REQUEST FOR PROPOSALS

Reducing Overdose through Community Approaches (ROCA) Mentorship Program – Mentee Application

National Association of County and City Health Officials (NACCHO)

Date of Release: October 24th, 2022

***Applications are due by: December 5th, 2022 by 11:59pm ET**

Project Title: Reducing Overdose through Community Approaches Mentorship Program
Proposal Due Date and Time: December 5th, 2022 by 11:59pm ET
Selection Announcement Date: on or around December 19, 2022
Source of Funding: Centers for Disease Control and Prevention
Maximum Funding Amount: up to $150,000 for mentees
Estimated Period of Performance: February 1, 2023 – January 31, 2024
Online Submission Form: https://nacchoapplication.secure-platform.com/a/solicitations/40/home

I: Background

The overdose epidemic is a public health crisis that continues to threaten the lives and wellbeing of our communities across the country. Overdose deaths have continued to accelerate since the onset of the COVID-19 pandemic at an alarming rate. In 2021, approximately 108,000 people died from overdoses in the United States according to provisional data from the Centers for Disease Control and Prevention.[1] While the majority of overdose deaths continue to involve opioids, an increase of synthetic opioids (e.g. illicitly manufactured fentanyl) across the drug supply have been driving this worsening crisis in recent years. In addition, increases in deaths related to stimulants and psychostimulants have been observed. This confluence of factors has served to only widen health disparities further, with a disproportionate impact on historically marginalized communities. From 2019 to 2020, drug overdose death rates increased by 44% and 39% among Black and American Indian or Alaska Native individuals, respectively, with larger disparities in overdose deaths in counties with greater income inequality.[2]

Trauma, substance use, and overdose are connected in a cycle that affects individuals, families, and communities across generations. Substance use in the home can lead to adverse childhood experiences, often referred to as ACEs, which are preventable, potentially traumatic events that occur in childhood (0-17 years) such as neglect, experiencing or witnessing violence, and having a family member attempt or die by suicide. ACEs also include aspects of a child's environment that can undermine their sense of safety, stability, and bonding, such as instability due to growing up in a household with substance use; mental health conditions; or parental separation or incarceration of a parent, sibling, or other member of the household.[3,4] These examples do not comprise an exhaustive list of childhood adversity, as there are other traumatic experiences that could impact health and wellbeing.

ACEs are connected with a predisposition to substance use during adolescence and adulthood, including prescription opioid misuse,[5,6] marijuana and cocaine use,[7] and substance use disorder (SUD).[8,9] ACEs are also associated with overdose among adults with opioid use disorder (OUD).[10] Additionally, research has shown that substance use among parental figures or caregivers is a significant predictor of SUD among children and adolescents.[11, 12] While ACEs can contribute to negative lifelong health and social consequences, positive childhood experiences (PCEs) also profoundly affect health and development, potentially preventing or buffering against toxic stress created by adverse experiences.[13]

Given the evolving nature of the overdose epidemic and its potential to impact future generations, a comprehensive public health approach is needed that includes up- and downstream prevention strategies at different levels of the social ecology. Evidence-based, culturally responsive prevention strategies that support people who use drugs and their families are critical to breaking the intergenerational cycles of trauma and substance use.

II: Funding Opportunity Overview

The National Association of County and City Health Officials (NACCHO), with support from the Centers for Disease Control and Prevention (CDC), the National Center for Injury Control and Prevention (NCIPC), is pleased to offer this funding opportunity for the *Reducing Overdose through Community Approaches (ROCA) Mentorship Program*. This program is designed to:

- Pair LHDs that have experience in advancing their ACEs, substance use, and overdose prevention programs in key strategy areas (see below) with peer LHDs interested in receiving assistance, guidance, tools, and resources to help strengthen their jurisdiction's capacity.
- Provide bi-directional learning to share strategies and tools that can be integrated into prevention and response efforts.
- Establish a network of LHDs from across the country to be a resource for continuous learning and connection around substance use and overdose prevention both during and following the project period.

