U.S. Department of Health and Human Services

Federal Office of Rural Health Policy

Rural Strategic Initiatives Division

Rural Communities Opioid Response Program–Behavioral Health Care Support

Funding Opportunity Number: HRSA-22-061

Funding Opportunity Type: New

Assistance Listings (AL/CFDA) Number: 93.912

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: April 19, 2022

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: January 18, 2022

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. 912(b)(5) (§ 711(b)(5) of the Social Security Act)

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff listed in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Rural Communities Opioid Response Program–Behavioral Health Care Support (BHS). The Rural Communities Opioid Response Program (RCORP) is a multi-year initiative by the Health Resources and Services Administration (HRSA) aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD), in high risk rural communities. The purpose of this program is to advance RCORP's overall goal by improving access to and quality of SUD and other behavioral health care services in rural communities.

Funding Opportunity Title:	Rural Communities Opioid Response Program –Behavioral Health Care Support (RCORP-BHS)
Funding Opportunity Number:	HRSA-22-061
Due Date for Applications:	April 19, 2022
Anticipated Total Annual Available FY 2022 Funding:	$13,000,000
Estimated Number and Type of Awards:	Approximately 26 grants
Estimated Annual Award Amount:	Up to $500,000 per award per year, subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 01, 2022 through August 31, 2026 (4 years)
Eligible Applicants:	All domestic public and private, nonprofit and for-profit entities are eligible to apply. This includes, but is not limited to: faith-based and community- based organizations, federally recognized tribes

	and tribal organizations, state governments, and private institutions of higher education. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, February 3, 2022
Time: 1 - 2:30 p.m. ET
Call-In Number: 1-833-568-8864
Participant Code: 66603797
Weblink: https://hrsa-gov.zoomgov.com/j/1616353181?pwd=Q1FacERVdi9TVlRydUpET0NPRTFJZz09

The webinar will be recorded. Please email ruralopioidresponse@hrsa.gov for a link to the recording.

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I. Program Funding Opportunity Description

1. Purpose

The Rural Communities Opioid Response Program (RCORP) is a multi-year initiative by the Health Resources and Services Administration (HRSA) aimed at reducing the morbidity and mortality of substance use disorder (SUD), including opioid use disorder (OUD) in high-risk rural communities. This notice announces the opportunity to apply for funding under the RCORP–Behavioral Health Care Support (RCORP-BHS). RCORP-BHS will advance RCORP's overall goal by improving access to and quality of SUD and other behavioral health care services in rural communities.

For the purposes of this NOFO, improving rural behavioral health care service delivery includes increasing access to and utilization of prevention, treatment and recovery services to improve the care for those affected by behavioral health conditions, which may include substance use and mental health disorders.

Over the course of a four year period of performance, RCORP-BHS award recipients will implement activities that are aligned with the following overarching program goals:

1) Address structural- and systems-level barriers to improve rural residents' access to quality, integrated SUD and other behavioral health care services.
2) Improve the quality and sustainability of rural behavioral health care services through supporting rural health care providers to offer coordinated, evidence-based, trauma-informed SUD and other behavioral health care services.
3) Improve the capacity of the behavioral health care system to address rural community risk factors and social determinants of health that affect the behavioral health of rural residents.

The target population for RCORP–BHS includes:

1) Individuals at risk for SUD/OUD and/or co-occurring mental disorders;
2) Individuals diagnosed with SUD/OUD and/or co-occurring mental disorders;
3) Individuals in treatment and/or recovery for SUD/OUD and/or other co-occurring mental disorders;
4) Their families and/or caregivers; and
5) Impacted community members[1] who reside in the rural target service area as defined by the Rural Health Grants Eligibility Analyzer.

[1] Applicants are encouraged to include individuals in the community who are involved in improving health care delivery in rural areas in their RCORP projects.

Applicants are encouraged to include populations that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population. Examples of these populations include, but are not limited to: racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ+ individuals, veterans, socioeconomically disadvantaged populations, the elderly, individuals with disabilities, etc.

2. Background

RCORP–Behavioral Health Care Support is authorized by Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)), as amended.

According to the results from the 2019 National Survey on Drug Use and Health, approximately 7.3 million nonmetropolitan adults reported having any mental illness (AMI) in 2019, accounting for 21.2 percent of nonmetropolitan adults[2]. In addition, 5.6 percent of nonmetropolitan adults reported having a serious mental illness (SMI) causing serious functional impairment that substantially interferes with or limits one or more major life activities[2]. Nearly 20 percent of individuals in rural areas with any mental illness in the past year, and almost half of those with serious mental illness, reported an unmet need for mental health services[2]. Moreover, adults aged 18 or older who experience mental illness are more likely to be users of illicit drugs, marijuana, misusers of opioids, or binge alcohol users.[2]

Over 100,000 drug overdose deaths occurred in the United States in the 12 months ending in April 2021, the highest number of overdose deaths ever recorded in a 12-month period, according to recent provisional data from CDC.[3] From 1999 through 2019, the rate of drug overdose deaths increased from 4.0 per 100,000 to 19.6 in rural counties.[4]

Rural communities face significant challenges in meeting the behavioral health needs of those at risk for and/or experiencing SUD/OUD. Rural residents who use opioids are more likely than their urban counterparts to have socioeconomic vulnerabilities, including limited educational attainment, poor health status, lack of health insurance, and low income,[5] which further limit their abilities to access treatment.

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[2] Center for Behavioral Health Statistics and Quality. (2020). Results from the 2019 National Survey on Drug Use and Health: Detailed tables. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetailedTabsTOC2019.htm

[3] https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm

[4] Hedegaard H, Spencer MR. Urban–rural differences in drug overdose death rates, 1999–2019. NCHS Data Brief, no 403. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: https://dx.doi. org/10.15620/cdc:102891.

[5] Lenardson, Jennifer et al (2016), "Rural Opioid Abuse: Prevalence and User Characteristics," Maine Rural Health Research Center, http://muskie.usm.maine.edu/Publications/rural/Rural-Opioid-Abuse.pdf

One of the biggest challenges in rural communities is health workforce shortage. The majority of Mental Health Professional Shortage Areas (HPSA) in the U.S. are located in rural areas, representing over 26 million people without adequate access to mental healthcare providers[6]. Moreover, in July 2020, nearly two-thirds of all rural counties (63.1 percent) had at least one clinician with a DEA waiver but more than half of small and remote rural counties lacked one.[7]

Further compounding workforce shortage, rural communities face systems level challenges that impede care coordination and care delivery[8, 9]. These challenges include: long wait times to access care, reimbursement for services, stigma, and gaps in referrals and follow up, limited broadband among others[5, 6].

Furthermore, urban-rural disparities in suicide rates have grown steadily since 2000 for both males and females[10]. Data from the National Vital Statistics Systems suggests that the rural suicide rate increased by 48 percent from 2000 through 2018 as compared to the urban rate of 34 percent. Contributing factors to suicide in rural areas include: geographic isolation, difficulty obtaining behavioral health services, socioeconomic factors, stigma and other sociocultural factors[8].

Even within the rural context, there also exists disparities in rates of mental illness, suicidality, and disease burden among sub-populations including people who are pregnant, veterans, non-Hispanic blacks, and American Indian/Alaska Native (AI/ANs)[7,8]. Thus, RCORP supports and encourages projects that address the needs of a wide range of population groups, including, but not limited to, low-income populations, the elderly, pregnant women, youth, adolescents, ethnic and racial minorities, people/persons experiencing homelessness, and individuals with special health care needs.

Addressing issues of equity should include an understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services[11].

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[6] Third Quarter of Fiscal Year 2021 Designated HPSA Quarterly Summary. Retrieved from: https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport

[7] Andrilla CHA, Patterson DG. Tracking the geographic distribution and growth of clinicians with a DEA waiver to prescribe buprenorphine to treat opioid use disorder. *J Rural Health.* 2021; 1-6. https://doi.org/10.1111/jrh.12569

[8] Bolin, J.N., Bellamy, G.R., Ferdinand, A.O., Vuong, A.M., Kash, B.A., Schulze, A. and Helduser, J.W. (2015), Rural Healthy People 2020: New Decade, Same Challenges. The Journal of Rural Health, 31: 326-333. https://doi.org/10.1111/jrh.12116

[9] Jaclyn Janis, B. S. N., Coburn, A., Rochford, H., Knudson, A., Lundblad, J. P., MacKinney, M. A. C., & McBride, T. D. (2019). Behavioral Health in Rural America: Challenges and Opportunities. RUPRI. Retrieved from https://rupri.org/wp-content/uploads/Behavioral-Health-in-Rural-America-Challenges-and-Opportunities.pdf

[10] Pettrone K, Curtin SC. Urban–rural differences in suicide rates, by sex and three leading methods: United States, 2000–2018. NCHS Data Brief, no 373. Hyattsville, MD: National Center for Health Statistics. 2020

[11] *See* Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf.

The Department of Health and Human Services (HHS) is committed to improving the health and well-being of the nation through Healthy People 2030 (HP2030). HP2030 establishes national health objectives with targets and monitors and catalyzes progress over time to measure the impact of research and prevention efforts. RCORP encourages applicants to integrate the HP2030 objectives and targets into RCORP-BHS efforts to improve health outcomes.

In 2019, the HHS Rural Health Task Force developed the "Healthy Rural Hometown Initiative" (HRHI). The HRHI is an effort that seeks to address the underlying factors that are driving growing rural health disparities related to the five leading causes of avoidable death (heart disease, cancer, unintentional injury/substance use, chronic lower respiratory disease, and stroke). RCORP-BHS supports the HRHI initiative by aiming to reduce morbidity and mortality from unintentional injury resulting from SUD and other mental/behavioral disorders. While applicants and award recipients to RCORP-BHS do not need to explicitly link their activities to the HRHI, HRSA may plan to use the performance data submitted by RCORP-BHS award recipients to demonstrate how RCORP-BHS supports the overall goal of the HRHI. For more information on the Healthy Rural Hometown Initiative, see page 29 of the HHS Rural Action Plan.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately $13,000,000 to be available annually to fund approximately 26 recipients. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to $500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is September 1, 2022 through August 31, 2026 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for RCORP-BHS in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

No competitive advantage, funding priority, or preference is associated with requesting an amount below the $500,000 per year ceiling amount.

