firearms were involved in more than 50% of those deaths.<sup>2</sup> Data on deaths by suicide do not alone reflect the full scope of the problem; many more individuals seriously consider or attempt suicide each year. According to data gathered in the 2023 National Survey on Drug Use and Health, 856,000 adolescents (aged 12-17) and 1.5 million adults attempted suicide in 2023, while 5% of adults surveyed had serious thoughts of suicide in the past year.<sup>3</sup>

While suicide impacts every community, certain groups are disproportionately affected: non-Hispanic American Indian/Alaska Nation (AI/AN) peoples, LGBTQIA+ individuals, veterans, older adults, incarcerated individuals, and people with disabilities have disproportionately higher rates of suicide, suicidal ideation, or suicide attempts.<sup>4</sup> Age-adjusted suicide rates in 2022 were four times higher for males than females.<sup>2</sup> Suicide rates also differ according to geographic region; rural areas have higher rates of suicide than areas with greater population density.<sup>4</sup>

Factors that contribute to suicide are complex; there is no single cause. Suicide risk factors span the levels of the social ecological model (individual, relationship, community, and societal) and are interconnected.<sup>5</sup> Additionally, factors that influence an individual's suicide risk may develop and compound over time, providing opportunity for various points of intervention across the prevention continuum (primary, secondary, and tertiary). Going upstream to promote community-level protective factors, for example, can prevent the onset suicide risk.

Further, because suicide may share several risk and protective factors with other injury- and violence-related public health priorities<sup>6,7</sup>, communities may benefit from applying a shared risk and protective factors approach to suicide prevention to maximize resources and impact<sup>7,8</sup>. NACCHO's previous project work, supported by CDC, centered on the Suicide, Overdose, and Adverse Childhood Experiences Capacity Assessment Tool (SPACECAT) and supported LHDs and their community partners to address the

intersection of suicide, overdose, and adverse childhood experiences (ACEs) by addressing shared risk factors and promoting shared protective factors. Tools and guidance developed from this work will be applied to both ECSP tracks as appropriate. Please see NACCHO's [Intersection of Suicide, Overdose, and Adverse Childhood Experiences webpage](#) for additional background.

The complexity of suicide necessitates an approach to prevention that is equally multi-faceted. As described in key suicide prevention resources—such as the [2024 National Strategy for Suicide Prevention](#), CDC's [Suicide Prevention Resource for Action](#), and the [Community-Led Suicide Prevention framework](#)—elements of effective public health suicide prevention include:

- Comprehensive:
  - Data-driven
  - Carried out among multi-sectoral partners,
  - Address risk factors and promote protective factors across the social ecological model,
  - Incorporate upstream prevention, and
- Community-based:
  - Rooted in the cultural context of the community,
  - Adapt evidence-based strategies to meet to the community's cultural context and readiness

LHDs are uniquely positioned serve as a central point through which collaborating organizations can coalesce to understand community needs and to implement comprehensive, locally responsive suicide prevention efforts. The ECSP project aims to support LHDs and their community partners with two, distinct project tracks:

**1. Planning Track:**

- Leverage partnerships and engage community collaborators to develop or maintain an organizing body (internal or with community partners) committed to local suicide prevention
- Use data to identify disproportionately affected populations in the community and to understand the prevalence of risk and protective factors, including shared risk and protective factors with other related health issues
- Develop and adopt a strategic plan for comprehensive, community-based suicide prevention
- Identify and select evidence-based strategies to strengthen prevention and response efforts, identifying adaptations needed for the communities' cultural context and readiness for change

**2. Implementation Track:**

- Implement suicide prevention activities from an existing action plan or strategic plan, with a focus on disproportionately affected populations
- Tailor those activities to align with a comprehensive, community-based approach, including the incorporation of a shared risk and protective factors approach whenever possible
- Engage and strengthen cross-sector partnerships involved in implementation
- Develop and adopt a logic model and work plan to guide implementation work
- Complete an evaluation plan to measure and report implementation progress, as well as demonstrate outcomes as appropriate

Funding for this RFP is supported by the CDC cooperative agreement 6 NU38PW000037-01-01

entitled Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation’s Health.

**Eligibility and Contract Terms**

Applicants must meet **each** of the following requirements to be eligible for this funding opportunity:

- I. Be a county, city, or tribal health department
- II. Be able to agree to NACCHO’s standard contract language attached as Appendix A below. As a part of the application, the applicant will be asked to verify that they have read NACCHO’s standard contract language and confirmed in agreement with the terms and conditions.
  - a. Please note this is a deliverables-based contract. To receive payment, applicants will not be required to submit receipts for their costs but will be paid upon satisfactory completion of the contract deliverables.
  - b. Should your organization need to propose any changes to the terms and conditions, please inform us immediately; 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 of those two clauses, limited modifications to the terms or contract language may be accommodated. Contractors that cannot agree to majority of NACCHO’s contract language should not apply for this initiative.
  - c. If you are an applicant from Florida, please contact NACCHO immediately for a copy of the Florida standard contract.
- III. 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-July 2025).
  - a. 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.

Priority will be given to applicants that meet one or more of the following criteria:

Criteria	Definition	How is this determined?	What does the applicant need to do?
Rural areas	Applicants who serve counties in which a majority (over 50%) the population is rural.	NACCHO will use the <a href="#">2020 census county-level urban and rural information</a> to determine percentage of rural population by county. For applicants serving multiple counties, NACCHO will compute an average percentage.	When completing the jurisdictional characteristics questions in the online application, respond to the question, “Please list the county or counties served by the local health department.”
High burden areas	Applicants from a high burden state; applicants who serve a jurisdiction with suicide rates higher than that of the state	NACCHO will compare local rates of suicide as provided by the applicant with the corresponding <a href="#">state’s</a>	When completing the “Statement of Need” narrative response, please include any available data on local

	overall; and/or applicants who serve a jurisdiction with a recent suicide cluster.	<a href="#">age-adjusted suicide rate</a> . Applicants from the following states, which are in the highest quintile of suicide rates nationwide, will be considered high burden: Montana, Alaska, Wyoming, New Mexico, North Dakota, Idaho, Utah, South Dakota, and Colorado.	suicide rates and/or recent suicide clusters.
Disproportionately affected population of focus	Applicants who identify a disproportionately affected population of focus for their project work.	NACCHO will compare an applicant’s stated population of focus with disproportionately affected populations as outlined in <a href="#">CDC’s Health Disparities in Suicide webpage</a> .	When completing the “Statement of Need” narrative response, please identify the population of focus for your project and provide relevant supporting data.
High proportion of suicide by firearm	Applicants who serve a jurisdiction with a proportion of firearm suicide higher than the national proportion.	NACCHO will compare an applicant’s local proportion of suicide by firearm with the national proportion: <a href="#">55% according to 2022 data</a> .	When completing the “Statement of Need” narrative response, please include any available data on local firearm suicide rates.