This exciting funding opportunity will bring together a diverse group of LHDs through virtual and in-person meetings to allow mentees to learn from their peers, share experiences, and foster connections. With support from their mentor LHD, NACCHO, and CDC, mentees will receive technical assistance (TA) that strengthens their capacity to:

- assess their local context and needs,
- design a work plan for prevention and response efforts that integrates health equity concepts and methodologies,
- implement the work plan and plan for longer-term sustainability

Through this funding opportunity, NACCHO and CDC will select and award up to twenty-five (25) applicants. Each LHD applying to be a mentee may request up to $150,000 to support project activities.

Selections will be made on or around December 19, 2022 and the project period will run from the date of contract execution (approximately) February 2023 through July 31, 2023. Contingent on CDC approving a no cost extension, the project will continue to run through January 31, 2024.

Applications must be submitted through the [online submission form]() no later than December 5th, 2022, 11:59 E.T. In fairness to all applicants, NACCHO will not accept late submissions.

This will be a fixed-price, deliverables-based contract. A final invoice schedule will be agreed upon by NACCHO and the grantee after notice of their award. All payment will be contingent on receipt of satisfactory deliverables.

All necessary information regarding the project and application process may be found in this Request for Proposals (RFP). Applicants may pose individual questions to NACCHO at any point during the application process by emailing the NACCHO Overdose, Injury, and Violence Prevention Team at IVP@naccho.org.

NACCHO will host an optional webinar on Tuesday, November 8th from 3:00 – 4:00pm ET to walk through the RFP and respond to questions. Interested participants should register for the webinar in advance. Please note that no new information will be shared during the call. Applicants need not wait for this optional call to begin or submit applications. The call will be recorded and posted to the NACCHO website.

Funding for this RFP is supported by the CDC cooperative agreement 6 NU38OT000306-05-01 entitled *Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health*.

Event	Date/Time (All Times E.T.)
Launch RFA	October 24th, 2022
Informational Webinar (register here)	November 8th, 2022 from 3-4pm ET
Proposal Submission Deadline	December 5th, 2022
Award Notification Date	December 19th, 2022
End of Initial Project Period	July 31, 2023

III. Key Strategy Areas

There will be two tracks to which applicants can apply for this mentorship program:

1) **Overdose Prevention and Response:** for LHDs with interest in strengthening capacity to equitably implement initiatives, programs, and services that address their local community's burden of drug overdose.
2) **Intersection of Adverse Childhood Experiences and Substance Use:** for LHDs with interest in strengthening capacity to equitably implement initiatives, programs, and services that prevent substance use disorders and overdose, including evidence-based strategies for upstream prevention and mitigation of ACEs. LHDs interested in this track will use a multigenerational approach, working to decrease substance use, SUD, and overdose while simultaneously preventing ACEs in children and youth.

Mentees can apply to one or both tracks, indicating preference if applicable. However, if applying to both tracks, mentees will only receive a single award for one track. Final selection may be dependent on availability of Mentors within each track. Participants in each track will have the same deliverables per the award; however, the focus of the work plan implemented will be specific to the key strategy areas within their track.

The TA to be provided by mentors to mentees will fall into the strategy areas as outlined below; see bulleted points for example activities.

Within each track, mentee applicants are required to indicate no more than two strategy areas (rank ordered) for which they would like TA to help build their capacity.

Note: applicants of the Overdose Prevention and Response track will be required to select overdose prevention strategies. Applicants of the Intersection of ACEs and SU track will be required to select ACE

prevention strategies (while tailoring their ACEs work to impact substance use and overdose). Applicants who would like to be considered for both tracks must select both overdose prevention strategies as well as ACEs strategies.

Overdose Prevention Strategies. Applicants are encouraged to review Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States for guiding principles and a general overview of current best practices.

