

# **Request for Applications (RFA) No. 23-10573**

## **Fentanyl Overdose Prevention Grant**

**August 2023**

**Substance and Addiction Prevention Branch**

MS Code 8701  
1616 Capitol Avenue, Suite 74.420

**P. O. Box 997377  
Sacramento, CA 95899-7377**

## Table of Contents

<b>Part 1. Funding Opportunity Description</b>	4
A. Purpose	4
B. Background	5
D. Funding Availability and Award Period	7
E. Required Program Strategies	8
F. Required Program Components	11
G. Required Reporting, Monitoring, and Material Development Activities	12
H. RFA Schedule	14
Table 1. RFA Schedule	15
I. RFA Cancellation and Addendums	15
J. Applicant Questions and Reporting of Errors in the RFA	15
<b>Part 2. Required Application Components</b>	15
Table 2: List of Required Application Documents	16
A. Application Checklist	16
B. Grantee Information Form	16
C. Project Narrative	16
D. Work Plan	18
E. Evaluation Plan Narrative	19
F. Evaluation Logic Model (Page limit: One (1) page)	19
G. Budget Detail	19
H. Budget Narrative	21
<b>Part 3. Application Submission Requirements</b>	22
A. Mandatory Non-Binding Letter of Intent	22
B. Instructions for Submission	22
<b>Part 4. Selection Review Process</b>	23
A. Application Review Process	23
B. Selection Criteria	23
C. Notice of Intent to Award	26
D. Award Appeal Procedures	26
<b>Part 5. Required Attachments</b>	26

## **LIST OF ATTACHMENTS**

RFA attachments, listed below, will be provided as part of the RFA package.

Attachment A. Application Checklist

Attachment B. Grantee Information Form

Attachment C. Project Narrative

Attachment D. Work Plan

Attachment E. Evaluation Plan Narrative

Attachment F. Evaluation Logic Model

Attachment G. Budget Detail

Attachment H. Budget Narrative

Attachment I. Contractor Certification Clause

Attachment J. STD 204 Payee Data Record

Attachment K. CDPH 9083 – Government Agency Taxpayer ID Form

Attachment L. DGS PD 1 – Darfur Contracting Act

Attachment M. 501(C)(3) Document

Attachment N. 2022-23 Indirect County Rates

Attachment O. County Map

## Part 1. Funding Opportunity Description

### A. Purpose

The California Department of Public Health (CDPH), Center for Healthy Communities (CHC), Substance and Addiction Prevention Branch's (SAPB) Overdose Prevention Initiative (OPI) is seeking applications from local health jurisdictions (LHJs), community-based organizations (CBOs), or a combination therein, to implement evidence-based and community-driven public health interventions for preventing overdose from fentanyl and other opioids. The purpose of this Request for Applications (RFA) is to increase local efforts in education, testing, recovery, and support services while focusing on closing gaps related to access to care and services to reduce health inequities for populations at greatest risk for overdose. Funding for this application is provided from the Opioid Settlements Fund (Fund 3397) per the requirements of Assembly Bill (AB) 2365.

CDPH seeks to award LHJs, CBOs, or a combination therein that have clearly identified fentanyl overdose prevention needs and propose a Project Narrative and Work Plan, which includes objectives and activities, to address such needs. The applicant's project application should include one or more of these strategies:

- 1) Provide education programs in local schools;
- 2) Increase testing abilities for fentanyl;
- 3) Support overdose prevention and recovery programs, including making naloxone or other overdose recovery drugs more available in the community; and
- 4) Increase social services and substance use recovery services to those addicted to fentanyl or other opioids.

Applications may additionally include any of these strategies:

- 5) Improve local surveillance, and
- 6) Reduce stigma associated with addiction and recovery.

The applicant's project should also integrate the following components (at minimum):

- A) Apply a health equity lens, and
- B) Collaborate with multiple sectors (i.e. healthcare providers, hospitals, clinics, law enforcement, jails, corrections, faith-based communities, local government, schools, and academic institutions.)

## B. Background

The opioid epidemic has greatly impacted California communities and families. In recent years, morbidity and mortality are largely driven by synthetic opioids, such as fentanyl; stimulants, such as methamphetamine; and polysubstance use. While California has made significant public health progress to reduce the number of overdose deaths due to prescription opioids, the unpredictability of the illicit drug market shadows these state efforts as opioid overdoses and deaths are significantly increasing.

[CDPH's mission and approach to the overdose epidemic](#) is to advance and amplify a unified response to reduce the harm from substance misuse and end the evolving drug overdose crisis in California through increased information sharing, policy development, and implementation. OPI works with state and local partners to address the overdose epidemic through data collection, analysis, and dissemination; substance use prevention programs; harm reduction strategies; public education; and promoting safe and effective prescribing and treatment practices. OPI scientists collect and analyze data on fatal drug-related overdoses, fatal drug-related overdose risk factors, non-fatal drug-related overdoses, prescription data, and substance use and misuse behaviors. OPI shares data via the [CA Overdose Surveillance Dashboard](#), data briefs, and manuscripts.

While the overdose epidemic affects all Californians, specific populations are disproportionately impacted. Grantees have a unique opportunity to address these disparities by appropriately tailoring efforts and interventions at the local level.