HRSA may reduce or take other enforcement actions regarding recipient funding levels beyond the first year if recipients are unable to fully succeed in achieving the goals listed in application.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

III. Eligibility Information

1. Eligible Applicants

Applicant Organization Specifications

Eligible applicants include all domestic public or private, non-profit and for-profit, entities including, but not limited to, faith-based and community-based organizations, federally recognized tribes and tribal organizations, state governments, and private institutions of higher education. In addition to the 50 U.S. states, organizations in the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated State of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. The applicant organization may be located in an urban or rural area.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4
- Exceeds the page limit. Fails to propose a service area that is entirely rural, as defined by the Rural Health Grants Eligibility Analyzer. All activities supported by RCORP-BHS (i.e., all service delivery sites) must exclusively occur in HRSA-designated rural areas. Please reference the Program Requirements and Expectations section for additional guidance.

- Applicant organization fails to demonstrate that it is part of a consortium comprised of four or more separately owned entities, including the applicant organization, that have signed a letter of commitment (Attachment 3). A majority (at least 50 percent) of consortium members must be physically located in HRSA-designated rural areas and all members reflected in the work plan must be signatories to the letter of commitment. Please reference the Program Requirements and Expectations section for additional guidance.

Multiple Applications

In general, multiple applications associated with the same DUNS number or Unique Entity Identifier (UEI), and/or EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple organizations with the same EIN and/or DUNS number or Unique Entity Identifier (UEI) could be located in different rural service areas that have a need for SUD/OUD services. **Therefore, separate applications associated with a single DUNS number and/or EIN may be considered eligible for this funding opportunity. See more information in Attachment 8.**

Multiple Submissions

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS.

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-22-061 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limitation

The total size of all uploaded files included in the page limit shall be no more than the equivalent of **80 pages** when printed by HRSA. The page limit includes the project and budget narratives, and attachments required in the *Application Guide* and this NOFO.

Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form (SF) "Project_Abstract Summary." Standard OMB-approved forms included in the workspace application package do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-061, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of 80 will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum specified page limit, and validated by Grants.gov under HRSA-22-061 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 13-15: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program Requirements and Expectations

Service Delivery Specifications

Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)) authorizes the Federal Office of Rural Health Policy to administer grants "related to improving health care in rural areas." To optimize RCORP-BHS' ability to improve health care in rural areas, and increase the number of rural residents served, all activities supported by RCORP-BHS (i.e., all service delivery sites) **must exclusively occur in HRSA-designated rural counties and rural census tracts**, as defined by the Rural Health Grants Eligibility Analyzer. Within partially rural counties, **only** HRSA-designated rural census tracts are eligible to implement activities and services supported by this award.

NOTE: Beginning with FY 2022 grants, FORHP has modified its list of areas eligible for Rural Health funding. No areas were removed from the prior listing but 295 outlying Metro counties are now considered fully rural. Applicants can check the Rural Health Grants Eligibility Analyzer or the List of Rural Census Tracts document to determine eligibility status of an address or county.

While all service delivery sites supporting RCORP-BHS projects must **be exclusively located in HRSA-designated rural areas**, given the shortage of service delivery sites in HRSA-designated rural areas, some exceptions apply. Please see **Attachment 9** for additional instructions on submitting required documentation for these exceptions.

Consortium Requirements

The HRSA Federal Office of Rural Health Policy's (FORHP) experience supporting community-based programs for more than 20 years has shown that partnerships result in broader community support for project activities and an increased likelihood of sustaining services in the long term. Accordingly, HRSA requires that applicants for this program be part of **broad, multi-sectoral consortia** comprised of the following:

- At least four or more separately owned entities, including the applicant organization. The entities should all have different EINs and have established working relationships. Tribal applicants may be eligible for an exception to the EIN requirement, as described in the Eligibility section.
- At least 50 percent, of members in each consortium must be located within HRSA-designated rural areas or census tracts, as defined by the **HRSA Rural Eligibility Analyzer.** Applicants must provide a single letter of commitment signed by **all consortium members reflected in the proposed work plan.** See Attachment 3 for additional information.

NOTE: HRSA is aware that tribes and tribal governments may have an established infrastructure without separation of services recognized by filing for EINs. In the case of tribes and tribal governments, only a single EIN located in a HRSA designated rural area is necessary for eligibility as long as the EIN is associated with an entity located in a HRSA-designated rural area. **Tribes and tribal entities under the same tribal governance must still meet the consortium criteria of four or more entities committed to the proposed approach**, Please see Attachment 9 for details.

Payer of Last Resort

RCORP-BHS is a payer of last resort, and award recipients should bill for all services covered by a reimbursement plan and make every reasonable effort to obtain payments. At the same time, award recipients may not deny services to any individual because of an inability to pay.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's SF-424 Application Guide (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.* Please include the following information in your abstract.

1. Project Title
2. Requested Award Amount
3. Applicant Organization Name
4. Applicant Organization Address
5. Applicant Organization Facility Type *(e.g., Rural Health Clinic, Critical Access Hospital, Tribe/Tribal Organization, Health System, Institute of Higher Learning, Community-based Organization, Foundation, Rural Health Network, etc.)*
6. Project Director Name and Title (*should be the same individual designated in Box8f of the SF-424 Application Form*)
7. Project Director Contact Information *(phone and email)*
8. Data Coordinator Name and Title
9. Data Coordinator Contact Information *(phone and email)*
10. EIN/DUNS Number Exception Request in **Attachment 8**? *(Y/N)*
    - Note: HRSA reserves the right to deem applications that provide insufficient information in **Attachment 8**, or are nearly identical in content, to be ineligible. In this instance, assuming all other eligibility criteria are met, HRSA will only accept the last submitted application associated with the EIN or DUNS number.
11. How the Applicant **First** Learned About the Funding Opportunity

(**select one**: *State Office of Rural Health, HRSA News Release, Grants.gov, HRSA Project Officer, HRSA Website, Technical Assistance Provider, State/Local Health Department)*

12. Number of Consortium Members & List of Consortium Members (*including the applicant organization*)
13. Is the Applicant Organization a previous or current RCORP Award Recipient or Consortium Member? If yes, specify: *FY18, FY19, and/or FY20 RCORP-Planning; FY19 RCORP-MAT Expansion; FY19, FY20, FY21 RCORP-Implementation, FY20 RCORP-Neonatal Abstinence Program, FY21 RCORP-Psychostimulant Support*
14. Indicate if Applicant Organization intends to apply for *FY22 RCORP-Implementation*? *(Y/N)*
15. Does the target service area overlap with the service areas of the Northern Border Regional Commission, the Delta Regional Authority, or the Appalachian Regional Commission? (Indicate Y/N and specify)
16. RCORP-BHS target service area **(must be exclusively rural, as defined by the Rural Health Grants Eligibility Analyzer)**:
    a. Fully Rural Counties: Provide the county name and state
    b. Partially-Rural Counties: Provide county name, state, and the rural census tract (list of rural census tracts)
17. Brief Description of the Target Population
    - Indicate approximately what percentage (if any) of the target population is Native American, and, if applicable, provide 2-3 sentences regarding how this project specifically targets tribal populations.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget Narrative	(6) Support Requested

ii. *Project Narrative*

This section provides a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 - Need*

  Briefly describe the purpose of the proposed project. You must clearly and succinctly summarize the overarching goals of your proposed RCORP-BHS project, and the characteristics and needs of the target population and rural service area. Additionally, you must describe the consortium's proposed strategies to meet the behavioral health care needs of the rural area, the consortium's history of collaborating to address health concerns and/or SUD/OUD and co-occurring mental illness in the target service rural area, and the capacity to implement the proposed project.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 – "Need"*

  In this section, you should clearly outline the needs of the target rural population and of the broader rural community. Additionally, you should describe the need for HRSA support and emphasize the impact that SUD and adverse mental health outcomes have had in the target rural service area. Data you use to complete this section should derive from appropriate sources (e.g., local, state, tribal, and federal) and reflect the most recent timeframe available.
  To the extent possible, compare the data of the target population and rural service area to regional, statewide, and/or national data to demonstrate need. Please cite the data sources (including year).

  Applicants encountering difficulty obtaining data for certain indicators are encouraged to contact their state or local health departments, medical examiners/coroners, emergency medical services, criminal justice system, child welfare system, drug courts, Poison Control Center, etc. You are also encouraged to refer to data and information provided by the CDC, SAMHSA, Rural Health Information Hub, and the Community Assessment Tool developed by the nonpartisan and objective research organization NORC at the University of Chicago, among other sources.

  If you are still unable to locate appropriate and accurate data, please provide an explanation for why the data could not be found and how you will leverage the RCORP-BHS award to strengthen the quality and availability of SUD and other mental/behavioral health data in your target rural service area.

Use the following headings in this section as you complete your narrative:
- "Population Demographics"
- "SUD and Any Mental Illness (AMI) prevalence"
- "Existing SUD, and Behavioral Health Care Services"
- "Gaps and Unmet Needs in the Service Area"

Population Demographics

Using quantitative data from appropriate sources (e.g., local, state, tribal, and federal), describe **the demographics of the target rural population** including any sub-populations that have historically faced health access and outcome disparities**.** At a minimum, include data to support the following:

- Breakdown of target population by race (at a minimum, include data for American Indian/Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White)
- Breakdown of target population by ethnicity (include data for "Hispanic or Latino" and "Not Hispanic or Latino")
- Breakdown of target service area's population by age (list percentage by identified category)
- Breakdown of target service area's population by sex (list percentage by identified category)
- Additional data that depict the characteristics of the target rural population (e.g., the percentage of the population living below the federal poverty line, the percentage of the population with health insurance, percentage of the population that is unemployed, percentage of the population 25 years and older with a high school diploma; percentage of the population who are unhoused, etc.).

HRSA strongly recommends that you provide quantitative data in table format, with headings for "Measure", "Data for Rural Service Area", "Comparative Data," and "Data Sources". Include a narrative that explains reported numbers and highlights significant issues or characteristics of the rural service area.