1. **Linkages to Care**. Activities at the systems-level in important settings such as the healthcare system, substance use treatment, harm reduction facilities, or community education events to improve the ability of people who use drugs to access ongoing care and social supports, including:
    - Referral protocols to treatment or social determinants of health-related supports in emergency departments for people who have a non-fatal overdose and/or request support
    - Outreach teams that follow-up with individuals who have experienced an overdose event for referrals to services
    - Implementation support for Screening, Brief Intervention, and Referral to Treatment (SBIRT) and medications for opioid use disorder programs
    - Identify and reduce service gaps, particularly in communities with the highest burden of overdose
2. **Providers and Health Systems Support**. Activities with clinicians to ensure they are trained and practice cultural humility to manage pain in both opioid-dependent and opioid-naive patients, and to effectively engage patients in a non-stigmatizing way to identify substance use related health needs and address overdose risk, including:
    - Academic detailing for providers
    - Training or education on evidence-based prescribing guidelines
    - Establishing overdose education and naloxone distribution or prescribing plans
    - Increasing the number of providers prescribing buprenorphine
    - Development and implementation of plans of safe care for infants at risk for neonatal opioid withdrawal syndrome and their parents
    - Recruitment of clinicians and staff who are more representative of the communities being served or have lived experience
3. **Partnerships with Public Safety and First Responders**. Activities with public safety and first responders (e.g., fire, emergency medical services, law enforcement, criminal justice system) who commonly engage with people who use drugs, including:
    - Initiation or enhancement of response capacity with novel public safety data systems to detect overdose spikes, locate hotspots, and/or identify emerging drug threats
    - Trauma-informed trainings for first responders and public safety personnel that interact with children/schools
    - Deflection programs or alternatives to incarceration through pre-arrest diversion programs

- Provision of overdose education and naloxone distribution among justice-involved populations

4. **Harm Reduction**. Activities to implement practical strategies and interventions aimed at people who are already engaged in drug use to prevent death and other negative health outcomes, including:
    - Overdose education and naloxone distribution, prioritizing areas with high incidence of overdoses
    - Increased access and dissemination of harm reduction materials to people who use drugs
    - Activities to increase opportunities for people who use drugs to inform strategies and interventions
    - Drug checking programs to determine substances present including distribution of fentanyl test strips
5. **Surveillance and Data Sharing**. Activities that support or improve data sharing and surveillance to inform overdose prevention and response efforts, including:
    - Collection of timely fatal and/or non-fatal overdose data
    - Disaggregation and use of surveillance data to identify populations and communities disproportionately affected by SU and overdose
    - Stratification of data by race, ethnicity, and language to inform programmatic efforts
    - Development or use of health equity indicators to identify inequities at the neighborhood level across the jurisdiction
    - Development of data-sharing agreements across partners

ACEs Prevention Strategies. Applicants should reference the CDC-developed resource, Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence, which can help states and communities use the best available evidence to prevent ACEs from occurring, as well as lessen harms when ACEs do occur. This resource features six strategies drawn from the CDC Technical Packages to Prevent Violence. Where possible, applicants are encouraged to consider implementing the evidence-based ACEs prevention programs, policies, and practices in these resources, as some of these programs, policies, and practices either have already demonstrated impact on substance use prevention or may theoretically impact substance use, SUD, and overdose. In recognizing adverse community environments can foster adverse childhood experiences (known as the “Pair of ACEs”), cross-sector strategies may also build resilience by addressing underlying, systemic inequities within the community.

1. **Strengthen Economic Supports to Families.** Activities that decrease the likelihood of unemployment which can lead to risk factor for SUDs like low self-esteem and depression. These activities may include:
    - Working with local businesses to implement family-friendly work policies such as paid leave and flexible and consistent work schedules
    - Strengthening household financial security
    - Developing job training and placement programs for parents and caregivers with SUDs
    - Supporting access to quality, affordable housing
    - Addressing drivers of poverty within the community