### California Overdose Data Trends

California continues to face a drug overdose public health crisis with substantial health and economic impacts. According to the California Overdose Surveillance Dashboard, in 2021, 10,898 California residents died of a drug overdose, a 23% increase from 2020 (8,894). Drug overdose deaths involving fentanyl increased 51% from 2020 to 2021 (3,946 in 2020 to 5,961 in 2021). Drug overdose deaths involving fentanyl now represent over half (55%) of all drug overdoses among California residents. There were over 57,000 emergency department visits and 21,000 hospital admissions related to a non-fatal drug overdose among California residents in 2021. An analysis of the costs of opioid use disorder and fatal opioid overdose deaths in 2017 found that in California, the cost of fatal opioid overdoses was \$25,394,000 and the cost of opioid use disorder was \$36,501,000. Per capita, the cost of a fatal opioid overdose was \$642, and the cost of opioid use disorder was \$923<sup>1</sup>.

Drug overdose affects Californians of all ages, races, ethnicities, and backgrounds. However, some Californians remain disproportionately affected. Crude rates for drug

---

<sup>1</sup> Luo F, Li M, Florence C. State-Level Economic Costs of Opioid Use Disorder and Fatal Opioid Overdose — United States, 2017. MMWR Morb Mortal Wkly Rep 2021;70:541–546.  
DOI: <http://dx.doi.org/10.15585/mmwr.mm7015a1>

overdose deaths increased for all race/ethnicity groups from 2020 to 2021. Non-Hispanic Native American/Alaska Native residents and non-Hispanic Black/African American residents experienced the highest percent increase in crude drug overdose death rates from 2020 to 2021, 57% and 39%, respectively. Crude rates for nonfatal drug overdose Emergency Department (ED) visits also increased for all race/ethnicity groups, with the highest rates among Non-Hispanic Black/African American and non-Hispanic White residents (294.5/100,000 residents and 186.9/100,000 residents, respectively). However, non-Hispanic Native American/Alaska Native residents experienced the highest percent increase in nonfatal ED visit rates (57% from 2020 to 2021), followed notably by Asian/Pacific Islander residents (43% from 2020 to 2021). Rates for all drug overdose deaths increased from 2020 to 2021 in most age groups, with the highest percent increases from 2020 to 2021 among 30 to 34-year-olds and 25–29-year-olds, 59% and 38%, respectively. These age groups also had the highest percent increases in nonfatal ED visit rates for drug overdose from 2020 to 2021, 45% for 30-34-year-olds and 32% for 25-29-year-olds.

While California’s overall drug overdose death rate (27 deaths per 100,000 residents) in 2021 was slightly lower than the national average (approximately 32 deaths per 100,000 individuals), the health and economic burden is substantial because of the magnitude of the problem among California’s nearly 40 million people. There is also wide variation across California counties, and many county overdose death rates are higher than the national average.

#### C. Eligible Entities

CDPH will award funding, on an evaluation basis, to LHJs/CBOs to develop, implement, and evaluate fentanyl overdose prevention and response activities in their communities. Applicants must show they have the capacity to adhere to the contractual, fiscal, and program reporting requirements of CDPH.

Applicants are encouraged to collaborate and subgrantee with other organizations, such as, but not limited to, established coalitions, CBOs, tribal organizations, and other governmental groups.

Eligible applicants must demonstrate the organizational capacity and readiness to complete the activities identified in the Applicant’s Project Narrative and Work Plan that adhere to the RFA requirements.

Applications will be scored using defined scoring criteria and following funding guidelines outlined in the [California Revenue and Taxation Code Section 34019\(f\)\(1\)\(K\)](#).

Non-profit Status:

- CBOs, and Subgrantees must be a 501(c)(3) organization of the Internal Revenue Code. The definition of “CBOs” is only limited in that the organizations must have a 501(c)(3) non-profit tax-exempt status. This requirement also applies to subgrantees. Non-profit organizations must certify their eligibility to claim non-profit status.
- Applicants must be financially stable and solvent and have adequate cash reserves to meet all financial obligations while awaiting reimbursement from the State.
- Applicants must be in good standing with the State of California Secretary of State, California Franchise Tax Board, and California State Board of Equalization.
- Applicants must provide a copy of current insurance policy documents.

#### D. Funding Availability and Award Period

Six (6), one-time grants will be awarded funding per grant year January 1-December 31 as part of this pilot, allocated by region: two in Northern California, two in Central California, and two in Southern California (Attachment O).

**Northern Region:** Alameda, Butte, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Francisco, San Mateo, Santa Clara, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, Yuba

**Central Region:** Alpine, Amador, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, Monterey, San Benito, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Stanislaus, Tulare, Tuolumne, Ventura

**Southern Region:** Imperial, Los Angeles, San Bernardino, San Diego, Orange, Riverside

Grantees will be awarded a maximum of \$427,000 per year over three years, meaning a total of up to \$1,281,000 per grantee over the three-year period beginning in January 2024. Actual amounts awarded may vary, based on the scale of the population served (accounting for regional/geographic reach and population size) and the scope of the project identified by grantees. Funding is contingent upon available revenues, appropriation by the Legislature and the Governor and CDPH funding priorities and/or legal or administrative limitations.

The total funding period will span three years (i.e., 36 months) and is anticipated to be January 1, 2024, to December 31, 2026. See Table 1. RFA Schedule in Part 1, Section H. The grant term may change if the grant cannot be executed in a timely manner due to unforeseen delays.

The actual start date may vary due to the time required to finalize agreements, obtain signatures, and process agreements between awardees and CDPH. The resulting grant will be of no force or effect until signed by both parties. The Applicant is hereby advised

not to commence performance until the grant is fully executed. Should services or performance commence before all approvals are obtained, and the grant is not fully executed, said services or performance may be considered volunteered and CDPH will not provide reimbursement for services conducted prior to the grant execution date.

CDPH reserves the right to offer to extend the grant term resulting in an agreement via an amendment as necessary to complete or continue the services. Agreement extensions are subject to satisfactory performance and funding availability.