SUD and Any Mental Illness (AMI) Prevalence

Using quantitative data from appropriate sources (e.g., local, state, tribal, and federal), describe the SUD and mental illness prevalence within the target rural service area's population. At a minimum, include data to support the following:

- Data depicting SUD related morbidity and mortality within the rural service area(s)
- Data depicting any mental illness (AMI) prevalence within the rural service area(s)

- Data depicting SUD related hospitalizations and/or emergency room visits in the target rural service area(s)

If data are not available as requested, provide proxy measures to the extent possible (e.g., specific emergency medical service data or poison control data can serve as a proxy for non-fatal overdoses). In the case of lack of data for a measure, describe why the data is not available and how you plan to capture this data if awarded.

HRSA strongly recommends that you provide quantitative data in table format, with headings for "Measure", "Data for Rural Service Area", "Comparative Data," and "Data Sources". Include a narrative that explains reported numbers and highlights significant issues or characteristics of the rural service area.

Existing SUD/OUD and Behavioral Health Services:

To the extent possible, provide the following information for the rural service area:

- Overview of existing SUD and behavioral health prevention, treatment, and recovery services and workforce and how your proposed RCORP-BHS project will improve health care by complementing versus duplicating those services;
- Overview of existing support services for individuals and families impacted by SUD and adverse mental and behavioral health outcomes;
- If applicable, overview of existing RCORP services in the service area (please refer to this RCORP service area spreadsheet) and how your RCORP-BHS project will complement versus duplicate those efforts (NOTE: It is the responsibility of RCORP award recipients to ensure that there is no duplication of services or data reporting in areas that are served by more than one RCORP award recipient);
- Overview of other (non-RCORP) existing/known federal, state, or locally-funded SUD initiatives in the target rural service area, and how the applicant organization will avoid duplicating efforts funded through other means;
- If you are current and/or previous applicant organization or consortium member of an RCORP award(s), you must clearly demonstrate that there is no duplication of effort between the proposed RCORP-BHS project and any previous or current RCORP project. Please see **Attachment 7** for additional information and instructions; and
- Applicants are also encouraged to reference Appendix B for information on other SUD/OUD-related initiatives as well as the Rural Health Information Hub Topic Guides: https://www.ruralhealthinfo.org/topics/mental-health and https://www.ruralhealthinfo.org/topics/substance-use

Gaps and Unmet Needs in the Service Area

Detail gaps related to SUD and other behavioral health workforce and services. In addition, describe community risk factors that may contribute towards SUDs and adverse mental health outcomes (i.e., poverty, unemployment rates, food insecurity etc.). Based on your target population, describe the extent to which the population you propose to serve includes populations that have historically suffered from poorer health outcomes, health disparities, and other inequities compared to the rest of the target population. These populations may include, but are not limited to, people/persons experiencing homelessness, racial and ethnic minorities, pregnant women, veterans, adolescents and youth, etc.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion #2 - Response*

The Methodology Section should provide clear, actionable strategies and activities for how you will achieve each of the program goals. Please reference **Appendix A** for a list of examples of allowable activities under each program goal. **NOTE: All proposed strategies and activities should directly support the three program goals as stated below:**

1. Address structural- and systems-level barriers to improve rural residents' access to quality, integrated SUD and other behavioral health care services.
2. Improve the quality and sustainability of rural behavioral health care services through supporting rural health care providers to offer coordinated, evidence-based, trauma-informed SUD and other behavioral health care services.
3. Improve the capacity of the behavioral health care system to address rural community risk factors and root causes including social determinants of health that affect the behavioral health of rural residents.

Overarching Methodology

For each goal, the application should clearly, specifically demonstrate how the consortium will:

- Ensure that all strategies and activities are data-driven and needs-based.
- Ensure that consortium partners have the capacity to address the full spectrum of behavioral health prevention, treatment, and recovery support services.
- Develop and leverage partnerships (external to the consortium) at the local/community, state, and regional levels, such as with rural counties and municipalities, schools, health plans, law enforcement, community recovery organizations, faith-based organizations, and others to secure community buy-in for the project and ensure that the project is aligned with and complements existing SUD and other behavioral health care efforts.

- Include community and impacted populations, including individuals with SUD and other behavioral health needs, their families, caregivers, providers, etc., in the development and implementation of activities to ensure their perspectives are taken into account.
- Address disparities in behavioral health and support services, as well as the unique needs of populations that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population. (Examples of these populations include, but are not limited to: racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ+ individuals, veterans, socioeconomically disadvantaged populations, the elderly, individuals with disabilities, etc.)
- Build the capacity to sustain activities, services, and partnerships after the project period concludes. This should include, at a minimum, optimizing reimbursement for services across insurance types.

Goal-Specific methodology

In addition to the above, the Methodology section should also include the following for each goal:

1) **Address structural- and systems- level barriers to improve rural residents' access to quality, integrated SUD and other behavioral health care services.**
    - Describe in detail how the consortium will address structural and systemic barriers to ensure the accessibility of SUD and other behavioral health and support services throughout the target rural service area. These barriers include, but are not limited to, availability of services, transportation, infrastructure (minor renovations to existing spaces).
    - Describe how the consortium will strengthen the SUD and behavioral health workforce within the target rural service area. Approaches may include, but are not limited to, workforce training and establishing interdisciplinary care teams.
    - Detail how the consortium will ensure that SUD and other behavioral health and support services are integrated, coordinated, and accessible across the prevention, treatment, and recovery spectrum of care.

2) **Improve the quality and sustainability of rural behavioral health care services through supporting rural health care providers to offer coordinated, evidence-based, trauma-informed SUD and other behavioral health care services:**

- Describe in detail how the consortium will ensure that rural healthcare facilities and other relevant entities are providing SUD and other behavioral health services that are evidence-based and trauma-informed.
- Detail how the consortium will increase the capacity for coordinated behavioral care between and within rural healthcare facilities and other relevant entities.
- Describe how the consortium will enhance discharge coordination, including for patients moving from inpatient to outpatient care, as well as those being discharged from the criminal justice system.
- Describe how the consortium will ensure that services will be accessible and affordable to individuals most in need, including the uninsured and underinsured populations, both during and after the period of performance. No individual will be denied services due to an inability to pay.

3) **Improve the capacity of the behavioral health care system to address rural community risk factors and social determinants of health that affect the behavioral health of rural residents:**
    - Describe in detail how the consortium will address the root causes and risk factors that contribute to SUD and other behavioral healthcare disorders, including Adverse Childhood Experiences (ACEs) and social determinants of health.
    - Detail how the consortium will ensure that patients are connected with needed supportive services to assist in their recovery, including, but not limited to, housing, food access, job training, childcare, and primary healthcare.
    - Describe how the consortium will incorporate prevention and harm reduction activities into the project plan, such as naloxone distribution, mental health first aid training, parent education, evidence-based education programs in schools, etc.

- *WORK PLAN -- Corresponds to Section V's Review Criterion #2 – Response*

This section describes the concrete activities that you will use to achieve each of the strategies proposed in the Methodology section. See **Appendix A** for a list of example activities that pertain to each goal/strategy. For each activity, the work plan should include: the responsible individual(s) and/or consortium member(s), timeframes, deliverables, and how the activity will improve health care delivery in the target rural service area. Please provide your work plan in **Attachment 1**.

It is strongly recommended that you provide the work plan in a table format and that you clearly delineate which activities correspond to which overarching goal(s).

The work plan should clearly reflect a four-year period of performance. At a minimum, timeframes associated with activities should be broken down into quarters. It is not acceptable to list "ongoing" as a timeframe.

Additionally, the work plan should include specific activities related to the tracking and collection of aggregate data and other information from consortium members to fulfill HRSA reporting requirements. You should also include a column in your work plan specifying how the core/proposed activity will improve health care delivery in your rural service area. Finally, you should incorporate processes for achieving financial and programmatic sustainability beyond the period of performance, as well as processes for reducing health access and outcome disparities within the target rural service area.

Note that while the "Methodology" section of the Project Narrative centers on the overall strategy for fulfilling the core/additional activities, the work plan is more detailed and focuses on the inputs, activities, and timelines by which you will execute your strategy.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2 – "Response"*

This section should describe challenges that the consortium is likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges. You should highlight both internal challenges (e.g., maintaining cohesiveness among consortium members) and external challenges (e.g., stigma around SUD, AMI, and co-occurring mental disorders in the rural service area, securing patient engagement in treatment, geographical limitations, policy barriers, etc.). You must detail potential challenges to sustaining services after the period of performance ends and how your consortium intends to overcome them.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion 3 – Evaluative Measures and #4-Impact*

Award recipients will not be expected to conduct their own project evaluations; instead, they will work closely with a HRSA-funded RCORP evaluator to contribute to a program-wide evaluation. Applicants should demonstrate that the consortium has the capacity for, and commits to, working with a HRSA-funded evaluator to take part in a larger, RCORP-wide evaluation. In particular, applicants should describe the systems and processes that will support the consortium's HRSA reporting requirements, including details on how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way

that allows for accurate and timely reporting of performance outcomes. Additionally, applicants should explain how the data will be used to inform quality improvement and service delivery. Finally, applicants should clearly describe their plan for updating participating entities, the target rural service area, and the broader public on the program's activities, lessons learned, and success stories. You should provide examples of mediums and platforms for disseminating this information.

Any internal, data collection or quality improvement efforts should not conflict with the activities of the RCORP evaluator.