2. **Promote Social Norms that Protect Against Violence and Adversity.** Activities that promote healthy relationships to decrease violence, as witnessing violence in the home or community is a risk factor for SUD. These activities may include:
    - Promoting positive community norms and build community resilience
    - Developing public education campaigns
    - Supporting legislative approaches to reduce corporal punishment
    - Implementing VERB Bystander approaches
    - Mobilizing men and boys as allies in prevention
    - Engaging community-based violence prevention teams and restorative justice approaches
    - Working with community partners to promote positive childhood experiences and safe, stable, and nurturing environments and relationships
    - Community trainings to raise awareness and knowledge about positive childhood experiences and trauma-informed care
3. **Ensure a Strong Start for Children.** Activities that help caregivers build a safe, stable, nurturing, and supportive home environment and a strong foundation for children's future learning and opportunities. These activities may include:
    - Implementing early childhood home visiting programs for people with known SUD or risk for overdose
    - Ongoing support beyond ages 0-5 for families impacted by substance use
    - Assisting communities in accessing affordable, high-quality childcare
    - Providing preschool enrichment opportunities that prioritize family and caregiver engagement
4. **Teach Skills.** Activities that teach skills to promote nurturing and supportive family environments and resiliency in children. Evidence-based parenting programs for people with or at risk for SUD or overdose may decrease substance use while improving sensitivity, reciprocity, and/or parenting practices with children. These activities may include:
    - Facilitating social-emotional learning approaches for children and youth
    - Promoting safe dating and healthy relationship skill programs
    - Teaching parenting or caregiver skills and family relationship approaches
    - Teaching youth to recognize signs of substance use
    - Building caregiver skills to engage in honest conversations with youth about drugs, including effects, risks, and harm reduction strategies
5. **Connect Youth to Caring Adults and Activities.** Activities that create positive childhood experiences that promote resiliency, mitigate the effects of an unstable or unsafe home environment, and may decrease risk for SUD and overdose. These activities may include:
    - Developing and implementing mentoring programs for high-risk communities
    - Developing and implementing after-school programs
    - Developing and implementing school-based programs connecting students and teachers
6. **Intervene to Lessen Immediate and Long-Term Harms.** Activities that provide trauma-informed training, education, or implementation support for SUD treatment or harm reduction center

staff to decrease the likelihood of a child or youth being exposed to substance use in the home and initiating substance use. These activities may include:

- Enhancing primary care
- Prioritizing victim-centered services
- Promoting treatment to lessen the harms of ACEs and decrease later risk of substance use, including Trauma-Focused Cognitive Behavioral Therapy
- Developing treatment to prevent problem behavior and future involvement in violence
- Moving towards family-centered treatment for substance use disorders
- Offering wraparound services for youth and families
- Implementing the Handle with Care model between law enforcement/emergency services and the school system
- Providing training on trauma-informed approaches, ACEs, toxic stress, and building resilience to early childhood professionals, school staff, and/or community partners

IV. Eligibility and Contract Terms

This funding opportunity is open to LHDs with an interest in partnering with peer public health experts to strengthen their capacity to plan and implement evidence-based overdose, substance use, and, if indicated, ACEs prevention programming. Mentee applicants should meet the following requirements:

a. All mentee LHDs must have an interest in building capacity to address local needs related to overdose and substance use in at least one of the key overdose prevention strategy areas or ACEs prevention strategy areas identified above.
b. LHD must have **one primary point of contact**, who actively communicates with NACCHO on all technical and administrative aspects of the project. This person may or may not be the same person serving as the mentee for the LHD whose eligibility criteria is described below.
c. LHD must have **at least one staff member** in the designated programming areas who can serve as the **mentee** and willing to dedicate at least 5-6 hours/month to this program. This person may or may not be the same person serving as the primary point of contact described above.

Contract Terms: Selected applicants will enter into an agreement with NACCHO using the standard contract terms and conditions. Agreement with NACCHO's standard contract language is a requirement. 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 can be accommodated. Contractors that cannot agree to majority of NACCHO's contract language should not apply for this initiative. LHDs that cannot agree to NACCHO's contract language should not apply for this initiative.

If you are an applicant from Florida or Texas, please contact NACCHO's Injury and Violence Prevention team at IVP@naccho.org immediately for a copy of their standard contract. As part of the application, LHD applicants will be asked to verify that they have read NACCHO's standard contract language and have provided a copy to the individual with signing authority at your organization for advanced consideration.

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 Appendix B for the anticipated deliverable schedule.

V. Project Goals & Technical Requirements

The anticipated project period will be 12 months long. Applicants should review all proposed activities and expenditures to ensure there is a reasonable expectation that program deliverables can be completed and project funds can be spent within the given project period.

