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| 1. APPLICANT | | |  | | | | | | | | | | | | | | | | |
| 1. PHYSICAL ADDRESS | | |  | | | | | | | | | | | | | | | | |
| 1. MAILING ADDRESS | | |  | | | | | | | | | | | | | | | | |
| 1. CITY/COUNTY | | |  | | | | | | | | | | | 4a. ZIP CODE | |  | | | |
|  | | | | |  | | | | | | |  | | |  | | | | |
| 1. FEDERAL IDENTIFICATION #   (EMPLOYER IDENTIFICATION NUMBER) | | | | |  | | | | | | | 1. DUNS# | | |  | | | | |
| 1. STATE VENDOR NUMBER | | | | |  | | | | | | | | | | | | | | |
| 1. SAM.gov REGISTRATION CURRENT? YES/NO) | | | | | | |  | | | | 7a. SAMs EXPIRATION DATE | | | | | |  | | |
| 1. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? (YES/NO) | | | | | | | | | | | | | | | | | |  | |
| 1. AUTHORIZED OFFICIAL (NAME/TITLE)/PHONE/EMAIL   *(Authorized Official: Mayor, County Judge or Prosecuting Authority-Highest Elected Official)* | | | | | | | |  | | | | | | | | | | | |
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| 1. PROPOSED USE OF FUNDS | | |  | | | | | | | | | | | | | | | | |
| 1. AMOUNT OF FUNDS REQUESTED | | | | |  | | | | | | | |
| 1. PROPOSED PROJECT TARGETED AREA OR AREAS OF FOCUS | | | | | | | | | |  | | | | | | | | | |
| 1. WOULD THE FEDERAL FUNDS BEING REQUESTED REPLACE PRIOR LOCAL OR STATE SUPPORT FOR THIS PROJECT? (YES/NO) | | | | | | | | | | | | | | | | | |  | |
| 14a. IF YES, EXPLAIN: |  | | | | | | | | | | | | | | | | | | |
| 1. W-9 FORM SUBMITTED. (YES/NO) | | | | | |  | | 15a. VOIDED CHECK SUBMITTED? (YES/NO) | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | | | | | | |
| 1. CONTACT PERSON   (NAME/TITLE) | |  | | | | | | | | | | | | | | | | | |
| 1. EMAIL ADDRESS | |  | | | | | | | | | | | | | | | | | |
| 1. OFFICE PHONE | |  | | | | | | | 18a. ALTERNATE PHONE | | | | | |  | | | | |
| 1. ALTERNATE CONTACT PERSON   (NAME/TITLE) | | | |  | | | | | | | | | | | | | | | |
| 1. EMAIL ADDRESS | | | |  | | | | | | | | | | | | | | | |
| 1. OFFICE PHONE | |  | | | | | | | 21a. ALTERNATE PHONE | | | | | |  | | | | |

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| **ABSTRACT** |

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| Applicant’s Name |  |
| Mailing Address/City/Zip Code |  |
| Applicant’s Point of Contact (POC) |  |
| POC Information: Phone Number/Email Address |  |
| Project Title |  |
| Proposed Start and End Dates |  |
| Funding Amount Requested |  |
| Project Location: City/State, County – Jurisdiction(s) |  |

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| Include in the Abstract a brief description of the project/problem to be addressed; a brief Description of the target area and population; an overview of the agency’s specific goals and objectives for the project; an overview of the anticipated outcomes; a brief statement of project strategies or overall program; and a brief description of significant partnership/collaborative efforts. (No More Than One Page) |