## Planning Track Project Requirements & Expectations

### Partner Involvement—Planning Track

Planning Track applicants will work with an organizing body of internal and/or external partners to participate in project activities as outlined in the scope of work below. NACCHO recognizes that partner relationships are extremely valuable to LHD efforts and that requests for partner time are not made lightly. As such, NACCHO has identified elements of this project where partner involvement is necessary for alignment with the [Community-Led Suicide Prevention](#) framework. Partner participation beyond these requirements is welcome and encouraged.

While the number of partners involved will vary, NACCHO recommends seeking the involvement and commitment from at least one partner who is already in active partnership with the applying LHD and who can speak to the community's current strengths and needs related to suicide prevention. Some examples of relevant partners or partnering groups include:

- Local suicide prevention coalition
- Local mental health boards
- Community-based organizations active in local suicide prevention efforts

### Scope of Work—Planning Track

Over the eight-month contract period, the selected LHDs will work with NACCHO on the specific activities outlined below. A final scope of work (SOW) will be agreed upon after award acceptance by the applicant.

1. **Kick-Off Call**—Awardees will participate in an initial kick-off call, scheduled for **Tuesday, January 9, 2025, 2:00-3:00PM ET**. Both LHDs and their partners must each have at least one representative for this call. This call will involve a discussion about technical assistance (TA) needs, outline the project, and introduce awarded sites.

Partner Involvement Requirement: At least one representative from each partnering organization who plans to play a primary role in the project; representatives from other partnering organizations welcome.

2. **Fundamentals Training**— At the beginning of the project period, awardees will attend 90-minute, live, virtual training on the fundamentals of suicide prevention through a shared risk and protective factors lens. This training, facilitated by NACCHO, aims to ensure that project participants establish a baseline knowledge of key concepts that serve as foundation for the project activities.

Partner Involvement Requirement: None; participation from partnering organizations highly encouraged but not required.

3. **Environmental Scan**—Awardees will complete an environmental scan, with guidance from NACCHO, to ground the strategic planning process in the community's context. The environmental scan will incorporate a scan of relevant data, organizational or community history, and key trends.



Partner Involvement Requirement: At least one representative from each partnering organization who plans to play a primary role in the project; representatives from other partnering organizations welcome.

- 4. Learning Community Sessions**—LHDs will participate in four (4), 60-minute virtual learning community sessions hosted by NACCHO. These will be joint sessions with both the Planning Track and Implementation Track sites and will aim to strengthen sites' suicide prevention capacity through collaborative peer-to-peer learning and resource sharing.

Partner Involvement Requirement: None; participation from partnering organizations highly encouraged but not required.

- 5. Strategic Planning** – Each participating LHD and its partners will engage in a participatory strategic planning process to set goals and plan for suicide prevention implementation. **NACCHO will travel to each awarded site's location to facilitate a 2-day, in-person strategic planning process.** The dates for the 2-day, in-person strategic planning visit will be set by the LHD, its partners, and NACCHO upon award. Following the in-person strategic planning, NACCHO will support the development of implementation plans via virtual meetings as needed.

**Note:** NACCHO staff travel, lodging, and meal costs will be covered by NACCHO.

Partnering Involvement Requirement: At least one representative from each participating partner for the 2-day, in-person strategic planning.

- 6. Individual Technical Assistance (TA)** – Each participating LHD and its partners will engage in up to two (2) additional one-on-one technical assistance sessions to increase capacity in at least one key element area of the [Community-Led Suicide Prevention](#) framework. The sessions will be led by NACCHO and will be approximately one hour each. Exact number of individual TA sessions will be determined in collaboration with the site based on need and TA delivery plan.

Partner Involvement Requirement: None; participation from partnering organizations highly encouraged but not required.

- 7. End-of-Project Survey**—After completion of all TA activities, participants will complete a final survey to provide feedback on satisfaction with the TA delivered and report changes in capacity.

Partner Involvement Requirement: None; participation from partnering organizations highly encouraged but not required.

## Project Support—Planning Track

NACCHO staff will work closely with award recipients throughout the project to assist recipients with completing the required project deliverables. NACCHO staff will also coordinate and deliver TA. NACCHO TA support will include:

- Guidance and instructions on environmental scan process
- Development and facilitation of Learning Community content based on sites' needs and interests
- Development of individualized TA plans in collaboration with each awarded site
- Delivery or coordination of TA identified in the individualized TA plan
- Facilitation of in-person strategic planning process
- Response to ad hoc TA needs throughout the project

## Tentative Payment Schedule—Planning Track

Primary Task/Deliverable	Documentation	Estimated Timeline	Payment Schedule	
Kick-Off Call	Kick-Off Call attendance sheet	December 2024- February 2025	4.44%	<b>Invoice #1</b> 24.45% of award due by or before February 28, 2025
Fundamentals Training	Training attendance sheet and completed evaluation		4.44%	
Environmental Scan	Completed Environmental Scan materials		11.13%	
Learning Community Session 1	Learning Community attendance sheet and completed evaluation		4.44%	
Individual TA Sessions	Quarterly TA session summary	March- April 2025	6.67%	<b>Invoice #2</b> 44.44% of award due by or before April 30, 2025
Learning Community Session 2	Learning Community attendance sheet and completed evaluation		4.44%	
Strategic Planning	Completed strategic planning vision, barriers, directions documents		33.33%	
Individual TA Sessions	Quarterly TA session summary	May- June 2025	6.67%	<b>Invoice #3</b> 11.11% of award due by or before June 30, 2025
Learning Community Session 3	Learning Community attendance sheet and completed evaluation		4.44%	
Strategic Planning	Focused implementation plan documents	July 2025	11.12%	<b>Invoice #4</b> 20.00% of award due by or before July 31, 2025
Learning Community Session 4	Learning Community attendance sheet and completed evaluation		4.44%	
End-of-Project Survey	Submission of end-of-project survey		4.44%	

## Implementation Track Project Requirements & Expectations

### Partner Involvement—Implementation Track

Implementation Track applicants will work with an organizing body of internal and/or external partners to participate in project activities as outlined in the scope of work below. NACCHO recognizes that partner relationships are extremely valuable to LHD efforts and that requests for partner time are not made lightly. As such, NACCHO has identified elements of this project where partner involvement is necessary for alignment with the [Community-Led Suicide Prevention](#) framework. Partner participation beyond these requirements is welcome and encouraged.