Selected mentee LHDs will be expected to

a. **Attend Program Kick-Off Meeting:** A kick-off meeting will be held on February 6th, 2023 from 2:00 – 3:30 pm ET with all program participants to review the project's expectations and activities. *Note: attendance at this kick-off meeting is a requirement of participation in the program. If the primary point-of-contact is unavailable to attend, they may send a designee in their place*.

b. **Attend Monthly Meetings with Mentor**: Mentees will participate in at least 12 dedicated meetings with their mentor throughout the project period to work through the development of project deliverables, assess progress, troubleshoot challenges, etc.

c. **Participate in Peer-to-Peer Learning Community:** Mentees will participate in at least nine peer-to-peer calls with their fellow mentees to learn about select topics relevant to overdose, SU, or ACEs prevention work, as well as serve as an opportunity to network, share successes and challenges. Each mentee will be required to present on their work during one of the learning community calls during the project period.

d. **Complete Mentee Needs Assessment:** Using templates provided by NACCHO and a process facilitated by their mentor, mentees will complete an initial needs assessment, drawing on environmental scanning techniques to reflect on local context, identify specific needs and assets, and to assess current capacity and readiness.

e. **Health Equity in the Response to Drug Overdose Training:** Each mentee will be expected to complete the online training course and submit the certificate of completion.

f. **Develop Mentee Work Plan:** Using templates provided by NACCHO and with support from their mentor, mentees will develop focused objectives and an associated work plan to strengthen capacity in the specified key strategy areas.

g. **Attend Mentorship Symposium:** NACCHO will be holding an in-person symposium including all mentorship participants in the spring of 2022 in Washington, DC. Each mentee LHD will be expected to send at least one team member to the symposium.

h. **Host Site Visit at Mentee Agency:** The mentee will host an in-person site visit at their agency in the spring of 2023 as an opportunity for relationship building and intensive technical assistance. If COVID protocols or restrictions on travel do not allow an in-person visit, virtual visits will be permitted.

i. **Develop Sustainability Plan:** With support from their mentor, mentees will develop a plan to sustain their initiative or prevention efforts beyond the project period, emphasizing the

importance of early planning to maintain organizational capacity, financial support, partner relationships, and buy-in.

j. **Attend NACCHO Check-Ins:** Mentees will participate in at least four individual check-in calls facilitated by NACCHO to review progress, discuss success and challenges, and identify additional areas or needs for support. After the work plan is finalized, the mentee will provide written updates to the work plan in advance of the call.

k. **Participate in Project Evaluation Activities:** Mentees will participate in additional evaluation-related activities with NACCHO and CDC to track and measure progress towards specified outcomes, such as completion of an end-of-project report, surveys, or interviews.

NACCHO will pay the selected applicants in installments according to the deliverable schedule in Appendix B for a full list of the anticipated deliverables to be fulfilled, invoice periods, and payment schedule. Please note that NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary. A final invoice schedule will be agreed upon by NACCHO and the grantee after notice of their award.

VI. Submission Instructions

To apply for this funding opportunity:

1) Review the requirements and expectations outlined in this RFA.
2) Review the Mentee Application Writing Tips for this funding announcement. If you have any additional unanswered questions, please contact NACCHO's Overdose, Injury, and Violence Prevention Team at IVP@naccho.org.
3) Read NACCHO's standard contract terms and conditions and provide a copy to the individual with signing authority for the LHD (or entity that would be contracting with NACCHO, e.g., city government), including any relevant financial or legal offices for advanced consideration. Selected LHDs must agree to the contract language and be able to sign and return a contract to NACCHO within approximately 30 days of receiving it. No modifications will be made. *Do not sign or send back the contract with the application.*
4) Submit the application to NACCHO by **December 5th, 2022** at 11:59pm ET**.** Submissions after this deadline will not be considered. **Please submit your application using NACCHO's online portal here**. Please note that to gain access to the submission portal, applicants will need to create a NACCHO.org account if they do not already have one.
5) The submitted application must include the following items to be deemed complete:
   a. A brief narrative that addresses all domains as described in the next section.
   b. Anticipated budget (template provided) and budget narrative.
   c. All completed attachments.
   d. The applicant must be registered with the System for Award Management (SAM) and its SAM number. **For applicants without a SAM number, please note that it takes 7-10 business days to receive a number after registration. Please plan accordingly to ensure an active SAM number at the time of submission.**

NACCHO will confirm receipt of all applications within two business days, however, confirmation of receipt does not guarantee verification of completeness. Applicants will be notified of their selection status by e-mail to the primary point-of-contact on or around December 19th, 2022. Selected applicants

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

All questions may be directed to NACCHO's Overdose, Injury, and Violence Prevention Team at IVP@naccho.org.