CDPH reserves the right to suspend or terminate the grant and/or reduce or suspend future funding to the grantee if, at any time during the grant term, the grantee is unable to meet the terms and conditions of the grant for any reason, including inability to meet grant timelines and/or deliverable deadlines, incomplete or unsatisfactory deliverable submission, or inability to complete work.

#### E. Required Program Strategies

CDPH will fund existing established LHJs/CBOs to implement Work Plans that include the following required strategies to address the fentanyl overdose epidemic. Applicants must integrate one or more of these four strategies into their Work Plan and include a description in the Project Narrative on how the strategies will be integrated in their work.

Applicants are required to develop their own Work Plan objectives based on these strategies. See Work Plan section on page 16.

##### 1. Provide education programs in schools

###### a. Example activities:

- 1) Partner with schools to implement CDPH, DHCS, CDC-sponsored and/or other evidence-based overdose prevention public education campaigns.
- 2) Develop and distribute educational materials and trainings for students, parents and guardians, and educators and staff to raise awareness of naloxone, harm reduction, substance misuse, and overdose prevention.
- 3) Promote primary prevention [best practices in a school setting](#) to reduce the demand for substances with abuse potential by providing alternative activities and building community and individual resilience.
- 4) Establish a student-led, peer-to-peer substance use prevention and education program in a school setting.



- 5) Support multidisciplinary collaboration to expand restorative youth diversion programs and enhance referral systems for early intervention in schools.
  - 6) Employ evidence-based interventions that provide family, parenting, and other support in addressing risks of student substance use and overdose for parents and guardians across school settings.
2. Increase testing abilities for fentanyl
- a. Example activities:
    - 1) Work with community partners, provide community-based drug checking, including testing for fentanyl and emerging contaminants in the drug supply, such as xylazine.
    - 2) Provide community fentanyl education, distribution of fentanyl test strips (FTS), and training on how to use FTS to increase testing in the community.
    - 3) Purchase and distribute FTS to people who use drugs and organizations who serve people who use drugs, such as syringe services programs.
    - 4) Provide support for coroners and medical examiners to expand testing for synthetic opioids and chemicals of emerging concern.
3. Support overdose prevention and recovery programs, including making naloxone or other overdose recovery drugs more available in the community
- a. Example activities:
    - 1) Distribute naloxone in the community to high-risk populations, including people who use drugs; train individuals on how to administer naloxone and respond to a drug overdose; and track naloxone distribution and reversals.
    - 2) Purchase, install and support low-barrier naloxone vending machines and/or “naloxboxes”.
    - 3) Increase access to naloxone availability and distribution through policy or systems change strategies (e.g., working with law enforcement, first responders, jails, schools, libraries).
    - 4) Improve access to treatment among priority populations by working with substance use disorder (SUD) providers and harm reduction groups.
    - 5) Expand EMS and law enforcement naloxone leave-behind programs.
    - 6) Establish and implement community-based, public safety and public health post-overdose response outreach teams to connect people to harm reduction resources, evidence-based treatment for SUD, and recovery supports.

4. Increase social services and substance use recovery services to those addicted to fentanyl or other opioids
  - a. Example activities:
    - 1) Increase access to all three U.S. Food and Drug Administration (FDA)-approved forms of medication assisted treatment (MAT) (methadone, buprenorphine, and naltrexone) by establishing linkages to care with law enforcement, first responders, jails, probation, schools, public health departments, health care providers, and hospitals.
    - 2) Develop a community alert response plan for overdose outbreaks/clusters that includes linkages to care.
    - 3) Work with local EMS agencies to promote first responder-initiated buprenorphine acceptance and protocols and establish an overdose receiving center at a local hospital emergency room.
    - 4) Create and disseminate MAT resources in your community to increase referrals and improve access to care.
    - 5) Provide education materials on recovery services by community outreach and media messaging.
    - 6) Expand and support the use of navigators to link people with SUD to treatment and community/social services.

Additional optional strategies:

Applicants may also include any of the following strategies (5-6) into their application:

5. Improve local surveillance
  - a. Example activities:
    - 1) Establish and conduct [Overdose Fatality Reviews](#) and use results to inform interventions.
    - 2) Develop, publish, and promote a county-level data dashboard and provide updates with local partners as updates become available. Use local data to inform prevention efforts.
    - 3) Link and integrate data sets to identify trends, improve overdose tracking, and focus the allocation of resources where most needed.
6. Reduce stigma associated with addiction and recovery
  - a. Example activities
    - 1) Develop and disseminate fentanyl-related educational materials and messaging in a way that reduces stigma related to SUD, MAT, and harm reduction services.
    - 2) Provide information to the community on treatment and recovery services, including promoting virtual or telehealth services.

- 3) Establish stigma and harm reduction training for law enforcement and other first responders.
- 4) Provide training to health care providers and public safety professionals to address stigma and implicit bias while working with people who use drugs.

#### F. Required Program Components

Additionally, applicants must integrate the following Program Components into their Work Plan and describe in the Project Narrative how the components will be integrated into their work. Other activities in the Work Plan should meet the needs identified in the communities served by the Applicant.

Applicants must integrate the following components into their application:

1. Apply a health equity lens.
  - a. Health equity refers to efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives (CA [Health and Safety Code Section 131019.5](#)).
  - b. Health inequities can contribute to the increased use of substances or negative health outcomes from substance use.
  - c. Example activities
    - 1) Partner with organizations to address cultural and language barriers for access to primary care, behavioral health care, and MAT/SUD treatment services.
    - 2) Work with jails to streamline re-entry patient care for MAT.
    - 3) Incorporate the voices of those with lived experience in focus groups on proposed interventions.
2. Collaborate with other agencies/organizations:
  - a. This program component relates to an organization collaborating, engaging, or convening partnerships with sectors that influence substance use.
  - b. Applicants may bring together different organizations or groups with similar priorities or goals, working collaboratively in their respective fields to accomplish the identified goals.
  - c. CDPH seeks to build community capacity with regards to overdose prevention work. Applicants should propose activities that integrate and expand partnerships and organizational capacity.