It is the applicant organization's responsibility to ensure compliance with HRSA reporting requirements. Applicants should make every reasonable effort to track, collect, aggregate, and report data and information from all consortium members throughout the period of performance. Applicants should designate at least one individual in the staffing plan (**Attachment 5**) to serve as a "Data Coordinator," responsible for coordinating the data collection and reporting process across consortium members. Consortium members should commit to sharing aggregate (not patient-level or other personally identifiable information) performance data and information with the applicant organization to fulfill HRSA reporting requirements in the signed Letter of Commitment **(Attachment 3)**.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 – Resources and Capabilities*

This section succinctly describes your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. You should also clearly demonstrate that your organization has the staffing and infrastructure necessary to oversee program activities, serve as the fiscal agent for the award, and ensure that **local control for the award is vested in the target rural communities.**

Applicants should include the following information:

Consortium Composition (Attachment 2)

For each member of the consortium reflected in the proposed work plan, include the following (list the applicant organization first). HRSA recommends that you provide this information in a table format:

- Consortium member organization name;
- Consortium member organization street address;
- Consortium member organization county;
- Consortium member primary point of contact at organization (name, title, email);
- Consortium member organization EIN and DUNS. The consortium must consist of at least four separately owned (i.e., different EINs) entities, including the applicant organization. Tribal entities may be exempt from this requirement;

- Service delivery sites (street address, including county) defining where services for the RCORP-BHS award will be administered. *All service delivery sites must be exclusively located in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer;*
- Sector (e.g., health care, public health, education, law enforcement, tribal entity, etc.). Consortium membership should be diverse and encompass more than one sector;
- Current and/or previous RCORP awards received (list award name, year, and whether the entity served as the applicant organization or consortium member);
- Specify (yes/no) whether consortium member is a National Health Service Corps (NHSC) site or NHSC–eligible site (see https://nhsc.hrsa.gov/sites/eligibility-requirements.html for more details);
- Specify (yes/no) whether consortium member is located in a HRSA designated rural county or rural census tract of an urban county, as defined by the Rural Health Grants Eligibility Analyzer. As a reminder, a majority, or at least 50 percent, of separately-owned consortium members must be located in a HRSA-designated rural area; and
- Specify (yes/no) whether consortium member has signed the Letter of Commitment **(Attachment 3)**.

Consortium Letter of Commitment (Attachment 3)

Provide a single scanned and dated copy of a letter of commitment that is **signed by all consortium members included in the proposed work plan, including the applicant organization**. A majority, or at least 50 percent, of signatories must be physically located in a HRSA-designated rural area. Electronic signatures are acceptable. If you are unable to obtain a given signature, please provide a brief explanation for why.

The letter of commitment must identify each consortium member organization's roles and responsibilities in the project, the activities in which they will be included, how the organization's expertise is pertinent to the project, and the length of commitment to the project. The letter must also include a statement indicating that consortium members understand that the RCORP-BHS award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the target rural service area; and that the award is not to be used for the exclusive benefit of any one consortium member. Finally, consortium members should commit to sharing aggregate (not patient-level or other personally identifiable information) performance data and information with the applicant organization to fulfill HRSA reporting requirements. **Stock or form letters are not recommended.**

Letters of Commitment should be submitted as part of the electronic application package through Grants.gov. **HRSA will not accept or consider Letters of Commitment or Support received through other means, including through the mail, e-mail, etc.**

Organizational Chart (Attachment 4)

Provide a one-page organizational chart that clearly depicts the relationships and/or hierarchy among all consortium members participating in the project. The applicant organization must be included in the organizational chart.

Staffing Plan (Attachment 5)

Provide a clear and coherent staffing plan that includes the following information for each proposed project staff member who will be implementing activities included in the proposed work plan (it is recommended that you provide this information in a table format):

- Name
- Title
- Organizational affiliation
- Full-time equivalent (FTE) devoted to the RCORP-BHS project
- Roles/responsibilities on the project
- Timeline and process for hiring/onboarding, if applicable.

The staffing plan should directly link to the activities proposed in the work plan. If a staff member has yet to be hired (TBH), please put "TBH" in lieu of a name and detail the process and timeline for hiring and onboarding the new staff, as well as the qualifications and expertise required by the position. Award recipients should hire all key project staff within the first 90 days of the period of performance. All staffing plans should include a Project Director and a Data Coordinator (although not recommended, the same individual can serve both roles):

- **Project Director**: The Project Director is the point person on the award and makes staffing, financial, and other decisions to align project activities with project outcomes. You should detail how the Project Director will facilitate collaborative input and engagement across consortium members to complete the proposed work plan during the period of performance.

  The Project Director is a key staff member and an FTE of at least 0.25 is required for this position. If awarded, the Project Director is expected to attend monthly calls with HRSA/Technical Assistance team. If the Project Director serves as a Project Director for other federal awards, please list the federal awards as well as the percent FTE for each respective federal award. Any given staff member, including the Project Director, may not bill for more than 1.0 FTE across federal awards.
  - Please ensure that you list the designated Project Director in Box 8f of the SF-424 Application Page.
  - More than one Project Director is allowable, but only one Project Director (the individual listed in Box 8f of the SF-424 Application Page) will be officially designated as such by HRSA. If more than one Project Director is assigned to the award, a total FTE of 0.25 between the two Project Directors is acceptable.

- **Data Coordinator**: The Data Coordinator is responsible for tracking, collecting, aggregating, and reporting quantitative and qualitative data and information from consortium members to fulfill biannual progress report and annual HRSA's reporting requirements. **This position may (but is not required to) include responsibilities related to analyzing the data or utilizing the data to inform process or quality improvement.**
Note: The Data Coordinator is a key staff member and should devote an FTE that is adequate to fulfill the responsibilities described above, accounting for the consortium size and target service area.

Staff Biographical Sketches (Attachment 6)

All proposed staff members should have the appropriate training, qualifications and expertise to fulfill their roles and responsibilities on the award. For each staff member reflected in the staffing plan, provide a brief biographical sketch (not to exceed one page per staff member) that directly links their qualifications and experience to their designated RCORP-BHS project activities. If a staff member will be serving more than one role on the project, it is acceptable to submit more than one biographical sketch for that individual.

iii. *Budget*

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 Application Guide* and the additional budget instructions provided below. A budget that follows the *Application Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

In addition, RCORP-BHS requires the following:

Travel[12]**:**
You are expected to budget travel funds for up to two (2) program staff to attend a three-day program meeting in Washington, DC, once in every project year. More information will be provided upon receipt of award.

Note that you may also propose additional meetings and conferences that are directly related to the purpose of the program and will complement the project's goals and objectives.

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[12] If planned meetings must be held virtually due to extenuating circumstances, any unused funds may be re-allocated with the approval of your Project Officer and guidance on an alternate meeting platform.

Salary Limitations:

As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70), "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Effective January 2022, the Executive Level II salary increased from $199,300 to **$203,700**. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may earn outside the applicant organization duties. You may not use HRSA funds to pay a salary in excess of this rate. This salary limitation also applies to subrecipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award; although, as with all costs, those payments must meet the test of reasonableness and be consistent with the recipient's institutional policy.

iv. *Budget Narrative*

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

Applicants must provide information on each line item of the budget, and describe how it supports the goals and activities of the proposed work plan and project.

RCORP-BHS award recipients must allocate the award funding by budget period for the four-year period of performance. Award recipients will apply for Non-Competing Continuation during the end of the each budget year.

v. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limitation.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. **Clearly label each attachment**. You must upload attachments into the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA.

Attachment 1: Work Plan
Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative.

Attachment 2: Consortium Membership
Attach the information for each consortium member detailed in the "Organizational Information" section of the Project Narrative. As a reminder, the consortium must consist of at least four separately owned entities (i.e., different EINs), including the applicant organization, and a majority, or at least 50 percent, of those entities must be located in a HRSA-designated rural area, as defined by the Rural Health Grants Eligibility Analyzer.

If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

Attachment 3: Letter of Commitment
Provide a single scanned and dated copy of a letter of commitment that is **signed by all consortium members included in the proposed work plan, including the applicant organization**. A majority, or at least 50 percent, of signatories must be physically located in a HRSA-designated rural area. Electronic signatures are acceptable. If you are unable to obtain a given signature, please provide a brief explanation for why. Please follow the instructions in the "Organizational Information" section of the Project Narrative.

Attachment 4: Organizational Chart
Provide a one-page organizational chart that clearly depicts the relationships and/or hierarchy among all consortium members participating in the project. The applicant organization must be included in the organizational chart.

Attachment 5: Staffing Plan
Provide a clear and coherent staffing plan that includes the information outlined in the "Organizational Information" section of the Project Narrative for each proposed project staff member who will be implementing activities included in the proposed work plan.

Attachment 6: Biographical Sketches of Key Personnel
For each staff member reflected in the staffing plan, provide a brief biographical sketch (not to exceed one page per staff member) that directly links their qualifications and experience to their designated RCORP-BHS project activities.

Attachment 7: Other RCORP Awards (if applicable)
Provide the following information for each additional past or current RCORP award the applicant organization has received (**it is recommended you provide this information in a table format**):

- Name of RCORP award (e.g., RCORP-Implementation)
- Dates of award (e.g., September 30, 2020 to September 29, 2023)
- Indicate whether you serve/d as the applicant organization or consortium member
- Rural service area for past or current RCORP award
- For fully rural counties, list the county and state
- For partially rural counties, list the county, state, and eligible rural census tract(s)
- Target rural service area for proposed FY22 RCORP- BHS award
- For fully rural counties, list the county and state
- For partially rural counties, list the county, state, and eligible rural census tract(s)

- List of consortium members for past or current RCORP award
- List of consortium members for proposed FY22 RCORP – BHS award
- Detail how, if funded, activities performed under the RCORP - BHS award will complement—versus duplicate—activities performed under

Attachment 8: EIN/DUNS Exception Request (*if applicable*)

In general, multiple applications associated with the same DUNS number and/or EIN are not allowable. However, HRSA recognizes a growing trend towards greater consolidation within the rural health care industry and the possibility that multiple organizations with the same EIN and/or DUNS number could be located in different rural service areas that have a need for SUD/OUD services.

