REQUEST GRANT FOR PROPOSALS

2020

OD2A SUPPLEMENT FUNDS
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REQUEST FOR GRANT PROPOSALS

APPLICATION DEADLINE: FRIDAY, MARCH 13, 2020 @ 3:00 P.M.

PLEASE READ VERY CAREFULLY

The Utah Department of Health Violence and Injury Prevention Program (VIPP) is requesting proposals for additional Overdose Data to Action Grant funds.

The overarching goals of the CDC Overdose Data to Action Grant, include the following:

**Goal 1: Surveillance**

**Goal 2: Prevention**

The prevention component of this cooperative agreement is where this RFP is focused. States and local communities play an important role in preventing opioid overdoses and related harms. A primary focus of this RFP is to provide local communities with the support and resources needed to implement comprehensive strategies that prevent morbidity and mortality associated with overdoses. Integrating and empowering state, local and community-level prevention is a key component to effective prevention of opioid-related overdose and opioid related harms such as Neonatal Abstinence Syndrome, HIV, viral hepatitis, and other infectious disease complications. Given the complexity and reach of the opioid overdose epidemic, it is important that interventions are primed for success through effective collaborations between state and local agencies and other relevant stakeholders. This strategy allows applicants to propose activities in three general categories:

- Explicit efforts to better integrate state and local prevention efforts.
- Capacity building for more effective and sustainable surveillance and prevention efforts.
- Prevention and response strategies at the state and local level.

FUNDING INFORMATION

A total of $600,000 is available for the RFP for the entire grant period which is $200,000 per project period. The number of awards is expected to be between 2 and 3.

Applicants must submit program and budget proposals reflecting programming for the funding period of April 1, 2020 through August 31, 2022.
FUNDING DATES:

1st Year of Funding: 4/1/2020-8/31/2020*         *Note: Shorter time period

2nd Year of Funding: 9/1/2020-8/31/2021

3rd Year of Funding: 9/1/2021-8/31/2022

SUBMISSION DETAILS

Applications must be submitted to the U3P/Sciquest portal by FRIDAY, MARCH 13, 2020 @ 3:00 P.M. Applications without all requested documentation will not be considered. Please follow this link and search for “Overdose Data to Action” or “RS20-10”. When you click on “Respond Now” it will prompt you to register if you haven’t already.

The VIPP has established a panel of experts who will review the applications and assign a score to each section of the application. An evaluation of each individual application will be based upon the criteria listed below in conjunction with the below sections 1-6:

- The extent, to which the project is reasonable, utilizes a public health framework, addresses prevention at multiple levels (individual, community, society, policy), includes an evaluation plan, utilizes best practice principles and/or curriculum, and contributes to reducing opioid related harms in Utah;
- The extent to which the estimated cost of the project is reasonable, considering the anticipated results;
- The extent to which the project personnel are well qualified by training and/or experience for their roles in the project and the applicant organization has adequate facilities and personnel; and;
- The degree of progress made on any current contract held with the UDOH/VIPP, if applicable.

Please see the scoresheet located in the Buyers Attachment Section for a complete breakdown.

APPLICATION DETAILS
Applications must be submitted to the U3P Portal, before 3:00 P.M., FRIDAY, MARCH 13, 2020. The application package MUST include:

- One original application signed by the registered agent for the agency. The person signing must be listed as the Registered Agent on the Utah Department of Commerce, Business Entity Search [https://secure.utah.gov/bes/action/index](https://secure.utah.gov/bes/action/index).
- Applications must be submitted to the U3P Portal before 3:00 P.M., FRIDAY, MARCH 13, 2020, without exception. Applications that do not meet these requirements will not be reviewed. Please follow this link and search for “Overdose Data to Action” or “RS20-10”. When you click on “Respond Now” it will prompt you to register if you haven’t already.