## G. Required Reporting, Monitoring, and Material Development Activities

In addition to the Required Program Components in the Work Plan, successful applicants are required to comply with the administrative reporting, monitoring, and material development requirements outlined in this section.

### 1. Success Stories

Awarded Applicants (or Grantees) will develop at least one success story annually. Success stories will highlight best practices from the program and activities. Specific guidelines will be determined and provided by CDPH after funding has been awarded.

### 2. Semi-Annual Progress Reports

Progress reports will collect information and data for CDPH to evaluate, analyze, and monitor project performance and project objectives outlined in the Grantee's Work Plan. Components include but are not limited to status of project activities and deliverables, staffing, challenges, successes, and outcome data. Grantees are required to complete and submit the Semi-Annual Progress Report using a Progress Report Template on or before the due date, with both the template and due date determined by CDPH-SAPB. Grantees are required to substantiate work by providing supporting documents reported on the Progress Reports. A copy of the CDPH-SAPB Progress Report Template will be provided to Grantees prior to the first progress report due date.

### 3. Required Reporting

Grantees will be required to provide CDPH-SAPB with specified information on the following through progress reporting or evaluation reporting, as well as through a final end-of-grant report:

- a. How the grant moneys were used.
- b. The number of people served.
- c. Data for the number of hospitalizations due to fentanyl, the number of overdoses from fentanyl, and the number of overdose deaths from fentanyl, for both the year prior to the grant and the year the grant was used.
  - i. If Grantee does not have access to local data otherwise, the [CA Overdose Surveillance Dashboard](#) can be used.
- d. Any other information determined to be needed by CDPH.

### 4. Evaluation Reporting to CDPH

CDPH-SAPB will work with a contracted Program Evaluator to support Grantee success in the evaluation process. The Program Evaluator will 1) provide technical assistance to Grantees on evaluation data collection and reporting, 2) collect evaluation data from Grantees, and 3) develop Interim and Final Evaluation Reports to provide CDPH-SAPB with the data and information to

evaluate program success. Grantees are required to work with the Program Evaluator in the evaluation of their work. CDPH-SAPB and/or the Program Evaluator will work with Grantees to refine and finalize their evaluation plan after funding has been awarded.

5. Meetings with CDPH-SAPB Staff

CDPH-SAPB staff will conduct semi-annual virtual check-ins with Grantees. CDPH reserves the right to request more frequent check-ins, as needed. Grantees are required to report on program progress, challenges, and successes; and programs will have an opportunity to request technical assistance from CDPH. CDPH will be responsible for scheduling the meetings and developing the agenda.

6. Invoice Submissions

Grantees must submit invoices quarterly to CDPH. Each invoice must reflect the expenses incurred during the billing period (arrears). Invoices must be submitted using the Invoice Template provided by CDPH, on letterhead, on or before the due date. The invoice submitted must have a unique invoice number (example 23-xxxx-001), show accurately the cumulative expenses as well as the remaining balance for the grant year, and be signed by the Grantee's project representative. Upon CDPH-SAPB's request, Grantees must submit any necessary documentation to support the invoice. If the Grantee does not receive an invoice payment within 60 days after the date of invoice submission, the Grantee must notify their CDPH project officer that a payment has not been received. It is the responsibility of the Grantee to reconcile all invoices up to June 30th of each year and notify their CDPH project officer of any issues related to invoices no later than July 31<sup>st</sup> of each year.

7. Adjustments to Budgets and Work Plan

The grant will incorporate the proposed Work Plan and budget. During the grant period, if unanticipated changes occur that impact the Work Plan and/or budget, Grantees may request up to two budget changes per fiscal year. However, no budget change requests will be granted 90 days before the end of the budget period. Grantees must submit budget change requests via email to CDPH-SAPB to include a narrative description of the change and a modified budget detail. CDPH-SAPB must approve the requests prior to the changes being implemented. A formal grant amendment will only be required for grant term and award modifications. CDPH reserves the right to request additional information or documentation to approve or deny any budget adjustments.

8. Annual Updates to Budget and Work Plan

Grantees will be required to submit an annual budget and Work Plan for CDPH to review and approve. If the Grantee has any unspent funds from the prior year,

Grantees may have opportunities to rollover unspent funds annually. CDPH will notify Grantees if opportunities become available.

9. Material Development Requirements

Grantees must submit to CDPH-SAPB for review and approval, and before dissemination, all materials created by the Grantee and the Grantee's partners to be publicly distributed. Additionally, Grantees will agree to use and disseminate CDPH media materials at the request of CDPH-SAPB and as appropriate for the Work Plan.

All public-facing materials created under this agreement must acknowledge funding from the California Department of Public Health's Fentanyl Program Grants.

The Disclaimer Language below will be part of the final grant agreement:

**Conference/Meeting/Seminar Materials:**

Funding for this conference was made possible by the California Department of Public Health (CDPH), supported by Grant Number XXXXXX. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official views of the California Health and Human Services Agency, the CDPH, or [Enter Your Agency/Group Here].

**Publications:**

This publication (fact sheet, journal article, etc.) was funded by the California Department of Public Health (CDPH), supported by Grant Number XXXXXX. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the California Health and Human Services Agency, the CDPH, or [Enter Your Agency/Group Here].

**Video Productions:**

This video was produced by [Enter Your Agency/Group Here] and funded by the California Department of Public Health (CDPH), supported by Grant Number XXXXXX. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the California Health and Human Services Agency, the CDPH, or [Enter Your Agency/Group Here].