Therefore, separate applications associated with a single DUNS number and/or EIN are allowable, **as long as** the applicants provide HRSA with the following information. **Single organizations (e.g., a parent organization/headquarters) cannot apply more than once for this funding opportunity on behalf of its satellite offices or clinics.**

1. Names, street addresses, EINs, and DUNS numbers of the applicant organizations;
2. Name, street address, EIN, and DUNS number of the parent organization;
3. Names, titles, email addresses, and phone numbers for points of contact at each of the applicant organizations and the parent organization;
4. Proposed RCORP-BHS service areas for each applicant organization (these should not overlap);

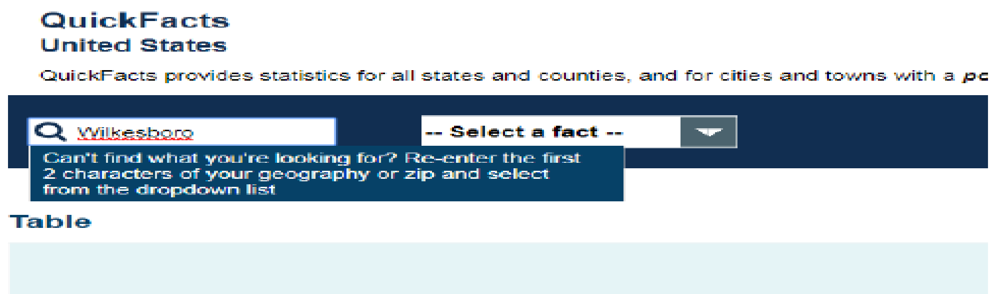
5. Assurance that the applicant organizations will each be responsible for the planning, program management, financial management, and decision making of their respective projects, independent of each other and/or the parent organization; and
6. Signatures from the points of contact at each applicant organization and the parent organization.

Applications associated with the same DUNS number or EIN should be independently developed and written. HRSA reserves the right to deem applications that provide insufficient information in **Attachment 8**, or are nearly identical in application content, to be ineligible. In this instance, assuming all other eligibility criteria are met, HRSA will only accept the last submitted application HRSA-22-061 associated with the EIN or DUNS number. Note that this exception does not apply to a single organization (e.g., a parent organization/headquarters) that wants to apply more than once for this funding opportunity on behalf of its satellite offices or clinics.

Attachment 9: Exceptions to Service Delivery Sites

All exception requests must include a statement attesting that either the non-rural service delivery site is a primary service provider for the target rural service area and that the delivery site will directly contribute to building health service delivery infrastructure within the target rural service area (e.g., by providing mentorship/training opportunities for rural providers). You must clearly indicate which exception(s) you are requesting.

a. **Critical Access Hospitals (CAHs) that are not located in HRSA-designated rural areas.** Applicants who wish to exercise this exception must provide the six-digit CMS Certification Number/Medicare Provider Number for the relevant service delivery site(s). If the service delivery site has been recently designated a CAH (less than a year ago), please submit the CAH approval letter from CMS. Applicants requesting this exception must also detail how partnering with the service delivery site will improve the health care delivery systems in HRSA-designated rural areas.
b. **Entities eligible to receive Small Rural Hospital Improvement (SHIP) funding and that are not located in HRSA-designated rural areas** may serve as service delivery sites for RCORP-BHS projects. Eligible entities include hospitals that are non-federal, short-term general acute care and that: (i) are located in a rural area as defined in 42 U.S.C. 1395ww(d) and (ii) have 49 available beds or less, as reported on the hospital's most recently filed Medicare Cost Report. Applicants who wish to exercise this exception must provide the six-digit CMS Certification Number/Medicare Provider Number for the relevant service delivery site(s). Applicants requesting this exception must also detail how partnering with the service delivery site will improve the health care delivery systems in HRSA-designated rural areas.
c. **Entities that are located in urban areas of partially rural counties in their target service areas** as determined by the HRSA Rural Health Grants Eligibility Analyzer, service delivery sites may be located in an urban portion of the partially rural county if the service delivery site is located in an incorporated city, town, or village, or unincorporated census-designated place (CDP), with 49,999 or fewer people, as confirmed by the census website (2010 Census).Applicants who wish to exercise this exception must provide a screenshot from the census website (2010 Census) documenting that the service delivery site(s)' location meets the above criterion. If the applicant searches a place and it does not appear in the Quick Facts dropdown list, this means that the place has less than 5,000 residents, and therefore, the site would be eligible. In this instance, please include screenshot documentation, similar to the below example:



Applicants requesting this exception must also detail how partnering with the service delivery site will improve the health care delivery systems in HRSA-designated rural areas.
d. **A provider may be located in an urban facility, but serving patients in a HRSA-designated rural area through telehealth/telemedicine** as long as the target patient population is exclusively rural, as defined by the HRSA Rural Health Grants Eligibility Analyzer. Applicants who wish to exercise this exception for a

service delivery site must submit an attestation signed by the telehealth/telemedicine provider which states that services supported by award will be **exclusively** provided in HRSA-designated rural areas. Applicants requesting this exception must also detail how partnering with the service delivery site will improve the health care delivery systems in HRSA-designated rural areas.

Attachment 10-15: Other Relevant Documents (if applicable)
If applicable, include other relevant documents including indirect cost rate agreements, letters of support from non-consortium members, etc.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following webpages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

You must register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d))**.** For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

Currently, the Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (https://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://sam.gov/content/home | SAM.gov Knowledge Base)
- Grants.gov (https://www.grants.gov/)

For more details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages instead, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM.gov.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *April 19, 2022 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

RCORP-BHS is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than $500,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law. Effective January 2022, the Executive Level II salary increased from $199,300 to **$203,700**.

You cannot use funds under this notice for the following purposes:

- To acquire real property;
- To purchase syringes;
- For construction;
- To pay for any equipment costs not directly related to the purposes for which this grant is awarded; and
- To supplant any services that already exist in the service area(s).

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

Minor Alteration and Renovation (A/R) Costs

Minor alteration and renovation (A/R) costs to enhance the ability of the consortium to deliver SUD/OUD health care services are allowable, but must not exceed $150,000 over the four-year period of performance. Additional post-award submission and review requirements apply if you propose to use RCORP- BHS funding toward minor A/R costs**. You may not begin any minor A/R activities or purchases until you receive HRSA approval.** You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your minor A/R plans do not affect your ability to execute work plan activities and HRSA deliverables on time.

Examples of minor A/R include, but are not limited to the following:

- Reconfiguring space to offer SUD and behavioral health care services pre and post-delivery, facilitate co-location of SUD, behavioral health, and primary care services teams;
- Creating space to deliver virtual care that supports accurate clinical interviewing and assessment, clear visual and audio transmission, and ensures patient confidentiality;
- Creating or improving spaces for patients to participate in counseling and group visit services, and to access and receive training in self-management tools; and
- Modifying examination rooms to increase access to pain management options, such as chiropractic, physical therapy, acupuncture, and group therapy services.

The following activities are not categorized as minor A/R:

- Construction of a new building;
- Installation of a modular building;
- Building expansions;
- Work that increases the building footprint; and
- Significant new ground disturbance.

RCORP-BHS grant funds for minor renovations may not be used to supplement or supplant existing renovation funding: funds must be used for a new project. Pre-renovation costs (Architectural & Engineering costs prior to 90 days before the budget period start date) are unallowable.

Mobile Units or Vehicles

Mobile units or vehicles purchased with RCORP- BHS grant funds must be reasonable and used exclusively to carry out grant activities. Additional post-award submission and review requirements apply if you propose to use RCORP- BHS funding toward mobile units or vehicles. **You may not begin any purchases until you receive HRSA approval**. You should develop appropriate contingencies to ensure delays in receiving HRSA approval of your mobile unit or vehicle purchase do not affect your ability to execute work plan activities and HRSA deliverables on time.

Participant Support Costs

Participant support costs—i.e., direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with conferences, or training projects—are allowable costs, subject to HRSA review and approval upon receipt of award.

Medication

Food and Drug Administration (FDA)-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination and buprenorphine mono-product formulations) for the maintenance treatment of OUD, opioid antagonist medication (e.g., naltrexone products) to prevent relapse to opioid use, and naloxone to treat opioid overdose are all allowable costs under RCORP-BHS.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Six review criteria are used to review and rank RCORP-BHS applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's *Introduction* and *Needs Assessment*

- The quality and extent to which the applicant organization clearly and succinctly summarizes the goals of the proposed project and the consortium's approach and capacity to meet the proposed goals, including a description of a history of collaborating to address substance use and/or co-occurring mental disorders;
- The extent to which the applicant provides the requested data and information outlined in the "Needs Assessment" section of the Project Narrative **or**, if the applicant is unable to locate appropriate and accurate data, the extent to which they provide an explanation for why the data could not be found and how they will leverage the RCORP-BHS award to strengthen the quality and availability of SUD and other behavioral health care data in their target rural service area;
- The quality and appropriateness of the data indicators and sources used to provide the data/information in the "Needs Assessment" section of the Project Narrative;
- The extent to which the applicant organization demonstrates that the population it proposes to serve includes populations that have historically suffered from poorer health outcomes, SUD and other behavioral health disparities, and other inequities compared to the rest of the target population. This may include but is not limited to

rural ethnic and racial minorities, pregnant and parenting women, LGBTQ+ individuals etc.
- The extent to which the data/information the applicant provides in the "Needs Assessment" section of the Project Narrative demonstrates the relatively high need for RCORP-BHS funded interventions targeting SUDs and co-occurring mental disorders as compared to the rest of the state, region, and/or nation.
- The extent to which the applicant provides an overview of existing SUD/behavioral health services/programs in the target service area, including any other RCORP funded services, and clearly describes how the applicant will complement, and not duplicate these existing services/programs;

Criterion 2: RESPONSE (32 points) – Corresponds to Section IV's *Methodology*, *Work Plan* and Resolution of Challenges

Methodology (20 points)

Overarching Methodology (8 points)

- The extent to which the applicant demonstrates that all strategies/activities are data-driven and needs-based.
- The clarity and detail with which the applicant describes how it will develop and leverage partnerships (external to the consortium) to secure community buy-in for the project and ensure the project complements (versus duplicates) existing SUD and behavioral health efforts.
- The extent to which the applicant demonstrates that consortium partners have the capacity to address the full spectrum of behavioral health prevention, treatment, and recovery support services.
- The extent to which the applicant demonstrates that it will include community and other impacted populations in the development and implementation of activities.
- The clarity and comprehensiveness of the applicant's proposed approach to address the health access and behavioral health care disparities experienced by subpopulations within the target rural service area;
- The extent to which the applicant demonstrates how it will build capacity to sustain services, activities, and partnerships after the period of federal funding ends, including by optimizing reimbursement for services.