VII. Application Response Format & Selection Criteria

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

a. Mentee Point-of-Contact:

- Name of LHD
- Location of LHD
- LHD Primary Point-of-Contact
  - Name, Title
  - Email Address
  - Phone number
- Mentee
  - Name, Title
  - Email Address
  - Phone number

b. Identify which track to which you are applying:

- Overdose Prevention and Response
- Intersection of Adverse Childhood Experiences and Substance Use
- Both

c. Identify no more than two Key Strategy Areas of interest in each domain, and rate your current capacity for each as none/low/some/full:

- Overdose prevention strategies
  1. Linkages to Care
  2. Providers and Health Systems Support
  3. Partnerships with Public Safety and First Responders
  4. Harm Reduction
  5. Surveillance and Data Sharing
- ACEs prevention strategies
  1. Strengthen Economic Supports to Families
  2. Promote Social Norms that Protect Against Violence and Adversity
  3. Ensure a Strong Start for Children
  4. Teach Skills
  5. Connect Youth to Caring Adults and Activities
  6. Intervene to Lessen Immediate and Long-Term Harms

d. **Jurisdictional Characteristics:** Please provide a brief overview of the jurisdiction your health department serves by selecting the appropriate option for each jurisdictional characteristic.

Jurisdiction served	☐ City or town ☐ County ☐ Multi-county ☐ Other
Size of population served	☐ Small: <50,000 ☐ Medium: 50,000-500,000 ☐ Large: 500,000+
Geographic region	☐ New England ☐ Mid-Atlantic ☐ East North Central ☐ West North Central ☐ South Atlantic ☐ East South Central ☐ West South Central ☐ Mountain ☐ Pacific
Degree of urbanization	☐ Urban ☐ Urban/Suburban ☐ Suburban ☐ Suburban/Rural ☐ Rural
Type of LHD governance	☐ Local (*LHD is unit of local government*) ☐ State (*LHD is unit of state government*) ☐ Shared (*LHD is governed by both state/local authorities*)
Number of full-time staff employed within LHD	☐ <5 ☐ 5-9.9 ☐ 10-24.9 ☐ 50-99.9 ☐ 100-199.9 ☐ 200+

e. Statement of Need (40%). 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. Each of the following components must be addressed:

- Describe the applying LHD and the jurisdiction it serves including the location, demographics of population served in your community, and marginalized or disproportionately affected populations that could be impacted by your program.
- Describe the drug overdose and substance use burden on your jurisdiction, including prevalence of overdose or SUD-related mortality and morbidities.
- If applying for the *Intersection of ACEs and SU* track, applicants must also describe the ACEs or Positive Childhood Experiences (PCEs) in their population of focus. Proxy measures for childhood trauma or resilience are acceptable.
- Be sure to specify sources and collection methods for any data described and note any gaps or challenges in data collection or reporting.

f. **Our Work (20%).** This section will be scored on the completeness of their description and understanding of the current landscape of their organization's work, not the level or current capacity of that work. Each of the following components must be addressed:
    - Identify any current or recent work related to the key strategy area(s) selected above, including work with partners in the community, as applicable. Identify mentee's role and the role of the health department for each program.
    - Where applicable, describe any challenges or barriers that your agency has experienced in making progress towards these key strategy areas or other considerations that have affected current capacity.

g. **Goals & Interest (20%).** This section will be scored based on demonstration of thought and consideration of how mentorship will help advance an appropriate, equitable approach to addressing the needs identified in the Statement of Need as well as the feasibility of the proposed approach within the project period. Each of the following components must be addressed:
    - Describe the interest in mentorship and how working with a mentor will advance your capacity to address your jurisdiction's overdose and substance use prevention needs.
    - While mentees will work with their mentors to develop their work plan and approach in the selected key strategy area, please describe your agency's goals for participation in the program:
        i. What competencies and capacities you would like to develop or strengthen
        ii. What programs and services you would like to plan or implement
    - Describe how you anticipate or intend for this work to have an impact on substance use and overdose in your community, including short-term outcomes (within the next year) as well as longer-term outcomes (within three to five years**).** Particularly for those applying to the *ACEs and SU track*, it is important to connect how the upstream prevention work regarding ACEs will be designed to specifically impact substance use and overdose.
        i. Please note that outcomes – measurable changes in knowledge, attitudes, beliefs, behaviors, or health outcomes differ from outputs – direct, tangible, and measurable results of activities. While this application does not require a logic model, this logic model quick guide may further clarify the difference between outputs and outcomes.