The Request For Grant Proposals, Form 1 (Cover Sheet), Form 2 (Budget Sheet), and UDOH General Provisions can be found at the following links:


https://drive.google.com/drive/u/1/folders/15T2d3B7AO99cvchSkeYitWqlDvlEXcfH

**CONTACTS**

The VIPP encourages any organization needing assistance with the application to contact Lauren Radcliffe at (385) 303-2303 / lradcliffe@utah.gov or Anna Fondario at (801) 538-6201 / afondario@utah.gov.
INTRODUCTION AND MISSION

Opioid overdoses are the leading cause of injury deaths in Utah, surpassing falls, firearm, and motor vehicle crash deaths. The Utah Department of Health Violence and Injury Prevention Program (UDOH/VIPP) is requesting proposals from local governmental agencies and non-profit organizations to implement activities that advance the goals of the Overdose Data to Action (OD2A) federal funding opportunity. Please note, this is additional funding to the OD2A grants, whose funding started on 9/1/2019.

Funding can be used to implement strategies that prevent opioid overuse, misuse, use disorder, overdose, and opioid-related harms at the community level. Interventions of priority will address drivers of both prescription and illicit opioids, and may address other prescription or illicit drugs to the extent that they are associated with the opioid overdose epidemic. Community level interventions can include harm reduction approaches, infectious disease prevention, and linkage to care services. Funds CANNOT be used for purchasing naloxone, implementing or expanding drug “take back” programs or other drug disposal programs (e.g. drop boxes or disposal bags), purchasing fentanyl test strips, or directly funding or expanding direct provision of substance abuse treatment programs.

The purpose of this RFP is to provide funding support to agencies to facilitate the implementation of activities at the community level through a reimbursement contract. The UDOH/VIPP is authorized to allocate and administer funds to advance the community level efforts through a federal grant from the CDC. These funds will support and strengthen efforts related to opioid misuse and overdose prevention in Utah.
TIMELINE

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 10, 2020</td>
<td>Request for grant proposals released</td>
</tr>
<tr>
<td>February 20, 2020</td>
<td>RFP Questions Call with VIPP</td>
</tr>
<tr>
<td></td>
<td>9 – 10 am</td>
</tr>
<tr>
<td>March 13, 2020</td>
<td>Applications must be submitted to U3P Portal by 3:00 pm</td>
</tr>
<tr>
<td>March 17, 2020</td>
<td>Applications reviewed</td>
</tr>
<tr>
<td>March 18, 2020</td>
<td>Awardees will be notified via e-mail</td>
</tr>
<tr>
<td>March 24, 2020</td>
<td>Awardees call to discuss contract, work plan, and budget revisions</td>
</tr>
<tr>
<td>March 31, 2020</td>
<td>Revisions due</td>
</tr>
<tr>
<td>April 1, 2020</td>
<td>Funding begins</td>
</tr>
</tbody>
</table>

AUTHORIZATION

The VIPP is authorized to allocate and administer funds for overdose prevention and intervention through a Cooperative Agreement with the CDC. These funds will strengthen overdose prevention efforts through the provision of grants to community-based organizations to provide overdose prevention and intervention aimed at decreasing the number of overdoses. Funds are available as specified in this Request for Proposal (RFP) for overdose prevention and intervention programs.

FUNDING PURPOSE

The purpose of the RFP is to advance the Integration of State and Local Prevention and Response Efforts.