Goal-Specific Methodology (12 points)

- **GOAL 1: Address structural- and systems-level barriers to improve rural residents' access to quality, integrated SUD and other behavioral health care services:**
    - o The clarity and comprehensiveness of the applicant's proposed approach to address structural and systemic barriers to increase access to SUD and other behavioral health care services.
    - o The appropriateness of the proposed strategies to increase access to SUD and other behavioral health care services given the needs of the target rural service area.

- The clarity and comprehensiveness of the applicant's proposed approach to strengthening the SUD and behavioral workforce.
- The extent to which the applicant demonstrates how the consortium will integrate SUD and other behavioral health care services; coordinate care; and ensure that services are accessible across the care continuum.

- **GOAL 2: Improve the quality and sustainability of rural behavioral health care services through supporting rural health care providers to offer coordinated, evidence-based, trauma-informed SUD and other behavioral health care services:**
  - The clarity and comprehensiveness of the applicant's proposed approach to ensuring that ensure that rural healthcare facilities and other relevant entities are providing SUD and other behavioral health services that are evidence-based and trauma-informed.
  - The level of detail with which the applicant describes how it will increase the capacity for coordinated behavioral care between and within rural healthcare facilities and other relevant entities.
  - The quality and extent to which the applicant describes how the consortium will enhance discharge coordination, including for patients moving from inpatient to outpatient care, as well as those being discharged from the criminal justice system.
  - The extent to which the applicant demonstrates how the consortium will ensure that services will be accessible and affordable to individuals most in need, including the uninsured and underinsured populations, both during and after the period of performance.

- **GOAL 3: Improve the capacity of the behavioral health care system to address rural community risk factors and social determinants of health that affect the behavioral health of rural residents.**
  - The clarity and appropriateness of the applicant's proposed approach to addressing the root causes and risk factors that contribute to SUD and other behavioral healthcare disorders, including Adverse Childhood Experiences (ACEs) and social determinants of health.
  - The extent to which the applicant details how the consortium will ensure that patients are connected with needed supportive services to assist in their recovery, including, but not limited to, housing, food access, job training, childcare, and primary healthcare.
  - The extent to which the applicant describes how the consortium will incorporate prevention and harm reduction activities into the project plan, such as naloxone distribution, mental health first aid training, parent education, evidence-based education programs in schools, etc.

Work Plan (10 points)

- The clarity and completeness of the proposed work plan, including its inclusion of the responsible individuals and/or consortium members, timeframes, and deliverables associated with each activity;
- The extent to which the activities in the work plan align with the strategies proposed in the "Methodology" section of the application;
- The extent to which the activities in the work plan align with, and will advance, the overarching program goals as outlined in the "Purpose" section of the NOFO.
- The extent to which the work plan reflects a four-year period of performance and, at a minimum, timeframes associated with activities are broken down into quarters;
- The extent to which the work plan details processes for achieving financial and programmatic sustainability beyond the period of performance;
- The extent to which the work plan details how the proposed activities will improve health care delivery in the target rural service area; and
- The extent to which the work plan includes specific activities related to the tracking and collection of aggregate data and other information from consortium members to fulfill HRSA reporting requirements.

Resolution of Challenges (2 points)

- The extent to which the applicant describes both internal and external challenges they are likely to face in implementing their proposed work plan, and the quality of the solutions proposed to address them; and
- The extent to which the applicant details potential challenges and solutions to sustaining services after the period of performance ends.

Criterion 3: EVALUATIVE MEASURES (***10 points***) – Corresponds to Section IV's *Evaluation and Technical Support Capacity* and *Organizational Information*

- The clarity and comprehensiveness of the applicant's proposed processes (including staffing and workflow) for tracking, collecting, aggregating, and reporting data and information from all consortium members to fulfill HRSA reporting requirements;
- The extent to which the applicant demonstrates they have the capacity for, and commits to, working with a HRSA-funded evaluator to take part in a larger, RCORP-wide evaluation.
- The extent to which the applicant designates at least one individual with adequate FTE in the staffing plan (**Attachment 5**) to serve as a "Data Coordinator" and that individual will devote an FTE that is adequate to fulfill the responsibilities described in the Organizational Information section in this NOFO, accounting for the consortium size and target service area.
- The extent to which the Letter of Commitment (**Attachment 3**) contains an explicit commitment by consortium members to sharing aggregate (**not** patient-level or other personally identifiable information) performance data and information with the applicant organization to fulfill HRSA reporting requirements.

- The quality and extent to which the applicant details how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's *Evaluation and Technical Support Capacity*

- The clarity and comprehensiveness of the applicant's proposed plan for updating participating entities, the target rural service area, and the broader public on the program's activities, lessons learned, and success stories; and
- The extent to which the applicant provides examples of mediums and platforms for disseminating this information.

Criterion 5: RESOURCES/CAPABILITIES (28 points) – Corresponds to Section IV's *Organizational Information*

Organizational Capacity (10 Points)

- The extent to which the applicant organization demonstrates that it has the staffing and infrastructure necessary to oversee program activities and serve as the fiscal agent for the award
- The extent to which the applicant organization has ensured that **local control for the award is vested in the target rural communities.**
- The extent to which consortium members represent diverse sectors and disciplines;
- The extent to which the consortium membership composition aligns with the goals and activities of the proposed project;
- The clarity of the Organizational Chart (**Attachment 4**) and extent to which it depicts the relationships and/or hierarchy among all consortium members participating in the project;

Letter of Commitment (6 Points)

- The extent to which all consortium members reflected in the work plan, including the applicant organization, have signed and dated a single Letter of Commitment (**Attachment 3**) that contains at a minimum, the following elements:
    - o Description of each consortium member organization's roles and responsibilities in the project, the activities in which they will be included, how the organization's expertise is pertinent to the project, and the length of commitment to the project;
    - o A statement indicating that consortium members understand that the RCORP-BHS award is to be used for the activities proposed in the work plan; that the activities must exclusively benefit populations in the target rural service area; and that the award is not to be used for the exclusive benefit of any one consortium member; and

- o An explicit commitment by consortium members to sharing aggregate (**not** patient-level or other personally identifiable information) performance data and information with the applicant organization to fulfill HRSA reporting requirements.
- o **NOTE: Electronic signatures are acceptable; applicants should not be penalized if they have provided adequate justification for why a given signature could not be obtained**)

Staffing Plan (12 Points)

- The clarity and completeness of the applicant's proposed staffing plan (**Attachment 5**), including the extent to which the staffing plan includes all of the elements outlined in the "Project Narrative" section of the NOFO;
- If a staff member has yet to be hired, the extent to which the applicant details the process and timeline for recruiting, hiring and onboarding the new staff, as well as the qualifications and expertise required by the position;
- The extent to which the staffing plan directly links to the activities proposed in the work plan;
- The extent to which the applicant demonstrates that the Project Director will devote adequate time (at least 0.25 is recommended) and resources to the proposed project;
- The extent to which the applicant demonstrates that the Data Coordinator will devote an FTE that is adequate to fulfill the responsibilities described in the Organizational Information section in this NOFO, accounting for the consortium size and target service area. FTE;
- The clarity and comprehensiveness with which the applicant describes how the Project Director will serve as the point person on the award and facilitate collaborative input and engagement among consortium members to complete the proposed work plan during the period of performance;
- The extent to which all proposed staff members have the appropriate qualifications and expertise to fulfill their roles and responsibilities; and
- The extent to which the applicant clearly links staff members' qualifications and experience to their designated RCORP-BHS project activities (**Attachment 6**).

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's *Budget* and *Budget Narrative* Section

- The reasonableness of the proposed budget for each year of the period of performance in relation to the program goals, the complexity of activities, and the anticipated results.
- The extent to which the applicant has a proposed a budget and budget narrative for each of the four years of the award.
- The clarity and comprehensiveness of the budget narrative, including the extent to which the applicant logically documents how and why each line item request (such as personnel, travel, equipment, supplies, and contractual services) supports the goals and activities of the proposed work plan and project.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements (45 CFR § 75.205).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2022. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See Providers of Health Care and Social Services and HHS Nondiscrimination Notice.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see Fact Sheet on the Revised HHS LEP Guidance and Limited English Proficiency.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see Discrimination on the Basis of Disability.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See Discrimination on the Basis of Sex.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see Conscience Protections for Health Care Providers and Religious Freedom.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See 45 CFR § 75.101 Applicability for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

Human Subjects Protection

Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

- Refer to instructions provided in HRSA's *SF-424 R&R Application Guide*, Appendix Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan and Human Subjects Research Policy for specific instructions on preparing the human subjects section of the application.
- Refer to HRSA's *SF-424 R&R Application Guide* to determine if you are required to hold a Federal Wide Assurance (FWA) of compliance from the Office of Human Research Protections (OHRP) prior to award. You must provide your Human Subject Assurance Number (from the FWA) in the application. If you do not have an assurance, you must indicate in the application that you will obtain one from OHRP prior to award.
- In addition, you must meet the requirements of the HHS regulations for the protection of human subjects from research risks, including the following: (1) discuss plans to seek IRB approval or exemption; (2) develop all required documentation for submission of research protocol to IRB; (3) communicate with IRB regarding the research protocol; (4) communicate about IRB's decision and any IRB subsequent issues with HRSA.
- IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects. Do not use the protection of human subjects section to circumvent any page limitation in the Methodology portion of the Project Narrative section.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report**(s).The award recipient must submit a progress report to HRSA on a **biannual** basis. More information will be available in the NOA.

2) **Behavioral Health Disparities Impact Statement.** The award recipient will submit an "Impact Statement" within the first six months of the award. This statement will build on the methods specified in the application and will describe how the consortium will reduce behavioral health care disparities in the target rural service area and continuously monitor and measure the project's impact on health care disparities to inform process and outcome improvements. This deliverable will be modeled from the Substance Abuse and Mental Health Services Administration (SAMHSA) Disparities Impact Statement (DIS), and will entail developing a plan to improve access to care, use of service and outcomes related to behavioral health care disparities of the

identified subpopulation(s) within the target rural service area. If you are awarded, HRSA will provide additional guidance.

3) **Sustainability Plan:** The award recipient will submit a comprehensive sustainability plan to ensure the sustainability of project activities beyond the period of performance. HRSA will provide additional information during the period of performance.