While the number of partners involved will vary, NACCHO recommends seeking the involvement and commitment from at least one partner who is already in active partnership with the applying LHD and who can speak to the community's current strengths and needs related to suicide prevention. Some examples of partners or partnering groups include:

- Local suicide prevention coalition
- Local mental health boards
- Community based organizations active in local suicide prevention efforts

### Scope of Work—Implementation Track

Over the eight-month contract period, the selected LHDs will work with NACCHO on the specific activities outlined below. A final SOW will be agreed upon after award acceptance by the applicant.

1. **Kick-Off Call**—Awardees will participate in an initial kick-off call, scheduled for **Tuesday, January 9, 2025, 2:00-3:00PM ET**. Both the LHD and their partners must each have at least one representative for this call. This call will involve a discussion about technical assistance needs, outline the project, and introduce awarded sites.

Partner Involvement Requirement: At least one representative from each partnering organization who plans to play a primary role in the project; representatives from other partnering organizations welcome.

2. **Learning Community Sessions**—LHDs will participate in four (4), 60-minute virtual learning community sessions hosted by NACCHO. These will be joint sessions with both the Planning Track and Implementation Track sites and will aim to strengthen sites' suicide prevention capacity through collaborative peer-to-peer learning and resource sharing.

Partner Involvement Requirement: None; participation from partnering organizations highly encouraged but not required.

3. **Individual Technical Assistance (TA)** – Each participating LHD and its partners will engage in at least seven (7) monthly individual technical assistance sessions to discuss progress of planned activities and any major changes to the proposed work plan. The sessions will be led by NACCHO and will be approximately one hour each.

Partner Involvement Requirement: At least one representative from each partnering organization who played a primary role in relevant project activities that will be discussed during the technical assistance call. Partners involved may vary over the course of the project; participation from partnering organizations is highly encouraged.

- 4. Logic Model/Work Plan**— In collaboration with NACCHO, the participating LHD and their community partners shall prepare a finalized work plan and logic model for accomplishing the selected evidence-based strategies that aim to strengthen their prevention and response.

Partner Involvement Requirement: None; participation from partnering organizations highly encouraged but not required.

- 5. Evaluation Plan**— With support from NACCHO, the participating jurisdiction will develop formative, process, and outcomes-based evaluation plans.

Partner Involvement Requirement: None; participation from partnering organizations highly encouraged but not required

- 6. Final Implementation and Evaluation Report**— At the end of the project period, the participating jurisdiction will submit an overall report with final workplan and project activity updates and evaluation data.

Partner Involvement Requirement: None; participation from partnering organizations highly encouraged but not required.

- 7. End-of-Project Survey**—After completion of all TA activities, participants will complete a final survey to provide feedback on satisfaction with the TA delivered and report changes in capacity.

Partner Involvement Requirement: None; participation from partnering organizations highly encouraged but not required.

## Project Support—Implementation Track

NACCHO staff will work closely with the awarded recipient throughout the project to assist the recipient with completed the required deliverables. NACCHO staff will also coordinate and deliver TA. NACCHO TA support will include:

- Guidance on work plan, logic model, and evaluation plan development
- Development and facilitation of Learning Community content based on sites' needs and interests
- Implementation-specific support, such as guidance on:
  - Engaging cross-sector partnerships
  - Implementing evidence-based strategies
  - Adapting prevention efforts to the community's cultural context
  - Integrating a shared risk and protective factors approach as appropriate
- Response to ad hoc TA needs throughout the project

## Tentative Payment Schedule—Implementation Track

Primary Task/Deliverable	Documentation	Estimated Timeline	Payment Schedule	
Kick-Off Call	Kick-Off Call attendance sheet	December 2024-February 2025	2%	<b>Invoice #1</b> 36% of award due by or before February 28, 2025
Implementation Workplan	Finalized implementation workplan with feedback from NACCHO incorporated		11%	
Logic Model	Finalized logic model with feedback from NACCHO incorporated		5%	
Learning Community Session 1	Learning Community attendance sheet and completed evaluation		2%	
January Individual TA Session	Updated workplan and attendance list		8%	
February Individual TA Session	Updated workplan and attendance list		8%	
Evaluation Plan	Finalized formative, process, and outcomes-based evaluation plans	March - April 2025	8%	<b>Invoice #2</b> 26% of award due by or before April 30, 2025
Learning Community Session 2	Learning Community attendance sheet and completed evaluation		2%	
March Individual TA Session	Updated workplan and attendance list		8%	
April Individual TA Session	Updated workplan and attendance list		8%	
May Individual TA Session	Updated workplan and attendance list	May - June 2025	8%	<b>Invoice #3</b> 18% of award due by or before June 30, 2025
June Individual TA Session	Updated workplan and attendance list		8%	
Learning Community Session 3	Learning Community attendance sheet and completed evaluation		2%	

July Individual TA Session	Draft outline of Final Implementation and Evaluation Report	July 2025	6%	<b>Invoice #4</b> 20% of award due by or before July 31, 2025
Final Implementation and Evaluation Report	Submission of final updated workplan/project updates and evaluation data		10%	
Learning Community Session 4	Learning Community attendance sheet and completed evaluation		2%	
End-of-Project Survey	Submission of end-of-project survey		2%	

## Method of Payment

For both the Planning and Implementation Tracks, NACCHO will pay the selected LHDs in installments upon receipt of deliverables per the payment schedule identified in the Scope of Work above. Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

## Application Instructions

### Step One – Pework

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 (December 2024 – July 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.
- Identify partners and request letters of support.
- Create a free MyNACCHO account to access the application [online submission portal](#).
- Direct all questions to [ivp@naccho.org](mailto:ivp@naccho.org) with the subject line “ECSP Project RFP”.