H. RFA Schedule

Listed in Table 1 below are the key action dates and times by which the actions must be taken or completed. Applications not received by the date and time listed below will be deemed non-responsive and will not be considered for award.

Table 1. RFA Schedule

Event	Date and Time Deadlines
RFA Release	August 21, 2023
Submit Written Questions	September 11, 2023 @ 5:00pm PST
CDPH to Respond to Questions	September 18, 2023 @ 5:00pm PST
Mandatory Letter of Intent	September 11, 2023 @ 5:00pm PST
Deadline to submit Application	September 25, 2023 @ 5:00pm PST
Notice of Intent to Award Posted	October 23, 2023 @ 5:00pm PST
Appeal deadline	October 30, 2023 @ 5:00pm PST
Expected Start Date of grant	January 1, 2024
Expected End Date of grant	December 31, 2026

#### I. RFA Cancellation and Addendums

CDPH reserves the right to cancel or modify this RFA, including dates and/or times as necessary. If the RFA is modified in any way, an addendum will be posted online. Applicants are responsible for periodically checking the [website](#) for updates.

#### J. Applicant Questions and Reporting of Errors in the RFA

Prospective Applicants shall review this RFA in its entirety and submit any written questions and clarifications to [OPI@cdph.ca.gov](mailto:OPI@cdph.ca.gov) by the question submission deadline listed in Part 1 Section H. Table 1, RFA Schedule. Reports of errors should be sent to [OPI@cdph.ca.gov](mailto:OPI@cdph.ca.gov) as soon as identified.

Emails must clearly identify the person and agency submitting the question and include on the subject line “Fentanyl Grants.” At its discretion, CDPH may contact an Applicant to clarify the meaning of any question received. CDPH reserves the right to not respond to questions received that are not related to this RFA.

Any verbal communication with a CDPH employee concerning this RFA is not binding on the State and shall in no way alter a specification, term, or condition of the RFA.

CDPH responses to questions that change any terms of this RFA that are submitted by the designated due date and time will be posted online as one (1) or more addendums to this RFA.

## Part 2. Required Application Components

Applicants must complete the applicable attachments as outlined in Table 2 below. Follow all requirements below carefully, including designated page limits. Attachments

are not included in the page limits for the sections. In addition to following the page limits, documents should:

- Be in 12-point Arial or Calibri font
- Have 1-inch margins
- Be single spaced
- Section headers are optional
- Include page numbers in the lower, right corner of each page

Table 2: List of Required Application Documents

<b>Attachment</b>	<b>Required Document</b>	<b>Document Type</b>	<b>Page Limit</b>
A	Application Checklist	Word	N/A
B	Grantee Information Form	Word	N/A
C	Project Narrative (Including no more than 3 Letters of Support)	Word	10 pages (not including Letters of Support)
D	Work Plan	Word	N/A
E	Evaluation Plan Narrative	Word	2 pages
F	Evaluation Logic Model	Word	1 page
G	Budget Detail	Excel	N/A
H	Budget Narrative	Word	N/A
I	Contractor Certification Clause	PDF	N/A
J	STD 204 Payee Data Record	PDF	N/A
K	CDPH 9083 – Government Agency Taxpayer ID Form	PDF	N/A
L	DGS PD 1 – Darfur Contracting Act	PDF	N/A
M	501(C)(3) Document	PDF	N/A

#### A. Application Checklist

Complete the Application Checklist to ensure all required application attachments are included with the application. The Application Checklist should serve as a cover page to your application. Submit the Application Checklist with the application.

#### B. Grantee Information Form

Complete all sections of Attachment B. Grantee Information Form. A person authorized to legally bind the applicant must sign this form.

#### C. Project Narrative

Project Narrative (Page limit: Ten (10) pages)



The intent of this RFA is to fund fentanyl prevention activities in communities that have an identified need and a described approach for addressing the community's need. The Project Narrative should therefore describe and include: 1) a description of community needs and approach to addressing the needs, 2) a description of the priority population(s), 3) the impact to the community, 4) collaboration and partnerships, 5) the organization's capacity and readiness to implement the required program strategies, and 6) program objectives. See Attachment C for the template.

1. Community Need

Applicants must describe the extent of fentanyl and other opioid-related overdoses within their community. Provide data on fentanyl and other opioid-related overdose deaths, emergency department visits, or other information that illustrates the epidemic within your community. Data sources should be included.

Applicants must include detailed descriptions of evidence-based approaches, evidence-informed approaches, or promising practices that will inform proposed activities, and a detailed description of proposed activities. Include how resources in the community, such as existing programs, services, or organizational resources, will complement the project.

Describe the underlying rationale for the Work Plan objectives and activities, including how and why the proposed activities are hypothesized to lead to the desired change in outcomes. You may include evidence of existing programs and activities that have led to similar outcomes, a theory of change that provides a rationale for selecting the proposed activities, or a description of practices that show promise in achieving the desired outcomes.

2. Priority Populations

Applicants must identify and describe their community's priority population group(s) for fentanyl and other opioid prevention activities and the number of people who will be served. This determination should be done through a needs assessment, assessment of community-level data, stakeholder input, and/or another method to understand the need. Applicants should describe how the population was identified and any relevant background information.

3. Impact of Activities

Applicants must describe how their activities will impact both the identified priority population group(s) and the extended community.

4. Collaboration and Partnerships

Applicants must identify and describe partnerships and collaborations that will support their application, including a delineation of roles and responsibilities

(established or planned). These partnerships do not need to already be in place and can begin with the development of this application. However, there must be a detailed plan on how these partnerships will be in place once the notice of award is granted. Partnerships can include, and are not limited to, government agencies and offices, non-profits, community-based organizations, community coalitions, and tribal organizations.