4) **Performance Integrity Management System (PIMS) Reports:** The award recipient must submit quantitative performance reports on an **annual basis**. These data should reflect the performance of all consortium members, not just the applicant organization. If awarded, applicants will receive an Onboarding Package, which will include the performance measures for reporting in PIMS, as well as additional data collection and reporting guidance.

   Note: Applicants will be expected to provide baseline data 90 days after award receipt. HRSA will provide additional information during the period of performance.

5) **Non-Competing Continuation (NCC):** Award recipients will complete a Non-Competing Continuation (NCC) application at the end of each year. HRSA will provide further information during the period of performance.

6) **Federal Financial Report (FFR):** Award recipients must submit the FFR (SF-425) no later than January 30 for each budget period. The report is an accounting of expenditures under the project that year. The recipient must submit financial reports electronically through EHBs. HRSA will provide more detailed information in the NOA.

7) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Marie Mehaffey
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 945-3934
Email: mmehaffey@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Mebrat Tekle
Public Health Analyst
Attn: RCORP-BHS
Federal Office of Rural Health Policy
Health Resources and Services Administration
5600 Fishers Lane,
Rockville, MD 20857
Telephone: (301) 945-0844
Email: ruralopioidresonse@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

Webinar

Day and Date: Thursday, February 3, 2022
Time: 1 - 2:30 p.m. ET
Call-In Number: 1-833-568-8864
Participant Code: 66603797
Weblink: https://hrsa-gov.zoomgov.com/j/1616353181?pwd=Q1FacERVdi9TVlRydUpET0NPRTFJZz09

The webinar will be recorded. Please email ruralopioidresponse@hrsa.gov for a link to the recording.

Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 Application Guide*.

APPENDIX A: Examples of Allowable Activities

Goal 1: Address structural- and system- level barriers to improve rural residents' access to quality, integrated SUD and other behavioral health care services. Allowable activities under Goal 1 include but are not limited to:

- Promoting broadband access through collaboration with state, level and federal stakeholders;
- Increasing access to transportation by implementing rural transportation models;
- Utilizing the Health Information Technology (HIT) model to improve care;
- Collaborating with local academic institutions such as minority serving institutions, community colleges, and technical colleges to support workforce pipeline efforts;
- Performing minor alteration and renovation to facilitate co-location of SUD, behavioral health, and primary care services. ***Note*: *please reference the* Funding Restriction section *of the NOFO for more information of minor renovations.***

Goal 2: Improve the quality and sustainability of rural behavioral health care services through supporting rural health care providers to offer coordinated, evidence-based, trauma-informed SUD and other behavioral health care services. Allowable activities under Goal 2 include but are not limited to:

- Training providers on evidence based methods such as Motivational Interviewing, Cognitive Behavioral Therapy etc.;
- Assessing organizational readiness for integration
- Training providers, administrate staff, and other relevant stakeholders to optimize reimbursement for treatment encounters through proper coding and billing across insurance types;
- Leveraging the National Health Service Corps (NHSC) and other workforce programs to recruit and retain behavioral health workforce

Goal 3: Improve the capacity of the behavioral health care system to address rural community risk factors and social determinants of health that affect the behavioral health of rural residents. Allowable activities under Goal 3 include but are not limited to:

- Improving capacity to screen for Adverse Childhood Experiences (ACEs);
- Collaborating with school systems to promote life skills;
- Training community members in Mental Health First Aid;
- Promoting evidence based education to reduce risk factors that contribute to substance use and adverse behavioral health outcomes. Examples of evidence based education include but are not limited to Strengthening Families Program, Nurturing Parenting Program, Botvin LifeSkills, PAX Good Behavior Games, Too Good for Drugs, etc.);
- Increasing education access among the target population; job-readiness trainings; establishing a campaign to recruit or increase employers that hire people in recovery etc.

APPENDIX B: Examples of Potential Consortium Members

- Area Health Education Centers (AHECs)
- Educational organizations, such as (but not limited to):
    - Institutions of higher education
    - Public school systems

- Criminal justice entities, such as (but not limited to):
    - State and local law enforcement
    - Prisons
    - Drug courts

- Health care providers, such as (but not limited to):
    - Critical access hospitals or other hospitals
    - Community Health Workers
    - Emergency Medical Services entities
    - Federally qualified health centers
    - Local or state health departments
    - Mental and behavioral health organizations or providers
    - Opioid Treatment Programs
    - Rural health clinics
    - Ryan White HIV/AIDS clinics and community-based organizations
    - Substance use treatment providers

- Healthy Start sites
- HIV and HCV prevention organizations
- Maternal, Infant, and Early Childhood Home Visiting Program local implementing agencies
- Poison control centers
- Primary Care Associations
- Rural Recruitment and Retention Network (3RNet)
- Tribes and tribal organizations
- Single State Agencies (SSA) for Substance Abuse Services
- State Offices of Rural Health
- State Primary Care Offices
- State Rural Health Associations
- Workforce Development Boards
- Local housing authority

APPENDIX C: National Health Service Corps Information

HRSA encourages award recipients to leverage National Health Service Corps funding to strengthen the SUD workforce in rural communities. The Further Consolidated Appropriations Act, 2021 (P.L.116-260) appropriated funding to the NHSC for the purpose of expanding and improving access to quality Opioid Use Disorder (OUD) and other SUD treatment in underserved areas nationwide. A portion of the NHSC's funding will be used for rural workforce expansion to combat the opioid epidemic, which has had a particularly significant impact on rural communities. Accordingly, the NHSC Rural Community LRP will make loan repayment awards in coordination with the Rural Communities Opioid Response Program (RCORP) initiative within the Federal Office of Rural Health Policy (FORHP).

A part of this initiative, the NHSC Rural Community Loan Repayment Program (LRP) will recruit and retain medical, nursing, and behavioral/mental health clinicians with specific training and credentials, and are part of an integrated care team, providing evidence-based SUD treatment and counselling in eligible communities of need, designated as Health Professional Shortage Areas (HPSAs).

The NHSC will make awards of up to $100,000 for three years to eligible providers under the NHSC Rural Community LRP. HRSA seeks providers with Drug Addiction Treatment Act of 2000 (DATA) waivers and SUD-licensed or SUD-certified professionals to provide quality evidence-based SUD treatment health care services at SUD treatment facilities located in Health Professional Shortage Areas (HPSAs). The NHSC Rural Community LRP expanded access to substance use disorder (SUD) treatment by adding several new disciplines to include pharmacists, registered nurses, SUD counselors and nurse anesthetists. NHSC will provide a funding preference for applicants serving at rural NHSC-approved SUD treatment facilities that are RCORP Consortium member sites.

Eligibility

To be eligible for NHSC service, a provider must:

- Be a U.S. citizen or national;
- Currently work, or have applied to work, at an NHSC-approved site;
- Have unpaid government or commercial loans for school tuition, reasonable educational expenses, and reasonable living expenses, segregated from all other debts; and
- Be licensed to practice in state where the employer site is located.

Eligible Occupations

Members of the SUD integrated treatment team who qualify for NHSC SUD expansion include:

Primary Care:

- Physician (MD or DO)
- Nurse Practitioner
- Certified Nurse Midwife
- Physical Assistant

- Substance Use Disorder Counselors
- Pharmacists
- Registered Nurses
- Certified Registered Nurse Anesthetists (RCORP NHSC LRP only)

Mental Health:

- Physicians (MD or DO)
- Health Service Psychologist
- Clinical Social Worker
- Psychiatric Nurse Specialist
- Marriage and Family Therapist
- Licensed Professional Counselor
- Physician Assistant
- Nurse Practitioners

Eligible Site Criteria

NHSC-approved sites must:

- Be located in and serve a federally designated HPSA;
- Located in a Rural-Urban Commuting Area (RUCA) Census Tract and operates as a health care facility providing comprehensive outpatient services to populations residing in HPSAs;
- Be an outpatient facility providing SUD services;
- Utilize and prominently advertise a qualified discounted/sliding fee schedule (SFS) for individuals at or below 200 percent of the federal poverty level;
- Not deny services based on inability to pay or enrollment in Medicare, Medicaid, and Children's Health Insurance Program (CHIP);
- Ensure access to ancillary, inpatient, and specialty care;
- Have a credentialing process that includes a query of the National Practitioner Data Bank; and
- Meet all requirements listed in the NHSC Site Agreement.

For more complete information about site eligibility and the site application process, please see the NHSC Site webpage and the NHSC Site Reference Guide.
For a list of current NHSC-approved sites, please see HRSA's Health Workforce Connector.

Eligible Site Types

1. *Certified Rural Health Clinics;*
2. *State or Local Health Departments;*
3. *State Prisons;*
4. *Community Mental Health Centers;*
5. *School-Based Clinics;*
6. *Mobile Units/Clinics;*
7. *Free Clinics;*
8. *Critical Access Hospitals (CAH);*
9. *Community Outpatient Facilities; and*
10. Private Practices
11. Opioid Treatment Program (OTP);
12. Office-based Opioid Agonist Treatment (OBOT); and
13. Non-Opioid SUD treatment sites.

Auto-Approval Process:

1. Federally-Qualified Health Centers (FQHC);
2. FQHC Look-Alikes;
3. American Indian Health Facilities: Indian Health Service (IHS) Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs);
4. Federal Prisons; and
5. Immigration and Customs Enforcement.

Please note that all NHSC sites must deliver comprehensive mental/behavioral health on an outpatient basis, with the exception of CAHs and IHS hospitals. NHSC-approved sites must provide services for free or on a SFS to low-income individuals, and:

1. Offer a full (100 percent) discount to those at or below 100 percent of the federal poverty level
2. Offer discounts on a sliding scale up to 200 percent of the federal poverty level;
3. Use the most recent HHS Poverty Guidelines;
4. Utilize family size and income to calculate discounts (not assets or other factors); and
5. Have this process in place for a minimum of 6 months.

Note:

- A health care organization of a consortium must receive NHSC site approval prior to members of their workforce applying for NHSC Rural Community Loan Repayment Program.
- Consortium members do not receive auto-approval based on their RCORP status. Consortium members must meet all NHSC site eligibility criteria. All NHSC sites, except SUD treatment facilities, Critical Access Hospitals and Indian Health Service Hospitals, are required to provide an appropriate set of services for the community and population they serve. NHSC-approved sites must provide services for free or on a sliding fee schedule to low-income individuals. More information can be found here.