### 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](#).
- Letters of support or commitment from community partners who will participate in the project activities.
- Budget, budget narrative, and supporting documentation depending on the track. See Step 4.
- If applicable, supporting documentation of indirect costs (if higher than 10%) in the budget.

### Step Three – Develop Application Narrative

The [online submission form](#) includes additional short answer responses for basic applicant information such as organization name, address, and primary point of contact. See the section that corresponds to the appropriate track for details on narrative questions and scoring information:

- [Planning Track: Narrative Application Format & Selection Criteria](#)
- [Implementation Track: Narrative Application Format & Selection Criteria](#)

## Step Four – Develop Budget

Follow the instructions in the corresponding track section to develop a budget and budget narrative:

- [Planning Track Budget: Proposal Instructions](#)
- [Implementation Track: Budget Proposal Instructions](#)

## Step Five – Submit Online Application Form

Complete the [online submission form](#) by **Friday, November 22 at 5:00PM 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 will be notified of their selection status by email to the project point of contact **on or around December 9, 2024**. Selected applicants will be required to confirm participation and agreement with the contract scope of work after receiving the notification of award. The designated point of contact for selection must be able available to receive and respond to the notification of award in a timely manner.



## Planning Track: Narrative Application Format & Selection Criteria

Application Prompt	Notes	Scoring Information
<b>Statement of Need – 30%, 750- word limit</b>		
Describe the jurisdiction you serve including the location and demographics of population served in your community.		<p>This section will be scored based on the completeness of the information provided, the extent of your understanding of your community, and demonstration of need in your community. <b>Priority will be given to applicants with any of the following criteria. Please see the <a href="#">Eligibility and Contract Terms</a> section for definitions and details:</b></p> <ul style="list-style-type: none"> <li>○ Rural areas</li> <li>○ High burden areas</li> <li>○ Disproportionately affected population of focus</li> <li>○ High proportion of suicide by firearm</li> </ul>
Identify a population of focus for your project work.		
Describe what you see as the community’s greatest strengths.		
<p>Provide information (including sources of data) about the burden of suicide, in your community, such as:</p> <ul style="list-style-type: none"> <li>● Rates of fatal and non-fatal suicide attempts, planning, and/or ideation</li> <li>● Disproportionately affected populations</li> <li>● Prevalence and rates of <a href="#">suicide risk and protective factors</a></li> <li>● Prevalence and rates of other <a href="#">shared risk and protective factors</a> that are particularly relevant for your community and population(s) of focus, if known</li> <li>● If these data are not available at the local level, explain where there are currently gaps in data and the challenges associated with collecting data for the local community.</li> </ul>	<p>Please include rates whenever possible. If providing counts, please include population size to help provide context to the reviewers.</p> <p>Applicants are encouraged to use resources found in the <a href="#">Data and Surveillance Domain</a> of the SPACECAT Toolkit to assist them in incorporating data into their application narrative.</p>	

<b>Current Work – 10%, 500-word limit</b>		
Describe the suicide prevention programs and services your LHD is currently developing or offering. Please specify if you receive CDC’s Community Suicide Prevention funding and if so, what program(s) it supports.		This section will be scored on the completeness of your description and understanding of the current landscape of your organization’s work, <b>not</b> the level or current capacity of that work.
Do any of these programs or services address the intersection of suicide and other public health issues (such as violence, overdose, or ACEs) by addressing shared risk and protective factors or otherwise? If so, how?		
What are the current barriers and challenges to this work?		
Describe any current LHD strategic plans or actions plans involving goals, objectives or activities related to suicide prevention. Please specify, if applicable: <ul style="list-style-type: none"> <li>• The type of plan (e.g. strategic plan, action plan, etc.)</li> <li>• The current status of the plan and/or current timeline of plan activities.</li> </ul>		
To what degree has leadership identified suicide prevention as a priority area for the LHD and/or community?		
<b>Proposed Approach to Project Participation – 40%, 1000-word limit</b>		

<p>Describe the type of organizing body that will participate in this project (e.g., internal LHD workgroup or taskforce, community coalition, etc.) and the staff who plans to participate.</p>		
<p>Provide an overview of the core LHD project team, including current full- and part-time LHD staff who will participate in project activities, their titles, role(s) on the project, and relevant experience in the areas of suicide prevention, strategic planning, and/or implementation.</p>	<p>Examples of staff who may be well-suited for participation in this project include but are not limited to: individuals engaged in prevention work related to suicide, mental health promotion, injury &amp; violence prevention, working in a related program area, or able to facilitate completion of the project work plan.</p> <p>Project staff are expected to participate in:</p> <ul style="list-style-type: none"> <li>○ Four (4) virtual Learning Community calls,</li> <li>○ Strategic planning sessions (2 in-person days (9AM-4PM), along with as needed virtual meetings)</li> <li>○ Individual technical assistance calls (at least 2 calls, a minimum of 1 hour each)</li> </ul> <p>Project work outside of these meetings, including completion of the environmental scan,</p>	<p>This section will be scored based on whether the proposed staffing plan contains sufficient detail and allocates appropriate personnel to demonstrate capacity to carry out the identified goals and interests.</p>

	completion of post-session evaluations, preparation work for the strategic planning sessions as assigned, and additional project activities all require project staff time and participation. Estimated monthly time commitment for LHD staff is an overall average of 5 hours per month per person, with a higher concentration of hours in the early months of the project (January-March).	
Provide an overview of the internal and/or external partners that you plan to incorporate into the project and describe the current relationship with partners identified.	Please attach letters of support or commitment from community partners.	
Describe your vision of the roles these partners will take, or the roles they have already agreed to take, in this project.		
Describe how these partners have shown their interest and support in suicide prevention work.		
Please confirm that your team and participating partners are available to attend the Kick-Off Call on Thursday, January 9 at 2:00pm ET.	YES/NO response	
<b><i>Interest in Pursuing Funding – 20%, 500-word limit</i></b>		
What interests or motivates you to apply for this opportunity?		