Applications must include letters of support or Memorandums of Understanding (MOU) from up to three non-applying organizations indicating agreement with the activities and partnership. Applications must include letters of support from key partners. The letters must be on the partner organization's letterhead and include the signature, name, and title of the organization representative. The letters do not count toward the Project Narrative page count.

5. Organizational Capacity and Readiness

Applicants must describe their organization's capacity to complete their proposed program activities. This must include identification of staff and partners who will implement and support activities, including a description of roles and responsibilities, back-up staff who will assist in carrying out essential functions in the event of a vacancy or leave of absence, and other funding sources or sources of financial support and successful past work that describes similar activities and evaluation. This section must convey the ability of Applicants to successfully implement activities, if funded, and adhere to the contractual, fiscal, and program reporting requirements of CDPH as outlined in this RFA.

6. Program Objectives

Applicants must develop objectives based on clearly identified required strategies they will accomplish during the funded period. Objectives must be Specific, Measurable, Action-oriented, Realistic, and Time-bound (SMART) in accordance with the Work Plan. The objectives should summarize the work that will be accomplished, align with the Required Strategies and Community Need, and clearly indicate how health equity will be incorporated.

D. Work Plan

Applicants are required to submit a Work Plan that outlines the program objectives, activities, responsible parties, timeline, and deliverables being proposed. The Work Plan should be for the entire three-year period. The Work Plan for the first grant year must be detailed; years two and three, can be high-level. CDPH will require grantees to provide a detailed Work Plan for grant years two and three prior to the beginning of each corresponding grant year and by a date determined by CDPH. See Attachment D for the Work Plan template.

E. Evaluation Plan Narrative (Page limit: Two (2) pages)

Applicants are required to submit a proposed Evaluation Plan Narrative that aligns with the Project Narrative and Work Plan. See Attachment E for the Evaluation Plan Narrative application template.

In a narrative format, provide a description for the following information:

1. Evaluation aims and hypotheses
  - a. Provide statements regarding the overall goal and purpose of the evaluation
  - b. Provide statements regarding any hypothesized impacts of the program
2. Process and outcome evaluation activities
3. Evaluation metrics
4. How evaluation results will be used to improve or tailor the program
5. Potential challenges that may hinder the evaluation process
6. The evaluation timeline, including the timeline for sharing information with the Program Evaluator

Example evaluation metrics:

1. Provide education programs in schools example metrics: number schools using evidence-based educational programs to prevent substance use and misuse.
2. Increase testing abilities for fentanyl example metrics: number of narcotics testing programs at overdose prevention programs.
3. Support overdose prevention and recovery programs example metrics: number of opioid antagonist doses distributed, number of new organizations with opioid antagonist policies.
4. Increase social services and substance use recovery services example metrics: number of new programs implemented; number of individuals served.

F. Evaluation Logic Model (Page limit: One (1) page)

Provide a graphic illustration of the program inputs, activities, and outputs, along with their corresponding short, intermediate, and long-term outcomes. See Attachment F for Evaluation Logic Model template.

G. Budget Detail

The three-year Budget Detail must be submitted using the budget template provided by CDPH; see Attachment G for the template. Round all dollar amounts and percentage figures to whole numbers (do not enter cents).

The Budget Detail includes categorical and line-item descriptions (the costs identified in the template are examples only). Complete all sections of the budget according to the template instructions, estimating costs and personnel/positions according to the Applicant's operating needs. Applicants can add additional lines or categories as needed. Approved Budget Details must not be modified.

The total amount requested can be a maximum of \$427,000 per grant year for three years and should follow the grant years of January 1, 2024 – December 31, 2026.

The Budget should include, but is not limited to, the following:

1. Personnel
  - a. Include job category or classification, do not include staff names.
  - b. Indicate total annual salary or salary range for full time equivalents (FTEs).
  - c. Indicate percentage of time the position will be utilized on this project.
  - d. Indicate the amount requested per position based upon the annual salary ranges and total amounts.
2. Operating Expenses
  - a. This should include all costs except for personnel.
  - b. Funds cannot be used for purchase or renovation of buildings, facilities or land.
  - c. Funds can be used to purchase major equipment used for drug checking activities, if in line with the scope of work, and with advance, written approval from CDPH. Equipment must be purchased in compliance with all state procurement requirements, including competitive bid. Major equipment is defined as property with a unit cost over \$5,000 with a life expectancy of one or more years.
  - d. Acceptable subcategories may include:
    - 1) **General office expenses:** Includes office supplies, books, manuals, publications, and minor equipment (unit cost under \$5,000). These expenses must be itemized identifying the cost for each.
    - 2) **Other expenses:** Includes utilities, telephone, space, insurance, equipment rental, postage, and duplication. These expenses must be itemized identifying the cost for each.
    - 3) **Travel:** Mileage, hotel, and per diem are capped at current [California Department of Human Resources rates](#). Mileage should indicate the number of miles for ground transportation and rate per mile (65.5 cents per mile in 2023). Hotel should include the number of nights, location, and cost per night. Per diem should specify the number of days and rate per day. Airfare, if necessary, is limited to the most reasonable, low-price option available; indicate the number and destination of trips and expected cost per trip. No out-of-state travel is allowed without prior written approval of CDPH.