STRATEGIES AND RECOMMENDED ACTIVITIES
The following are strategies and recommended activities that can be implemented with funds from this RFP for Strategy 5. This information came directly from the CDC Notice of Funding Opportunity. Applicants can propose activities that are not listed below – please provide detail on how these activities support **Integrating State and Local Prevention and Response Efforts**.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Recommended Activities from the CDC</th>
</tr>
</thead>
</table>
| Explicit efforts to better integrate state and local prevention efforts   | Establishment of MOUs that demonstrate collaboration to develop products (toolkits, action guides, TA resources, coalitions). Establishment and ongoing support of an overdose fatality review committee. Establishment and ongoing support of an “Rx Stat Development and Implementation Model”:
  Implementation of a comprehensive strategic plan or establish a coordinated rapid response to spikes.                                                                                                                                         |
| Capacity building for more effective and sustainable integrated surveillance, prevention, and response efforts | Creation of a multi-disciplinary data-focused group convening stakeholders from local public health and local public safety by focusing on post – overdose protocols. Provision of TA and other supports for practitioners implementing evidence-based interventions in high-burden communities and counties.                                                                                      |
| Prevention and response strategies at the state and local level           | Implementation of community-level interventions in state “hot spots” or high burden / spike areas. Evidence-based strategies from peer-reviewed literature such as:
  Enhancing public health access and application of data from multiple sources.                                                                                                           |
Targeted naloxone distribution (training, tracking, resource mapping, evaluation). Please note that the purchase of naloxone is not supported by this funding opportunity, however, provision of auxiliary services to organizations and agencies responsible for naloxone purchase to support appropriate distribution and implementation is authorized. Such auxiliary services include naloxone training and awareness, tracking, resources mapping and evaluation efforts.

The following are the short-term, intermediate, and long-term outcomes that are expected from community level interventions and example measures:

<table>
<thead>
<tr>
<th>Short-term Outputs / Outcome</th>
<th>Intermediate Outcomes</th>
<th>Long-term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased local and state capacity for sustainable surveillance and prevention efforts</td>
<td>Decrease in high risk prescribing behaviors</td>
<td>Decreased rate of opioid misuse and opioid use disorder</td>
</tr>
<tr>
<td>Increase understanding of context, resources, and needs in city/county/state</td>
<td>Greater awareness of opioid overdose epidemic by state health departments, with respect to burden and resources, including at the city/county level</td>
<td>Increase provision of evidence-based treatment for opioid use disorder</td>
</tr>
<tr>
<td>Increase understanding of evidence-based, scalable response approaches</td>
<td>Increased state involvement in local-level prevention efforts for both prescription and illicit opioids</td>
<td>Decreased rate of ED visits due to misuse or opioid use disorder</td>
</tr>
<tr>
<td>Increased focus on highest risk groups</td>
<td>Increase preparedness and improved response for both prescription and illicit opioids, among both state and local partners</td>
<td>Decreased drug overdose death rate, including prescription and illicit opioid overdose death rates</td>
</tr>
</tbody>
</table>

**Example Measures:**
- # of trainings and technical assistance requests provided
- Number of MOUs with relevant local health departments and/or

**Example Measures:**
- Number of prescribers trained or provided TA
- Number and proportion of prescribers implementing evidence-based practices
stakeholders (for TA, tools and resources, etc)

- Number of overdose review committee / RxStat Meetings and/or reports

Number of tools and resources generated for prescribers, public, patients, partners, etc.

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ELIGIBILITY FOR APPLICATIONS

1. Applicants must be local governmental agencies or non-profit organizations.

2. An applying agency must abide by the UDOH General Provisions.

3. Applicants MUST be in good standing with the UDOH/VIPP by demonstrating that they have submitted any required documentation and reports by their due date and are showing satisfactory progress on any current contracts.

4. The original application must be signed by the authorized business official for the agency. The person stated on the Utah Department of Commerce, Business Entity Search > https://secure.utah.gov/bes/action/index as the Registered Agent is the Authorized Agent of Corporation.

5. Application must be submitted by the due date listed on the solicitation.

6. Assurances and W-9 form must be included in original application.

7. Requests over $100,000.00 / budget period will not be reviewed.

8. Indirect cost rate cannot exceed 15%.

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METHODS AND STRATEGIES

Applicants must demonstrate the use of widely accepted and proven methods and strategies. These methods/strategies include:
• **Evidence-based:** Grantees are strongly encouraged to use the best available evidence for program planning and development. Activities must be evidence-based (have evaluation and research data on the effectiveness of a certain program or strategy) or documented promising practice. Local and published data, such as data from reports or surveys can be good sources for program planning. Published data can be helpful in identifying risk and protective factors and risk groups for prescription drug abuse. Risk groups are identified by demographic variables that are not easily changed such as gender, race, or age. Risk and protective factors are characteristics of either the person or their environment that are more easily modified such as attitudes, beliefs, and behaviors.