<p>How would you like this project to benefit your LHD and/or community?</p>	<p>Topics to consider include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Identifying and collecting local data related to suicide</li> <li>• Establishing a comprehensive strategic plan for suicide prevention</li> <li>• Deepening shared work with partners</li> <li>• Gaining an understanding of a shared risk and protective factors approach to suicide prevention</li> <li>• Selecting evidence-based strategies to address identified needs</li> <li>• Implementing a plan for expanding or creating new programming or initiatives</li> </ul>	<p>This section will be scored based your description of relevant interest/motivation and on your thoughtful consideration of how this project could benefit your community and/or LHD.</p>
<p><b>Other – 0%, 150-word limit</b></p>		
<p>(Optional) Is there anything else you would like reviewers to know?</p>		<p>This section is unscored.</p>

## Planning Track: Budget Proposal Instructions

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 eight (8) months from NOA to July 31, 2025 (please note the contract will be retroactively effective but may not be fully executed by the start of the period of performance).

- Applicants must complete and submit a [Planning Track line-item budget template](#) and [budget narrative template](#). Please review the detailed instructions in the linked templates before developing your budget proposal. Each applicant may request up to \$45,000 to support project activities. Please note that the final budget amount cannot be changed after submission.
- Items that may be in the request for funds include, but are not limited to:
  - Staff salaries and fringe benefits
  - Subcontracts for participating partners
  - Supplies
  - Professional development or training of participating staff and/or partners
  - Indirect costs to support the completion of the deliverables within the project period
- **Additional documentation may be required:**
  - **Indirect rates:** If you have budgeted for indirect costs using a rate that is higher than 10%, 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.
  - **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. You may wish to include food (breakfast and lunch) for the in-person site visit attendees from your team or partners, as this helps to encourage participation and limit logistical challenges. You

are not required to provide food for NACCHO staff. 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 Appendix A.
- The below table provides **non-exhaustive** examples of unallowable costs and alternatives that are potentially allowable 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"> <li>• Gift cards as compensation or incentive for participating in data collection, feedback, media campaigns, etc.</li> <li>• Gift cards as incentives for participating in grant-related services</li> </ul>	<ul style="list-style-type: none"> <li>• Contingency management</li> </ul>
Services	<ul style="list-style-type: none"> <li>• Peer support</li> <li>• Case management</li> <li>• Yoga and wellness services as an evidence-based support for clients</li> <li>• Childcare during service delivery</li> <li>• Transportation for participants (e.g., bus tokens and ride share services)</li> <li>• Staff time for outreach, coordination, administrative work, education, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical services</li> </ul>
Gun Lock Distribution	<ul style="list-style-type: none"> <li>• Costs associated with education, trainings and/or promotional materials that encourage the use of gun locks and firearm safety</li> <li>• Costs associated with gun lock distribution (e.g., staff time)</li> </ul>	<ul style="list-style-type: none"> <li>• Gun locks</li> </ul>
Food (requires additional approval form)	<ul style="list-style-type: none"> <li>• Food for outreach</li> <li>• Food for grant-related meetings and events</li> </ul>	<ul style="list-style-type: none"> <li>• Food for non-grant-related purposes</li> </ul>
Other	<ul style="list-style-type: none"> <li>• Promotional items for participants (e.g., T-shirts and mugs)</li> <li>• Commemorative artwork related to workplan</li> <li>• Toys or games for programs or projects serving children</li> <li>• Mileage and other travel reimbursement for project-related professional development or activities</li> </ul>	<ul style="list-style-type: none"> <li>• Equipment with a per unit cost of over \$5k and a usable life of more than one year</li> </ul>

	<ul style="list-style-type: none"><li>• Laptops, cell phones from NDAA compliant manufacturers (see Appendix B)</li></ul>	
--	---	--



## Implementation Track: Narrative Application Format & Selection Criteria

Application Prompt	Notes	Scoring Information
<b>Statement of Need – 25%, 750-word limit</b>		
Describe the jurisdiction you serve including the location and demographics of population served in your community.		<p>This section will be scored based on the completeness of the information provided, the extent of your understanding of your community, and demonstration of need in your community. <b>Priority will be given to applicants with any of the following criteria. Please see the <a href="#">Eligibility and Contract Terms</a> section for definitions and details:</b></p> <ul style="list-style-type: none"> <li>○ Rural areas</li> <li>○ High burden areas</li> <li>○ Disproportionately affected population of focus</li> <li>○ High proportion of suicide by firearm</li> </ul>
Identify a population of focus for your project work.		
Describe what you see as the community’s greatest strengths.		
<p>Provide information (including sources of data) about the burden of suicide, in your community, such as:</p> <ul style="list-style-type: none"> <li>• Rates of fatal and non-fatal suicide attempts, planning, and/or ideation</li> <li>• Prevalence and rates of <a href="#">suicide risk and protective factors</a></li> <li>• Prevalence and rates of other <a href="#">shared risk and protective factors</a> that are particularly relevant for your community and population(s) of focus, if known</li> <li>• If these data are not available at the local level, explain where there are currently gaps in data and the challenges associated with collecting data for the local community.</li> </ul>	<p>Applicants are encouraged to use resources found in the <a href="#">Data and Surveillance Domain</a> of the SPACECAT Toolkit to assist them in incorporating data into their application narrative.</p>	
<b>Current Work – 15%, 750-word limit</b>		

<p>Describe the suicide prevention programs and services your LHD is currently developing or offering. Please specify if you receive CDC’s Community Suicide Prevention funding and if so, what program(s) it supports.</p>	<p>Current work may include programs or services that address the intersection of suicide and other public health issues (such as violence, overdose, or ACEs) by addressing shared risk and protective factors.</p>	<p>This section will be scored on the completeness of your description and understanding of the current landscape of your organization’s work.</p>
<p>What are the current barriers and challenges to this work?</p>		
<p><b><i>Proposed Approach – 40%, 750-word limit</i></b></p>		
<p>Identify strategic priorities in preventing suicide that your LHD and community partners would like to accomplish.</p> <ul style="list-style-type: none"> <li>• What are your LHD’s short-term (e.g., up to 1 year) objectives to advance these strategic priorities?</li> <li>• What are your LHD’s long-term (e.g., 3-5 years) objectives to advance these strategic priorities?</li> </ul>		<p>This section will be scored based on the completeness of your description of proposed activities, the feasibility of those activities, and the LHD’s capacity to optimize the project period. Applicants for this project should have an existing action plan or strategic plan that the proposed activities will be based on.</p>
<p>What evidence-based programs/services or capacity-building initiatives would you like to implement during the course of this project?</p> <ul style="list-style-type: none"> <li>• How will these activities address the needs of the population(s) of focus that were identified in the Statement of Need?</li> </ul>		