Additional information on the SFS can be found in the recently updated [SFS Information Package.]

APPENDIX D: Additional Resources

The following list is meant to be representative. Inclusion of non-federal entities is not necessarily an endorsement by HHS.

- **American Society of Addiction Medicine (ASAM):** Offers a wide variety of resources on addiction for physicians and the public. https://www.asam.org/resources/the-asam-criteria/about
- **Centers for Disease Control and Prevention (CDC) – Opioid Overdose:** Offers a wide variety of opioid-related resources, including nationwide data, state-specific information, prescription drug monitoring programs, and other useful resources, such as the Guideline for Prescribing Opioids for Chronic Pain. https://www.cdc.gov/drugoverdose/index.html
- **CDC: Managing HIV and Hepatitis C Outbreaks Among People Who Inject Drugs: A Guide for State and Local Health Departments** (March 2018) https://www.cdc.gov/hiv/pdf/programresources/guidance/cluster-outbreak/cdc-hiv-hcv-pwid-guide.pdf
- **CDC National Center for Health Statistics:** Provides health statistics for various populations. http://www.cdc.gov/nchs/
- **CDC Syringe Services Programs:** For more information on these programs and how to submit a Determination of Need request visit: https://www.cdc.gov/hiv/risk/ssps.html
- **Community Health Systems Development Team at the Georgia Health Policy Center:** Offers a library of resources on topics such as collaboration, network infrastructure, and strategic planning. http://ruralhealthlink.org/Resources/ResourceLibrary.aspx
- **U.S Department of Labor:** Provides resources and information that foster, promote, and develop the welfare of the wage earners, job seekers, and retirees of the United States; improve working conditions; advance opportunities for profitable employment; and assure work-related benefits and rights. https://www.dol.gov/
- **U.S. Department of Health and Human Services (HHS)**: Provides resources and information about the opioid epidemic, including HHS' Overdose Prevention Strategy: https://www.hhs.gov/overdose-prevention/
- **HHS Telemedicine and Prescribing Buprenorphine for the Treatment of Opioid Use Disorder:** Department of Health and Human Services (DHHS) issued guidance allowing the prescribing of MAT via telehealth under certain circumstances. https://www.hhs.gov/opioids/sites/default/files/2018-09/hhs-telemedicine-hhs-statement-final-508compliant.pdf
- **Health Resources and Services Administration (HRSA) Data Warehouse:** Provides maps, data, reports, and dashboard to the public. The data integrate with external sources, such as the U.S. Census Bureau, providing information about HRSA's grants, loan and scholarship programs, health centers and other public health programs and services. https://datawarehouse.hrsa.gov/

- **HRSA List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties:** Provides a list of rural counties and census tracts by state and territory. https://www.hrsa.gov/sites/default/files/ruralhealth/resources/forhpeligibleareas.pdf
- **HRSA National Health Service Corps (NHSC):** HRSA's Bureau of Health Workforce administers the NHSC Loan Repayment Program, which is authorized to provide loan repayment to primary health care professionals in exchange for a commitment to serve in a Health Professional Shortage Area. For state point of contacts, please visit: https://nhsc.hrsa.gov/sites/helpfullcontacts/drocontactlist.pdf
- **HRSA Opioids Website:** Offers information regarding HRSA-supported opioid resources, technical assistance, and training. https://www.hrsa.gov/opioids
- **National Area Health Education Center (AHEC) Organization:** The National AHEC Organization supports and advances the AHEC Network to improve health by leading the nation in recruitment, training, and retention of a diverse health work force for underserved communities. http://www.nationalahec.org/
- **National Association of County and City Health Officials (NACCHO):** NACCHO created a framework that demonstrates how building consortiums among local health departments, community health centers, health care organizations, offices of rural health, hospitals, nonprofit organizations, and the private sector is essential to meet the needs of rural communities. https://www.naccho.org/uploads/downloadable-resources/Mobilizing-Community-Partnerships-Rural-Communities-NA608PDF.pdf
- **National Opinion Research Center (NORC) at the University of Chicago—Overdose Mapping Tool:** NORC and the Appalachian Regional Commission have created the Overdose Mapping Tool to allow users to map overdose hotspots in Appalachia and overlay them with data that provide additional context to opioid addiction and death. http://overdosemappingtool.norc.org/
- **National Organization of State Offices of Rural Health (NOSORH)—Toolkit:** NOSORH published a report on lessons learned from HRSA's Rural Opioid Overdose Reversal Grant Program and compiled a number of tools and resources communities can use to provide education and outreach to various stakeholders. https://nosorh.org/rural-opioid-overdose-reversal-program/
- **Primary Care Associations (PCAs):** State or regional nonprofit organizations that provide training and technical assistance (T/TA) to safety-net providers. http://www.nachc.org/about-nachc/state-affiliates/state-regional-pca-listing/
- **Primary Care Offices (PCOs):** The PCOs are state-based offices that provide assistance to communities seeking health professional shortage area designations and recruitment assistance as NHSC-approved sites. To locate contact information for all of the PCOs, visit: https://bhw.hrsa.gov/shortage-designation/hpsa/primary-care-offices
- **Rural Health Information Hub – Community Health Gateway:** Offers evidence-based toolkits for rural community health, including step-by-step guides, rural health models and innovations, and examples of rural health projects other communities have undertaken. https://www.ruralhealthinfo.org/community-health

- **Rural Health Information Hub – Rural Response to Opioid Crisis**: Provides activities underway to address the opioid crisis in rural communities at the national, state, and local levels across the country. https://www.ruralhealthinfo.org/topics/opioids
- **Rural Health Information Hub - Rural Prevention and Treatment of Substance Abuse Toolkit:** Provides best practices and resources that organizations can use to implement substance abuse prevention and treatment programs. https://www.ruralhealthinfo.org/toolkits/substance-abuse
- **Rural Health Research Gateway:** Provides access to projects and publications of the HRSA-funded Rural Health Research Centers, 1997–present, including projects pertaining to substance use disorder. http://www.ruralhealthresearch.org/
- **Rural Recruitment and Retention Network (3RNet):** A national nonprofit network of members committed to matching healthcare professionals with rural and underserved jobs. https://www.3rnet.org/
- **Substance Abuse and Mental Health Services Administration (SAMHSA):** Offers a wide variety of resources on the opioid epidemic, including data sources, teaching curriculums, evidence-based and best practices, and information on national strategies and initiatives. https://www.samhsa.gov/
- **SAMHSA Evidence-Based Practices Resource Center:** Contains a collection of scientifically-based resources for a broad range of audiences, including Treatment Improvement Protocols, toolkits, resource guides, clinical practice guidelines, and other science-based resources. https://www.samhsa.gov/ebp-resource-center
- **SAMHSA State Targeted Response to the Opioid Crisis Grants:** This program awards states and territories and aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD. https://www.samhsa.gov/state-targeted-response-technical-assistance-str-ta and https://opioidresponsenetwork.org/
- **SAMHSA Peer Recovery Resources:**
    - https://www.samhsa.gov/brss-tacs
    - https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers
- **State Offices of Rural Health (SORHs):** All 50 states have a SORH. These offices vary in size, scope, organization, and in services and resources, they provide. The general purpose of each SORH is to help their individual rural communities build health care delivery systems. List of and contact information for each SORH: https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/
- **State Rural Health Associations (SRHAs):** To locate contact information for all of the SRHAs, visit: https://www.ruralhealthweb.org/programs/state-rural-health-associations

- **UDS Mapper:** The UDS Mapper is a mapping and decision-support tool driven primarily from data within the Uniform Data System. It is designed to help inform users about the current geographic extent of U.S. federal (Section 330) Health Center Program award recipients and look-alikes. Applicants can use this resource to locate other collaborative partners. https://www.udsmapper.org/index.cfm
- **U.S. Department of Agriculture (USDA) – Opioid Misuse in Rural America:** Provides information and resources—including relevant USDA funding opportunities such as the Community Facilities Loan and Grant Program—for rural communities that want to address the opioid epidemic. Visitors can also share feedback on what prevention, treatment and recovery actions have been effective in addressing the opioid epidemic in their rural communities. https://www.usda.gov/topics/opioids

APPENDIX E: Application Completeness Checklist

- ✓ Have I read this NOFO thoroughly and referred to the SF424 Application Guide where indicated?
- ✓ Is my organization part of a multi-sector consortium comprised of at least four separately owned entities, at least fifty percent of whom are located in HRSA-designated rural areas?
- ✓ Are all of my proposed service delivery sites physically located in HRSA-designated rural areas?
  - o If not, have I included the appropriate "Proof of Service Delivery Site" attachment and attested that the non-rural service delivery site is a primary service provider for the target rural service area and that the delivery site will directly contribute to building health service delivery infrastructure within the target rural service area?
- ✓ Did I crosscheck my RCORP service area with the RCORP county representation spreadsheet to ensure the proposed project complements existing SUD/BH efforts?
- ✓ If I share an EIN with another applicant, have I submitted the information requested in Attachment 8?
- ✓ Does my annual budget total $500,000 (or less), inclusive of direct and indirect costs?
- ✓ Have I submitted a budget and budget narrative for each of the four years of the period of performance?
- ✓ Does my proposed project reduce the morbidity and mortality of SUD/OUD within an exclusively rural service area, including among subpopulations that have historically faced health disparities, outcomes, and other inequities?
- ✓ Do my "Work Plan" and "Methodology" sections reflect the program goals outlined in the Purpose section of the NOFO?
- ✓ Does my work plan reflect a four-year period of performance?
- ✓ Have all consortium members reflected in the work plan signed and dated a single Letter of Commitment and are at least 50 percent of the signatories located in HRSA-designated rural areas?
- ✓ Have I designated a Project Director who will serve at least 0.25 FTE on the grant and a Data Coordinator?
- ✓ Have I completed all forms and attachments as requested in Section IV of this NOFO and in the SF-424 Application Guide?
- ✓ Will I apply at least 3 calendar days before the deadline to accommodate any unforeseen circumstances?
- ✓ Have I confirmed that my application does not exceed the 80-page limit?