| **REQUEST FOR APPLICATION (RFA) – NARRATIVE SECTIONS** |
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| **INSTRUCTIONS:** IN THE SPACEBELOW OR SEPARATE SHEET **PROVIDE THE AGENCY’S BACKGROUND** |
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| **INSTRUCTIONS:** IN THE SPACEBELOW OR SEPARATE SHEET **DEMONSTRATE THE NEED AND PROVIDE A PROBLEM STATEMENT**   * Describe your agencies efforts in the current opioid epidemic effort to date. * Describe identified barriers to your efforts in the opioid epidemic to date. * Document the impact of the opioid epidemic in the targeted area utilizing data (please identify the data sources). * Provide any known efforts and activities currently taking place to support individuals with opioid use disorder involved and not involved in the criminal justice system and how the proposed project can support/enhance those efforts. (Including any prevention activities) * Describe any opioid treatment or recovery support services in the targeted area. * Describe any other funds (local, state or federal) that are addressing the opioid epidemic in the targeted areas, funds being leveraged for the proposed project, or other collaborative efforts being implemented the targeted area. Report the outcomes of the efforts and funding if available. |
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| **INSTRUCTIONS:** IN THE SPACEBELOW OR SEPARATE SHEET **DISCUSS EVIDENDCE OF COLLABORATION**   * Explain how you conduct and participate in the collective working group to implement this project and be willing to provide up to date presentations/reports on your collective work group progress. * Provide a brief description of any current collaborations/partnerships between local, state, and federal law enforcement agencies also include but not limited to jail(s), probation, service providers, and any other history of collaboration between the criminal justice system and the behavioral health system. * Describe the key behavioral health and criminal justice partners and stakeholders and how they will remain involved to ensure successful implementation and/or program sustainability. * Explain how your agency’s leadership will support this project as well as the evaluation of the efforts. |
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| **INSTRUCTIONS:** IN THE SPACE BELOW OR SEPARATE SHEET DESCRIBE THE PROGRAM DESIGN AND IMPLEMENTATION (   * Clearly articulate three (3) goals and objectives for each goal to be accomplished by this project. No more than three goals and objectives are to be included. * Explain how the goals and objectives support or enhance the local capacity to respond to opioid misuse in your jurisdiction * Explain how you will utilize Peer Recovery Specialist(s) in this project. Include any description of the processes for early identification, assessment, linkage to treatments, services and supports for the project. Be very specific and detailed. * If a multi-jurisdictional approach is proposed, explain how the proposed activities of the project will address the multi-jurisdictional challenges. * Explain what additional duties will be tasked to the work group team to address needs of the project and of the jurisdiction. * How will you evaluate the effectiveness of your project? What outcome measures will be utilized? * Provide a Timeline of the Project Implementation. The timeline should include all key activities for the 24-month project period. (Submit as an attachment or include in the narrative) * Provide an organizational chart indicating the project and staffing (Submit as an attachment or include in the narrative) |
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| **INSTRUCTIONS:** IN THE SPACEBELOW OR SEPARATE SHEET EXPLAIN YOUR AGENCIES CAPABILITIES AND COMPETENCIES |
| * The applicant must fully describe their ability to: * Demonstrate the applicant’s expertise in collaborating with local, state, and federal law enforcement and criminal justice partners * Demonstrate experience working with law enforcement, criminal justice agencies and community-based partners on targeted enforcement, prevention activities, community engagement, and accountability within a planned and implemented project * Must describe its project staff indicating who will be responsible for carrying and overseeing the project implementation as well as grant administration responsibilities * Provide job description and/or resume of your proposed investigator for working with the opioid issues in your jurisdiction. (Submit as an attachment) * Provide a job description and/or resume of your proposed peer specialist(s). (Submit as an attachment) * Include a description of current staffing and the proposed project staffing with roles and responsibilities clearly articulated. Provide any certifications and trainings that pertain to addressing opioid and/or substance abuse/mental health. |
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| **INSTRUCTIONS:** IN THE SPACE BELOW OR SEPARATE SHEET EXPLAIN THE PLAN FOR COLLECTING REQUIRED DATA |
| The applicant must describe their intended process for measuring project performance. The applicant must identify who will collect the data; who is responsible for performance measurement; and how the information will be used to guide and assess the applicant’s COAP’s program activities. The applicant should also identify who will be responsible for the completion of the mandatory reporting requirements.   * The applicant must describe their intended process for measuring project performance. The applicant must identify who will collect the data, who is responsible for performance measurement, and how the information will be used to guide and assess the applicant’s COAP program activities. The applicant should also identify who will be responsible for the completion of reporting requirements. |
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| **INSTRUCTIONS:** IN THE SPACEBELOW OR SEPARATE SHEET EXPLAIN PLANS FOR PROGRAM SUSTAINABILITY   * Explain how the agency/organization will pursue the ability to sustain the collective workgroup and project if the data shows that it is successful. * Provide a plan for how the agency/locality will work towards programmatically and financially sustaining the proposed project. * Describe how this project will utilize community partners and stakeholders that have a vested interest in the success and sustainability of the proposed project. |
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| **INSTRUCTIONS:** IN THE SPACE BELOW OR SEPARATE SHEET PROVIDE BUDGET JUSTIFICATION NARRATIVE (Please See RFA Instructions for more details.) |
| The applicant must provide a project-based budget and budget justification narrative that are complete, cost effective, and allowable (e.g., reasonable, allocable, and necessary for program activities). See instructions for the Allowable and Non-Allowable costs. The applicant’s budget narrative should generally demonstrate how the applicant will maximize cost effectiveness of grant expenditures. The applicant’s budget narrative should link back to the stated COAP program goals and implementation.   1. Provide a budget justification narrative below explaining each category-line item amount requested 2. Attach a completed the Budget Detailed Line Item Request (Form Attached) |
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