<ul style="list-style-type: none"> <li>• What potential challenges/barriers do you foresee? What ideas do you have for overcoming them?</li> <li>• Given the short project period (December-July), how does your current staffing, programming, and overall capacity support or position you to be able to start implementing and evaluating project activities by January/February?</li> <li>• If applicable, how will the proposed project activities build or expand on your current work?</li> <li>• If applicable, which shared risk and protective factors of suicide would the proposed activities target?</li> </ul>		
<p>Explain how the activities within the Proposed Approach can reasonably be accomplished within the project period.</p>		
<p><b>Partners and Staffing Capacity – 10%, 500-word limit</b></p>		
<p>Provide an overview of the core LHD project team, including current full- and part-time LHD staff who will participate in project activities, their titles, role(s) on the project, and relevant experience in the areas of suicide prevention, strategic planning, and/or implementation. Examples of staff who may be well-suited for participation in this project include but are not limited to: individuals engaged in prevention work related to suicide, mental health promotion, injury &amp; violence prevention, working in a related</p>	<p>Project staff are expected to participate in:</p> <ul style="list-style-type: none"> <li>• Four (4) virtual Learning Community calls,</li> <li>• Individual technical assistance calls (at least 1 hour monthly).</li> </ul> <p>Project work outside of these meetings, including completion of</p>	<p>This section will be scored based on whether the proposed staffing plan contains sufficient detail and allocates appropriate personnel to demonstrate capacity to carry out the identified goals and interests.</p>

<p>program area, or able to facilitate completion of the project work plan.</p>	<p>the project work plan, logic model, evaluation plan, completion of post-Learning Community call evaluations, preparation work for the individual technical assistance calls as needed, and additional project activities all require project staff time and participation. Estimated minimum monthly time commitments for LHD staff related to completing required project deliverables is an overall average of 5 hours per month per person. Higher levels of effort and time will be needed to implement project plans and activities, with a higher concentration of hours needed in the early months of the project (January-March).</p>	
<p>Provide an overview of the internal and/or external partners that you plan to incorporate into the project.</p> <ul style="list-style-type: none"> <li>• Describe the current relationships with the partners identified.</li> <li>• Describe your vision of the roles these partners will take, or the roles they have already agreed to take, in this project.</li> <li>• Describe how these partners have shown their interest and support in suicide prevention work.</li> </ul>	<p>Please attach letters of support or commitment from community partners</p>	

<ul style="list-style-type: none"> <li>Please include letters of support from those partners who plan to be engaged in this project.</li> </ul>		
<p>Please confirm that your team and participating partners are available to attend the Kick-Off Call on Thursday, January 9 at 2:00pm ET.</p>	<p>YES/NO response</p>	<p>Not scored</p>
<p><b>Interest in Pursuing Funding –10%, 500-word limit</b></p>		
<p>What interests or motivates you apply for this opportunity?</p>		
<p>How would you like this project benefit your LHD and/or community?</p>	<p>Topics to consider include, but are not limited to:</p> <ul style="list-style-type: none"> <li>Identifying and collecting local data related to suicide</li> <li>Deepening shared work with partners</li> <li>Gaining an understanding of a shared risk and protective factors approach to suicide prevention</li> <li>Implementing a plan for expanding or creating new programming or initiatives</li> </ul>	<p>This section will be scored based your description of relevant interest/motivation and on your thoughtful consideration of how this project could benefit your community and/or LHD.</p>
<p><b>Other – 0%, 150-word limit</b></p>		
<p>(Optional) Is there anything else you would like reviewers to know?</p>		<p>This section is unscored.</p>

## Implementation Track: Budget Proposal Instructions

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 eight (8) months from NOA to July 31, 2025 (please note the contract will be retroactively effective, but may not be fully executed by, the start of the period of performance).

- Applicants must complete and submit a [Implementation Track line-item budget template](#) and [budget narrative template](#). **Please review the detailed instructions in the linked templates before developing your budget proposal.** Each applicant may request up to \$90,000 to support project activities. Please note that the final budget amount cannot be changed after submission.
- Items that may be included in the request for funds include, but are not limited to:
  - Direct costs related to implementation and evaluation activities
  - Staff salaries and fringe benefits
  - Subcontracts for participating partners
  - Supplies
  - Professional development or training of participating staff and/or partners
  - Indirect costs to support the completion of the deliverables within the project period
- **Additional documentation may be required:**
  - Indirect rates: If you have budgeted for indirect costs using a rate that is higher than 10%, 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.
  - 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 Appendix A.

The below table provides **non-exhaustive** examples of unallowable costs and alternatives that are potentially allowable 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.

<b>Cost Type</b>	<b>Potentially Allowable Cost Examples</b>	<b>Unallowable Costs</b>
Incentives (requires additional approval form)	<ul style="list-style-type: none"> <li>• Gift cards as compensation or incentive for participating in data collection, feedback, media campaigns, etc.</li> <li>• Gift cards as incentives for participating in grant-related services</li> </ul>	<ul style="list-style-type: none"> <li>• Contingency management</li> </ul>
Services	<ul style="list-style-type: none"> <li>• Peer support</li> <li>• Case management</li> <li>• Yoga and wellness services as an evidence-based support for clients</li> <li>• Childcare during service delivery</li> <li>• Transportation for participants (e.g., bus tokens and ride share services)</li> <li>• Staff time for outreach, coordination, administrative work, education, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical services</li> </ul>
Gun Lock Distribution	<ul style="list-style-type: none"> <li>• Costs associated with education, trainings and/or promotional materials that encourage the use of gun locks and firearm safety</li> <li>• Costs associated with gun lock distribution (e.g., staff time)</li> </ul>	<ul style="list-style-type: none"> <li>• Gun locks</li> </ul>
Food (requires additional approval form)	<ul style="list-style-type: none"> <li>• Food for outreach</li> <li>• Food for grant-related meetings and events</li> </ul>	<ul style="list-style-type: none"> <li>• Food for non-grant-related purposes</li> </ul>
Other	<ul style="list-style-type: none"> <li>• Promotional items for participants (e.g., T-shirts and mugs)</li> <li>• Commemorative artwork related to workplan</li> <li>• Toys or games for programs or projects serving children</li> <li>• Mileage and other travel reimbursement for project-related professional development or activities</li> <li>• Laptops, cell phones from NDAA compliant manufacturers (see Appendix B)</li> </ul>	<ul style="list-style-type: none"> <li>• Equipment with a per unit cost of over \$5k and a usable life of more than one year</li> </ul>

## Award Selection and Notification Process

Applications for this project will be evaluated by NACCHO and CDC. Incomplete applications will not be reviewed.