• **Developmentally appropriate materials and approaches:** Applicants should demonstrate use of materials that are developmentally appropriate for the targeted population. The use of developmentally appropriate approaches takes into account the level of physical, social, emotional, and intellectual development of the participants.

• **Inclusion of post-session materials:** Applicants should incorporate use of informational materials into proposed activities. Research shows that informational materials should be provided as learning reinforcement in addition to educational seminars and trainings.
  o Stop The Opidemic Materials are available for order.

• **Partnerships and Collaboration:** Applicants should demonstrate collaboration with other organizations to share resources and integrate messages into existing systems. Partnership and collaborative efforts can enhance program capacity to achieve intended outcomes.

• **Nine principles of prevention:** Applicants should make every effort to incorporate the nine principles of prevention into prevention efforts. Nine characteristics have been consistently associated with effective prevention programming. Effective programming includes:
  o Comprehensive strategies;
  o Varied teaching methods;
  o Sufficient dosage;
  o Theory driven;
  o Opportunities for positive relationships;
  o Appropriately timed;
  o Socio-culturally relevant;
  o Outcome evaluation; and
  o Well-trained staff.

Activities or areas that **will not** be considered as an allowable cost in award of funds are:
• Direct intervention or treatment services;
• Projects/services which duplicate existing training, education, or services in a geographic area;
• Purchase of clothing, food, shelter, intervention support groups, therapy, or similar costs;

Funds are not used:

• For drug take back events, medication drop boxes, purchase of naloxone, directly funding substance abuse treatment programs.
• For lobbying purposes, fundraising activities or political education. Lobbying includes any effort to influence legislative action, including local ordinances. Positions supported with OD2A funds cannot be lobbyists;
• For building alterations, renovations or construction;
• To supplant on-going or usual activities of any organization involved in the project;
• To purchase or improve land, or to purchase, construct, or make permanent improvements to any building;
• To reimburse pre-award costs;
• For the purchase of furniture or equipment;
• For out of state travel expenses.

**PROPOSAL APPLICATION**

Proposals must adhere to the requirements set forth by the VIPP. Proposals that do not conform to these requirements will not be considered. These requirements are:

Please follow this [link](#) and search for “Overdose Data to Action” or “RS20-10”. When you click on “Respond Now” it will prompt you to register if you haven’t already. **PROPOSALS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.**

Application format:

• The name of the organization and page numbers should appear on every page of the application.
• All text should be produced in a 12-point font, Times New Roman and double-spaced.
• Applications should include the required information described below in the order specified.
Applications should include the required information below. Pages must be numbered.

**SECTION ONE: FORMS (10 POINTS)**

- Cover Sheet (Form 1)
- Budget Sheet (Form 2)
- W-9

**SECTION TWO: IDENTIFY THE PROBLEM (10 POINTS)**

This section should provide an overview of the problem being addressed (as it is specific to applying organization) and the target population.

- **Problem Statement**: Describe the problem that prompts the applicant to propose the project. Provide data regarding the nature and extent of the identified problem. The identified problem must be related to the program’s goals and objectives.

- **Target Population**: Indicate the target population that your project will serve (i.e., adult, youth and/or underserved). Describe the target community including its location, population, geographic nature (i.e., rural, urban or combination) and other relevant demographic and geographic information.

**SECTION THREE: COLLABORATION (15 POINTS)**

This section should identify and describe the role of any collaborative efforts with other agencies necessary for the completion of the project. A summary of collaborative efforts, and how noted efforts will fulfill grant activity requirements are requested.

- Participation in the UCO-OP Steering Committee, and participation in at least two workgroups held within the UCO-OP Steering Committee.