h. **Staffing Plan (20%)**. 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. Each of the following components must be addressed:

- Propose a staffing plan and list the following for all program personnel that may participate in the mentorship program:
    1. Names of lead staff and other staff members on mentee team
    2. Background information on each staff member, including experience in opioid or substance use disorders, and/or ACEs and trauma
    3. Each staff member's anticipated roles and responsibilities for the mentorship program. Please provide detailed information about the expected role for each staff member assigned to work on this project.

i. **Budget Justification**

- Applicants must complete a detailed line-item excel budget and accompanying narrative using the forms provided. Mentee applicants may apply for up to $150,000 to support fulfilment of the program deliverables and implementation of the work plan.
- The budget will be reviewed as part of the selection process but will not be included in the application's score. Preference will not be given to applicants that submit budgets under the full eligible amount. Revisions to the budget may be requested as a condition of award, and a final budget must be approved to proceed with contract execution. Budgets will be reviewed and approved based on:
    1. Reasonableness of costs
    2. Cost allowability
    3. Sufficient staffing to support program activities
    4. Sufficient justification of costs
- Please note that the awards are categorized as consultant and disbursed in four invoice periods upon receipt of satisfactory deliverables, not reimbursement for expenses incurred. This is a firm fixed-price contract. The purpose of the budget narrative is to demonstrate that the applicant has considered appropriate funding needed to accomplish the work it has proposed.
- The budget should span 12 months with the understanding that the project will end on January 31, 2024. Using the template, the budget will be broken into Year 1 (contract start date through 7/21/23) and Year 2 (8/1/23 through 1/31/24). The total budget amounts for Year 1 and Year 2, respectively, must align with the % of the total budget to be paid within those time periods according to the anticipated schedule of deliverables (Appendix B).
    1. Year 1 Total = 58.5% of total budgeted funds
    2. Year 2 Total = 41.5% of total budgeted funds
- Items that may be requested for funds include but are not limited to:
    1. *Staff salary and fringe benefits* to cover time spent on project and associated deliverables, including implementation of the work plan during the project period
    2. *Supplies* to support hosting of the site visit or other field supplies to support activities in select key strategy areas
    3. *Travel* to relevant conferences to strengthen mentee's capacity

        a. Note: NACCHO will separately reimburse travel for at least 2 participants to attend the in-person mentorship symposium.
4. *Contractual* costs such as training or education to strengthen the mentee's capacity or for consultants/contractors to support implementation of the work plan during the project period
5. *Other* costs such as virtual meeting platforms, postage, printing fees, marketing/promotional materials, etc.

- Please see Appendix A for a list of unallowable costs. In addition, the budget justification cannot include in kind contributions.

j. Additional Information

- One Letter of Support from the Health Director or Administrator as a PDF file.
- Vendor Form – Form
- W-9 Form – Form
- Completed Certification of Non-Debarment – Form
- Proof of active SAM.gov registration
- Completed FFATA data collection form. (This form will be required for all contracts over $30,000, but if you are not able to complete the form in time for the application deadline, this form can be submitted up to three weeks after the application deadline.) – Form