- 4) **Subgrantee:** Applicants planning to use subgrantees in the performance of the work must identify each proposed subgrantee, if known, at the time of application submission; describe each known subgrantee's expertise; and describe the responsibilities to be assigned to each subgrantee. Include a description of plans for overseeing the performance of subgrantees. Include in the application the subgrantee's title, hourly rate, and number of hours to be worked (e.g., per week, per month). Next to the subgrantee's name, list the Work Plan goal and objective of each subgrantee's responsibilities.
- 5) **Staff training:** Costs and fees for meetings, trainings, and conferences attended by project staff are reimbursable. Applicants shall obtain prior CDPH approval of the location, costs, dates, agenda, instructors, instructional materials, and attendees at any reimbursable training seminar, workshop, or conference conducted pursuant to this Agreement. This provision does not apply to necessary staff meetings or training sessions held for the Applicant's staff or subgrantee in order to conduct routine business matters.
- 6) **Equipment:** Equipment is allowable if justification is provided to explain the need and how equipment will be used to achieve project goals. Applicants shall obtain written prior CDPH approval of the purchase and provide documentation of competitive procurement upon request. Award of the grant does not constitute approval of the specific equipment purchase.
- 7) **Indirect costs:** Express as a percentage rate and total and specify how total costs were calculated. These are overhead costs that are not directly identifiable to the Applicant or to the Applicant's project and are generally expressed as a percentage of total personnel costs. Applicants may not exceed the county's 2023-24 CDPH approved Indirect County Rates (IDR)(Attachment N). The IDR must not exceed the percent listed on the IDR for your county of the Total Personnel Services (Personnel Costs plus Fringe Benefits).

CDPH will not reimburse for meals or refreshments served at meetings, workshops, training sessions, etc. conducted by Applicant or subgrantees. Applicant and subgrantees cannot use funding for lobbying activities. Promotional items ("swag") are also not reimbursable. Incentives may be reimbursable with CDPH prior approval if the item is not related to cannabis, tobacco, alcohol, or other substances.

#### H. Budget Narrative

Applicants should provide a Budget Narrative for all three years with a brief explanation of each line item on the Budget Detail (Attachment G). See Attachment H for the Budget Narrative template.

The Budget Narrative should align with and justify the Work Plan, Project Narrative, and Evaluation Plan. CDPH reserves the right to seek clarification regarding a budget item or deny requests for any item listed in the budget that is deemed unnecessary for the implementation of the project.

### **Part 3. Application Submission Requirements**

#### **A. Mandatory Non-Binding Letter of Intent**

Entities that intend to apply are required to submit a Letter of Intent by the deadline listed in Part 1, Section H, Table 1. RFA Schedule. Letters of Intent received after the deadline will not be accepted. Applications submitted from entities that have not submitted a Letter of Intent by the deadline will not be reviewed by CDPH.

Letters of Intent are non-binding and entities that submit a letter are not obligated to submit an application.

Letters of Intent must be an email to [OPI@cdph.ca.gov](mailto:OPI@cdph.ca.gov) with the subject line “Fentanyl Overdose Prevention Grant” that includes a PDF attachment:

1. The Applicant’s name (organization name)
2. Service area(s)
3. The name, position title, email address, and phone number of a contact person at the applicant organization
4. Name and signature of an authorized agency signatory or official agent

#### **B. Instructions for Submission**

Applicants must submit application materials by the deadline listed in Part 1, Section H, Table 1. Tentative RFA Schedule. Applications received after this deadline will not be accepted or reviewed. Applicants are responsible for ensuring materials are received by CDPH by the deadline.

Applications must be submitted electronically to [OPI@cdph.ca.gov](mailto:OPI@cdph.ca.gov). Applications should include each Required Application Document as a separate attachment and following this naming convention: “Organization Name Attachment Letter: Title of Attachment”. For example: “CDPH\_C: Project Narrative”. When submitting multiple emails with attachments, each email should be numbered. For example, an email with the subject “CDPH RFA Application #2”, would indicate it is the second email with application materials.

It is the sole responsibility of the Applicant to ensure that CDPH receives the application by the stated deadline. Each application received by the due date and time will be reviewed for completeness and compliance with the instructions provided in this

document. Incomplete, late, or non-compliant applications will not be reviewed or considered for funding.

It is important to note that there is no guarantee that submission of an application will result in funding, or that funding will be allocated at the level requested. Expenses associated with preparing and submitting an application are solely the responsibility of the applicant organization and will not be reimbursed by CDPH.

## Part 4. Selection Review Process

### A. Application Review Process

CDPH will review applications that were received on time by the submission deadline listed in Part 1, Section H, Table 1. RFA Schedule.

### B. Selection Criteria

Applications will be scored on the Project Narrative, Evaluation Plan, Work Plan, Budget Detail, and Budget Narrative. A total of 100 points is possible for each application. Six (6) applications, two from each Northern, Central Valley, and Southern California, with the highest scores will receive funding. Projects failing to score a minimum of 70 points will not be considered for funding.

#### Project Narrative

Scoring Criteria	Possible Points
<u>Community Need (See Part 2. C. Project Narrative, item 1)</u> <ul style="list-style-type: none"><li>Effectively describes the extent of fentanyl and other drug-related overdoses within the community using data and references.</li><li>Extent of need for the proposed activities using data and sources (e.g., Applicant's County had the highest rate of fentanyl-related overdoses in California in 2021).</li><li>Extent to which descriptions of evidence-based approaches, evidence-informed approaches, or promising practices that inform the proposed activities are included. Descriptions of the activities are included.</li><li>Effectively describes the rationale for Work Plan objectives and activities.</li></ul>	20
<u>Priority Populations (See Part 2. C. Project Narrative, item 2)</u> <ul style="list-style-type: none"><li>Describes the priority population(s) the activities are reaching, including projected number of individuals served/reached.</li></ul>	5