Technical Assistance provided by Utah Department of Health will include the following:

- Data analyzed by Utah small area will be shared with OD2A grantees, grantees will identify area resources, and collect stories.
• Assist grantees in facilitation and dissemination of media releases of data and publications.
• Collaborate with OD2A grantees to identify areas of high prescribing for academic detailing.
• Provide technical assistance to revise annual work plans.
• Provide assistance in advancing program activities to achieve project outcomes.
• Provide scientific subject matter expertise and resources.
• Collaborate with awardees to develop evaluation plans that align with CDC evaluation activities.
• Provide technical assistance on awardee’s evaluation and performance measurement plan.
• Provide technical assistance to define and operationalize performance measures;
• Facilitate the sharing of information among grantees.
• Translation and dissemination of lessons learned through publications, meetings, surveillance measures and other means on promising and best practices to expand the evidence base.

SECTION FOUR: PROJECT PLAN (20 POINTS)

This section is an illustration of what the applicant proposes to accomplish over the grant period; and should include goal 2, prevention, noted on page 3. Applicants should describe major goals and measurable objectives for the program.

Goals: Provide a brief description of the organization’s goals, which should be broad statements of what the organization plans to accomplish with the funds.

Objectives: A useful framework for developing goals and objectives is the SMART method.

Objectives should be SMART— that is, Specific, Measurable, Achievable, Realistic, and Time-phased. Objectives are statements that describe program results to be achieved and how they will be achieved.

• Specific objectives include who will be targeted and what will be accomplished.
• Measurable objectives include how much change is expected specifically enough that achievement of the objective can be measured through counting or documenting change.
• Achievable objectives can be realistically accomplished given your program’s existing resources and constraints.
• **Realistic objectives** address the scope of the health problem and propose reasonable programmatic steps.
• **Time-phased objectives** provide a timeline indicating when the objective will be met.

**Outcome Statement:** How will the problem have improved at the end of grant cycle? List anticipated changes in participants (e.g., decrease in emergency department visits at local hospitals for prescription drug overdose), organizations or other targets such as a change in policy or protocol.

### SECTION FIVE: CAPACITY, SUSTAINABILITY, AND REPORTING (20 POINTS)

This section should illustrate the applying organization’s capacity and its ability to fulfill the activities of this project. This section also must identify reporting plans. Include the following information:

• Detailed explanation of the ability of agency/staff to accomplish the goals and objectives.
• Detailed explanation of any anticipated barriers to achieving goals and objectives.
• Detailed plan describing the commitment to building capacity and sustainability.

Please note; Bi-Annual and Annual Reports are due on the following dates:

1st Year of Funding: 6/30/2020 & 8/31/2020
2nd Year of Funding: 2/28/2021 & 8/31/2021
3rd Year of Funding: 2/28/2022 & 8/31/2022

### SECTION SIX: BUDGET SUMMARY (15 POINTS)

This section should demonstrate how funds will be allocated. All funds budgeted in the grant must be supported by the project plan. Complete the Budget Sheet (Forms 2). Each budget item must be fully justified and/or explained in the detailed budget narrative. Requests over $100,000.00 /per budget period will not be reviewed. A budget period is a year funding period. Year funding periods are as follows:

1st Year of Funding: 4/1/2020-8/31/2020
2nd Year of Funding: 9/1/2020-8/31/2021
3rd Year of Funding: 9/1/2021-8/31/2022
SECTION SEVEN: PROGRAM ADMINISTRATION (10 POINTS)

This section should outline the management structure and organizational capability for program implementation and the extent to which the project personnel are qualified. Include the following information:

- Organizational chart with names and titles.
- Personnel job descriptions, qualifications, and any background relevant to prescription drug abuse and overdose prevention.

REVIEW PROCESS

All applications will be reviewed by the RFP Allocation Committee on March 17, 2020.

Awardees will be notified by email March 18, 2020.

VIPP Conference calls with agencies selected for award to discuss any work plan and budget revisions will be held on March 24, 2020.