Appendix A - List of Unallowable Costs

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

1. Equipment exceeding $5,000 per individual item.
2. Naloxone/Narcan
3. Syringes and pipes.
4. HIV/HCV/other STD/STI testing.
5. Drug disposal programs and supplies. This includes implementing or expanding drug disposal programs or drug take-back programs, drug drop box, drug disposal bags.
    - **a.** Syringe collection programs and equipment, however, are allowable.
6. The provision of direct medical/clinical care. Please reach out to NACCHO for clarification on what meets this threshold.
7. Wastewater analysis, including testing vendors, sewage testing and wastewater testing.
8. Direct funding for the provision of substance use treatment.
9. Recipients may not use funds for research.
10. Development of educational materials on safe injection.
11. The primary prevention of Adverse Childhood Experiences (ACEs) as a stand-alone activity.
12. The purchase of motor vehicles.
13. Incentives such as food and beverage or gift cards will be reviewed on a case basis and will require the submission of further documentation.
14. 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:
    - **a.** Procure or obtain,
    - **b.** Extend or renew a contract to procure or obtain; or
    - **c.** Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
        - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
        - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.

iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country. President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under Pub. L. 115-232, section 889 until September 30, 2022. During the exemption period, PEPFAR recipients 14 | Page are expected to work toward implementation of the requirements

Appendix B – Anticipated Schedule of Deliverables

Mentee Local Health Department

Deliverable	Subtask	Estimated Timeline	Payment Schedule	
1. Kick-Off Meeting	Attendance at program kick-off meeting	Feb. 2023	.7%	**Invoice #1** Due by or before May 15, 2023
2a. Mentor Meetings (#1-3)	Notes from one-on-one meeting #1	Feb. – April 2023	1%	
	Notes from one-on-one meeting #2		1%	
	Notes from one-on-one meeting #3		1%	
3a. NACCHO Check-In #1	Attendance at check-in(s) with NACCHO point-of-contact (at least 1)	Feb. – April 2023	.5%	
4. Mentee Needs Assessment	Final mentee needs assessment	Feb. – March 2023	5%	
5. Health Equity Training	Certificate of completion for online Health Equity in the Response to Drug Overdose training	Feb. – March 2023	8%	
6. Mentee Work Plan	Final mentee work plan	March – April 2023	20%	
7. Mentorship Symposium	Submission of meeting evaluation and key takeaways for mentorship symposium	April 2023	2%	
2b. Mentor Meetings (#4-5)	Notes from one-on-one meeting #4	May – June 2023	1%	**Invoice #2** Due by or before July 15, 2023
	Notes from one-on-one meeting #5		1%	
3b. NACCHO Check-In #2	Attendance at check-in(s) with NACCHO point-of-contact (at least 1)	May – June 2023	.5%	
	Written work plan updates		4%	
8a. Peer-to-Peer Learning Community Calls (#1-4)	Attendance at learning community call #1	Feb. – June 2023	.7%	
	Attendance at learning community call #2		.7%	
	Attendance at learning community call #3		.7%	
	Attendance at learning community call #4		.7%	
9. Host Site Visit	Final site visit agenda Site visit summary report	June 2023	10%	
2c. Mentor Meetings (#6-8)	Notes from one-on-one meeting #6	July – Sept. 2023	1%	**Invoice #3** Due by or before October 15, 2023
	Notes from one-on-one meeting #7		1%	
	Notes from one-on-one meeting #8		1%	
3c. NACCHO Check-In #3	Attendance at check-in(s) with NACCHO point-of-contact (at least 1)	July – Sept. 2023	.5%	
	Written work plan updates		4%	
10. Sustainability Planning	Final sustainability plan	Sept. 2023	3%	
2d. Mentor Meetings (#9-12)	Notes from one-on-one meeting #9	Oct. – Jan. 2024	1%	**Invoice #4**
	Notes from one-on-one meeting #10		1%	

	Notes from one-on-one meeting #11		1%	Due by or before February 15, 2024
	Notes from one-on-one meeting #12		1%	
3d. NACCHO Check-In #4	Attendance at check-in(s) with NACCHO point-of-contact (at least 1)	Oct. – Jan. 2024	.5%	
	Written work plan updates		4%	
8b. Peer-to-Peer Learning Community Calls (#5-9)	Attendance at learning community call #5	July – Jan. 2024	.7%	
	Attendance at learning community call #6		.7%	
	Attendance at learning community call #7		.7%	
	Attendance at learning community call #8		.7%	
	Attendance at learning community call #9		.7%	
11. Final Report	Submission of final work plan implementation report	Jan. 2024	17%	
12. Project Evaluation	Submission of final end-of-project mentee survey	Jan. 2024	2%	

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