### Planning Track Scoring and Considerations

- Statement of Need (30%)
- Current Work (10%)
- Proposed Approach to Project Participation (40%)
- Interest in Pursuing Funding (20%)

### Implementation Track Scoring and Considerations

- Statement of Need (25%)
- Current Work (15%)
- Proposed Approach (40%)
- Partner and Staffing Capacity (10%)
- Interest in Pursuing Funding (10%)

**Priority will be given to applicants with any of the following criteria. Please see the [Eligibility and Contract Terms](#) section for definitions and details:**

- Rural areas
- High burden areas
- Disproportionately affected population of focus
- High proportion of suicide by firearm

Please note that submission of an application is a statement of acceptance of NACCHO's standard form contract (Appendix A). If any items cannot be accepted, these issues need to be resolved prior to submitting the application.

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 9, 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.



## Appendices

### APPENDIX A- CONTRACTOR AGREEMENT

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

WHEREAS, NACCHO wishes to hire Contractor to provide certain goods and/or services to NACCHO;

WHEREAS, Contractor wishes to provide such goods and/or services to NACCHO;

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

#### ARTICLE I: SPECIAL PROVISIONS

1. PURPOSE OF AGREEMENT: Contractor agrees to provide the goods and/or services to NACCHO to enhance the programmatic activities of \_\_\_\_ GRANT # \_\_\_\_, CFDA # \_\_\_\_, as described in Attachment I. The terms of Attachment I shall be incorporated into this Agreement as if fully set forth herein. Contractor shall act at all times in a professional manner consistent with the standards of the industry.

2. TERM OF AGREEMENT: The term of the Agreement shall begin on (insert date) and shall continue in effect until (insert date), unless earlier terminated in accordance with the terms herein. Expiration of the term or termination of this Agreement shall not extinguish any rights or obligations of the parties that have accrued prior thereto. The term of this Agreement may be extended by mutual agreement of the parties.

3. PAYMENT FOR SERVICES: In consideration for professional services to be performed, NACCHO agrees to pay Contractor an amount not to exceed \$ #####.00 (enter amount to be paid, either as a flat rate or hourly rate. You should also insert here the time schedule on which the consultant will be paid. All payments will be made within 30 days of receipt of invoice(s) from Contractor and following approval by NACCHO for approved services, as outlined on Attachment I. Three invoices must be submitted as follows:

Invoice No. Amount Deliverable Due date

Invoice I

Invoice II

Invoice III

(insert time increment). (May be “monthly” or after completion of specific activities, etc. The fewer payment invoices to process the better and the more you can pay later the better!).

NACCHO award number must be included on all invoices. Unless otherwise expressly stated in this Agreement, all amounts specified in, and all payments to be made under, this Agreement shall be in United States Dollars. The parties agree that payment method shall be made by check, via postage-

paid first class mail, at the address for the giving of notices as set forth in Section 23 of this Agreement. Any changes of payment method would require a modification signed by both parties. The final invoice must be received by NACCHO no later than 15 days after the end date of the Agreement. Contractor will be given an opportunity to revise as needed but the final revised invoice must be received no later than 30 days after the end date of the Agreement. NACCHO will not accept any invoices past 30 days of the end date of the Agreement.

## ARTICLE II: GENERAL PROVISIONS

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

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

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

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

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

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

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

6. CONTINGENCY CLAUSE: This Agreement is subject to the terms of any agreement between NACCHO and its Primary Funder and in particular may be terminated by NACCHO without penalty or further obligation if the Primary Funder terminates, suspends or materially reduces its funding for any reason. Additionally, the payment obligations of NACCHO under this Agreement are subject to the timely fulfillment by the Primary Funder of its funding obligations to NACCHO.

7. INTERFERING CONDITIONS: Contractor shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Contractor's duties and

responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Contractor of said duties and responsibilities under this Agreement.

8. OWNERSHIP OF MATERIALS: Contractor hereby transfers and assigns to NACCHO all right, title and interest (including copyright rights) in and to all materials created or developed by Contractor pursuant to this Agreement, including, without limitation, reports, summaries, articles, pictures and art (collectively, the "Materials") (subject to any licensed third-party rights retained therein). Contractor shall inform NACCHO in writing of any third-party rights retained within the Materials and the terms of all license agreements to use any materials owned by others. Contractor understands and agrees that Contractor shall retain no rights to the Materials and shall assist NACCHO, upon reasonable request, with respect to the protection and/or registrability of the Materials. Contractor represents and warrants that, unless otherwise stated to NACCHO in writing, the Materials shall be original works and shall not infringe or violate the rights of any third party or violate any law. The obligations of this paragraph are subject to any applicable requirements of the Federal funding agency.

9. RESOLUTION OF DISPUTES: The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the Contractor, the Chief Executive Officer of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the Contractor and NACCHO in relation to the actual costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination. If such efforts fail to resolve the differences, the disputes will be submitted to arbitration in the District of Columbia before a single arbitrator in accordance with the then current rules of the American Arbitration Association. The arbitration award shall be final and binding upon the parties and judgment may be entered in any court of competent jurisdiction.

10. TERMINATION: Either party may terminate this Agreement upon at least fifteen (15) days prior written notice to the other party. NACCHO will pay Contractor for services rendered through the date of termination.

11. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties regarding the subject matter hereof and supersedes and replaces any and all previous understandings, commitments, or agreements, whether oral or written, regarding such subject matter.

12. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, such part, term or provision shall be restated in accordance with applicable law to best reflect the intentions of the parties and the remaining portions or provisions shall remain in full force and effect and shall not be affected.

13. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the District of Columbia (without regard to its conflict of law's provisions).

14. **ADDITIONAL FUNDING:** Unless prior written authorization is received from NACCHO, no additional funds will be allocated to this project for work performed beyond the scope specified or time frame cited in this Agreement.

15. **REMEDIES FOR MISTAKES:** If work that is prepared by the Contractor contains errors or misinformation, the Contractor will correct error(s) within five business days. The Contractor will not charge NACCHO for the time it takes to rectify the situation.

16. **COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS:** Contractor's use of funds under this Agreement is subject to the directives of and full compliance with 2 CFR Part 200 (Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards), and 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards), It is the Contractor's responsibility to understand and comply with all requirements set forth therein.

17. **EQUAL EMPLOYMENT OPPORTUNITY:** Pursuant to 2 CFR 200 Subpart D , Contractor will comply with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 C.F.R. part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

18. **DEBARRED OR SUSPENDED CONTRACTORS:** Pursuant to 2 CFR 200 Subpart C, Contractor will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689, "Debarment and Suspension."

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

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

21. **WHISTLEBLOWER PROTECTION:** Pursuant to 41 U.S.C. 4712 employees of a contractor, subcontractor, or subrecipient will not be discharged, demoted, or otherwise discriminated against as reprisal for "whistleblowing."

22. **EXECUTION AND DELIVERY:** This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same Agreement. The counterparts of this Agreement and all Ancillary Documents may be executed and delivered by facsimile or electronic mail by any of the parties to any other party and the receiving party

may rely on the receipt of such document so executed and delivered by facsimile or electronic mail as if the original had been received.

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

FOR NACCHO:

National Association of County and City  
Health Officials

Attn: \_\_\_\_\_  
[Name of Program Staff]  
1201 (I) Eye Street NW 4th Fl.,  
Washington, DC 20005  
Tel. (202) \_\_\_\_\_  
Fax (202) 783-1583  
Email: \_\_\_\_\_@naccho.org

With a copy to:

National Association of County and City Health Officials

Attn: Ade Hutapea, LL.M., CFCM  
Lead Contracts Administrator  
1201 (I) Eye Street NW 4th Fl.,  
Washington, DC 20005  
Tel. (202) 507-4272  
Fax (202) 783-1583  
Email: ahutapea@naccho.org

FOR CONTRACTOR:

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

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

AGREED AND ACCEPTED AS ABOVE:

NACCHO: CONTRACTOR:

By: \_\_\_\_\_ By: \_\_\_\_\_

Name: Jerome Chester

Name: \_\_\_\_\_

Title: Chief Financial Officer

Title: \_\_\_\_\_

Date: Date: \_\_\_\_\_

Federal Tax ID No.:

DUNS No.: \_\_\_\_\_

## APPENDIX B- List of Unallowable Activities and Expenditures

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

- Naloxone/Narcan, syringes, and pipes. Harm reduction and linkage to care activities are acceptable if they are not prohibited purchases.
- HIV/HCV/other STD/STI testing.
- Drug disposal. This includes Implementing or expanding drug disposal programs or drug take-back programs, drug drop box, drug disposal bags.
- The provision of medical/clinical care.
- Wastewater analysis, including testing vendors, sewage testing and wastewater testing.
- Recipients may not use funds for research.
- If you wish to include incentives in your project, please include them in your budget and specify the type being requested (e.g. gift cards), along with a [justification form](#) for how this is necessary to support your project's goals in the budget narrative.
- Public safety activities that do not include clear overlap/collaboration with public health partner and objectives.
- Food and beverage requests will be approved on a case-by-case basis and will require the submission of further documentation.
- 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:
  - Procure or obtain,
  - Extend or renew a contract to procure or obtain; or
  - 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).
    - 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).

- 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
- Equipment costing over \$5,000 per individual item.
- Travel Costs – Hotel, meals and incidentals generally should not exceed the Federal Travel Per Diem Rates published by the General Services Administration. There are many rules and exceptions in applying this rule. Please contact NACCHO with specific questions about these exceptions.
- Reimbursement of pre-award costs generally is not allowed unless the CDC provides written approval to the recipient.
- 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



## References

1. Centers for Disease Control and Prevention. Facts about suicide webpage. Retrieved October 3, 2024, from <https://www.cdc.gov/suicide/facts/index.html>
2. Centers for Disease Control and Prevention. Suicide data and statistics webpage. Retrieved October 3, 2024, from [https://www.cdc.gov/suicide/facts/data.html?CDC\\_AAref\\_Val=https://www.cdc.gov/suicide/suicide-data-statistics.html](https://www.cdc.gov/suicide/facts/data.html?CDC_AAref_Val=https://www.cdc.gov/suicide/suicide-data-statistics.html)
3. Substance Use and Mental Health Services Administration. (2024). Key substance use and mental health indicators in the United States: Results from the 2023 national survey on drug use and health. (HHS Publication No. PEP24-07-32, NSDUH Series H-59). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report>
4. Centers for Disease Control and Prevention. Health disparities in suicide webpage. Retrieved October 3, 2024, from [https://www.cdc.gov/suicide/disparities/?CDC\\_AAref\\_Val=https://www.cdc.gov/suicide/facts/disparities-in-suicide.html](https://www.cdc.gov/suicide/disparities/?CDC_AAref_Val=https://www.cdc.gov/suicide/facts/disparities-in-suicide.html)
5. Centers for Disease Control and Prevention. Suicide risk and protective factors webpage. Retrieved October 3, 2024, from <https://www.cdc.gov/suicide/risk-factors/index.html>
6. Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). Connecting the dots: An overview of the links among multiple forms of violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.
7. Education Development Center, & National Association of County and City Health Officials. (2023). Addressing the intersection of suicide, overdose, and adverse childhood experiences: Guidance for adapting community-led suicide prevention for local health departments. Education Development Center.
8. Safe States Alliance. The benefits of using a shared risk and protective factors approach for prevention infographic. Retrieved October 8, 2024, from [https://cdn.ymaws.com/www.safestates.org/resource/resmgr/srpf\\_resources/benefits\\_of\\_srpf\\_final.pdf](https://cdn.ymaws.com/www.safestates.org/resource/resmgr/srpf_resources/benefits_of_srpf_final.pdf)