<ul style="list-style-type: none"> <li>• Describes how the priority population(s) were identified (e.g., based on disproportionate morbidity/mortality)</li> <li>• Extent to which there is a need for reaching the selected priority population(s).</li> </ul>	
<u>Impact of Activities (See Part 2. C. Project Narrative, item 3)</u> <ul style="list-style-type: none"> <li>• Effectively describes how activities will accomplish the identified strategies and outcomes listed in the logic model.</li> <li>• Extent to which community and priority populations will reasonably be impacted.</li> </ul>	5
<u>Collaboration and Partnerships (see Part 2. C. Project Narrative, item 4)</u> <ul style="list-style-type: none"> <li>• Extent to which the Project Narrative identifies diverse partnership organizations and collaborations that serve to enhance the quality of the project.</li> <li>• Extent to which Letters of Support from key partners (no more than three) support the overarching goals of the project.</li> <li>• Extent to which the Project Narrative describes and delineates the roles and responsibilities between the Applicant and any partnerships/collaboration.</li> </ul>	10
<u>Organizational Capacity and Readiness (See Part 2. C. Project Narrative, item 5)</u> <ul style="list-style-type: none"> <li>• Extent to which the Project Narrative describes how the organizational capacity, structure, and/or experience will lead to successful activity and evaluation implementation.</li> <li>• Extent to which the Project Narrative identifies key staff and partners who will implement and support activities and evaluation, including a description of roles and responsibilities.</li> <li>• Extent to which the Project Narrative describes the ability of the Applicant, if funded, to adhere to the contractual, fiscal, and program reporting requirements of CDPH and as outlined in this RFA.</li> </ul>	5
<u>Program Objectives (See Part 2. C. Project Narrative, item 6)</u> <ul style="list-style-type: none"> <li>• Extent to which the Project Narrative identifies appropriate SMART annual objectives that address both the community and priority population(s) and clearly align with the Required Strategies and the Work Plan.</li> <li>• Extent to which objectives incorporate health equity</li> </ul>	10
<b>Section Total Points</b>	<b>55</b>

#### Work Plan

<b>Scoring Criteria</b>	<b>Possible Points</b>
-------------------------	------------------------



Includes appropriate SMART objectives for the three-year period that address the need outlined in the narrative. Work Plan activities support and align with the SMART objectives.	5
Extent to which objectives can reasonably be assumed to achieve the impacts outlined in the narrative.	5
Identifies appropriate objectives based on the designated strategies.	5
Effectively integrates the required Success Stories to highlight accomplishments, health equity, and multi-sector collaboration.	5
<b>Section Total Points</b>	<b>20</b>

#### Evaluation Plan

<b>Scoring Criteria</b>	<b>Possible Points</b>
The Evaluation Plan Narrative includes appropriate process and outcome evaluation activities for measuring the evaluation metrics and an appropriate timeline for collecting data and sharing data with the Program Evaluator. Evaluation metrics are appropriate and align with the Project Narrative.	4
The Evaluation Plan Narrative describes, in adequate detail, clear goals, purpose, aims, and evidence-based or promising hypothesis, and how evaluation results will be used to improve or tailor the program.	3
The Evaluation Logic Model aligns with the Project Narrative, overall Evaluation Plan, and outlines appropriate short, intermediate, and long-term outcomes.	3
<b>Section Total Points</b>	<b>10</b>

#### Budget and Budget Narrative

<b>Scoring Criteria</b>	<b>Possible Points</b>
The Budget demonstrates responsible stewardship of funds. Expenses align with proposed activities and adequate staffing to support programmatic work.	5
The Budget was completed correctly and provides a complete budget narrative for all three years of funding with a brief description for each line item.	5
The Budget Narrative aligns with the Work Plan, Project Narrative, and Evaluation Plan.	5
<b>Section Total Points</b>	<b>15</b>

### C. Notice of Intent to Award

CDPH will post a Notice of Intent to Award on the date listed in Part 1, Section H, Table 1. RFA Schedule.

### D. Award Appeal Procedures

An Applicant who has submitted an application and was not funded may file an appeal with CDPH. Appeals must state the reason, law, rule, regulation, or practice that the Applicant believes has been improperly applied regarding the evaluation or selection process. There is no appeal process for applications that are submitted late, are incomplete, or did not have an accompanying Letter of Intent submitted by the deadline.

Appeals shall be limited to the following grounds:

- a) CDPH failed to correctly apply the application review process, the format requirements, or to evaluate the applications as specified in the RFA.
- b) CDPH failed to follow the methods for evaluating and scoring the applications as specified in the RFA.
- c) Appeals must be sent by email to [OPI@cdph.ca.gov](mailto:OPI@cdph.ca.gov) and received by October 30, 2023, by 5:00 p.m. PST. The CDPH Center for Healthy Communities Assistant Deputy Director of Operations, or designee, will decide the outcome of the appeal based on the written appeal letter. The decision of the Assistant Deputy Director, or designee, shall be the final remedy. Appellants will be notified by email within 15 days of the consideration of the written appeal letter. CDPH reserves the right to withdraw, or respond, to the satisfaction of CDPH.

## Part 5. Required Attachments

Attachment A. Application Checklist

Attachment B. Grantee Information Form

Attachment C. Project Narrative

Attachment D. Work Plan

Attachment E. Evaluation Plan Narrative

Attachment F. Evaluation Logic Model

Attachment G. Budget Detail

Attachment H. Budget Narrative

Attachment I. Contractor Certification Clause

Attachment J. STD 204 Payee Data Record

Attachment K. CDPH 9083 – Government Agency Taxpayer ID Form

Attachment L. DGS PD 1 – Darfur Contracting Act

Attachment M. 501(C)(3) Document

Attachment N. 2022-23 Indirect County Rates

Attachment O. County Map