

# STIMULANT USE PREVENTION AND TREATMENT IN COMMUNITIES OF COLOR

REQUEST FOR APPLICATIONS

APRIL 2021



**T H E C E N T E R**  
*at Sierra Health Foundation*

**MAT** access  
points  
project

This funding opportunity is provided by The Center at Sierra Health Foundation with funding from the State of California's Department of Health Care Services.

The Center at Sierra Health Foundation is an independent 501(c)(3) nonprofit organization bringing people, ideas and infrastructure together to create a collective impact that reduces health disparities and improves community health for the underserved living in California.

For information about The Center, visit [www.shfcenter.org](http://www.shfcenter.org).

# READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY

## ORGANIZATION AND GRANT BACKGROUND

Sierra Health Foundation: Center for Health Program Management (The Center) was founded by Sierra Health Foundation in 2012 as an independent 501(c)(3) nonprofit organization. With offices in Sacramento and Fresno, The Center pursues the promise of health and racial equity in communities across California. Leveraging leadership, operational and funding support from Sierra Health Foundation and its partners, The Center establishes investment partnerships with public and private funders; community members; community organizations; national, state, and local government agencies; nonprofits; and businesses to advance health equity.

The **Stimulant Use Prevention and Treatment in Communities of Color** project is a funding opportunity that is part of the Department of Health Care Services' Medication Assisted Treatment (MAT) Access Points Project, which is funding a network of organizations throughout California to address the opioid and stimulant use crisis by supporting and expanding prevention, education, stigma reduction, harm reduction, treatment and recovery services for people with opioid use disorder (OUD), stimulant use disorder, and substance use disorder (SUD). The MAT Access Points Project is creating a community of practice that lifts up and makes available racially and culturally responsive population-based and place-based approaches for California's most underserved communities.

The MAT Access Points Project is a component of the MAT Expansion Project, which is funded by the State Opioid Response grant from the Substance Abuse and Mental Health Services Administration (SAMSHA). Accordingly, contract agreements will include standard federal rules and regulations, notably [2 CFR 200](#), [45 CFR Part 75](#), and applicable rules and regulations from the State of California.

The Center will incorporate the applicable federal and state rules and regulations into the terms and conditions of the contract agreements.

## GLOSSARY

**Addiction:** The chronic neurobiological disorder centered on a dysregulation of the natural reward system. See video on rethinking addiction:

<https://www.youtube.com/watch?v=bwZcPwIRRcc&feature=youtu.be>

**Stimulants:** Stimulant drugs encompass the amphetamine-type stimulants as well as the various forms of cocaine-derived products (e.g., powder cocaine, crack). Amphetamine-type stimulants include methamphetamine (crystal, crank, speed, ice) as well as prescription medications primarily used for the treatment of attention-deficit/hyperactivity disorder (ADHD), such as amphetamine, methylphenidate, and dextroamphetamine. See the following for information on the treatment of stimulant use disorder:

[https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP20-06-01-001\\_508.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-001_508.pdf)

**Substance Use Disorder (SUD):** Problematic use of alcohol and/or substances causing significant problems, including health problems, disability, and failure to meet major responsibilities at work, school or home.

**Opioid Use Disorder (OUD):** A pattern of behavior characterized by craving, increased tolerance, withdrawal when use stops, and persistent use of opioids despite adverse consequences. This includes the misuse of prescription opioids and the use of heroin or fentanyl.

## FUNDING OPPORTUNITY AND BACKGROUND

This funding opportunity offers two application tracks: 1) prevention and 2) direct treatment services. The opportunity will support prevention and treatment programs addressing stimulant use in communities of color, particularly Black, American Indian and Alaska Native, and Hispanic/Latino, which have been disproportionately impacted by the War on Drugs and have experienced substantial stimulant-related overdose deaths.

People of color are more likely to face charges through the justice system related to substance use issues and are less likely to be offered treatment and recovery services. The COVID-19 pandemic has compounded substance use issues within communities of color and overdose deaths have reached historic levels.

2020 Q2 annualized quarterly rate of cocaine overdose deaths per 100,000 (Age-Adjusted):<sup>1</sup>

- Black/African American: 11.20
- Native American/Alaska Native: 7.88
- Hispanic/Latino: 2.05
- White: 3.56
- Asian/Pacific Islander: .85

2020 Q2 annualized quarterly rate of psychostimulant with abuse potential (excluding cocaine) overdose deaths per 100,000 (Age-Adjusted):<sup>2</sup>

- Black/African American: 16.88
- Native American/Alaska Native: 29.72
- Hispanic/Latino: 6.96
- White: 13.20
- Asian/Pacific Islander: 2.71

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<sup>1</sup> CA Opioid Overdose Dashboard <https://skylab.cdph.ca.gov/ODdash/>

<sup>2</sup> Ibid.

## **SCOPE OF WORK**

Activities implemented through this funding opportunity must be related to stimulant use prevention and education or treatment and should be primarily focused on one of two outcomes: 1) increased access to stimulant use prevention services and programs for and within communities of color in California, or 2) increased access to stimulant use treatment services for and within communities of color in California.

Prevention organizations must use the funding to increase community awareness, educate about stimulants, and provide linkages to resources and treatment services in communities of color. Treatment organizations must use this funding to increase access to evidence-based stimulant use disorder treatment services for communities of color.

It is important for funded partners to recognize and be responsive to the historic and ongoing trauma, systemic racism and criminalization of substance use that low-income and communities of color have faced. This trauma is perpetuated by the lack of investment in community-based prevention, intervention and treatment access, especially to culturally responsive, healing-centered and trauma-informed approaches, and through the cultural stigma related to seeking treatment in communities of color. Being mindful of this history and striving to create culturally and linguistically appropriate programming and materials is vitally important in this work. This funding opportunity is intended for organizations and partners who possess cultural humility, responsiveness and reflect the racial, ethnic and cultural community it intends to serve so that services are tailored while utilizing a stigma-reducing approach that addresses systemic and cultural barriers to stimulant use prevention and treatment.

Organizations should recognize the multitude of barriers to successful outreach and treatment, including language access, long treatment wait lists, cost, transportation, societal stigma and individual cultural barriers, among others. We request that providers have knowledge of the culture, the skill set to apply prevention and treatment interventions, an awareness of their own biases, and utilization of a whole person lens.

The contracts will be deliverable-based, meaning contractors need to demonstrate progress on process measures (e.g., number of outreach activities, number of referrals).

## **FUNDING INFORMATION**

Awarded funds will support stimulant use prevention and treatment in communities of color throughout the state.

There is \$5 million available to fund organizations for prevention activities and \$5 million for treatment activities. Organizations (legal entities) may not apply for both.

Applicants are required to adhere to the budget guidelines included in the Budget Template. Applicants must submit their proposed budgets in the template format. Applications that do not conform to this template will not be considered. All items budgeted must be inclusive of all costs, including taxes and fees, in U.S. dollars.

Applicants are required to submit a detailed cost budget to assist The Center in establishing cost reasonableness of the final fixed price amount awarded to the site, and the appropriate amounts for each deliverable payment made to the site. Consistent with a fixed price, deliverable-based agreement, applicants will receive fixed price amounts established for the successful completion of each negotiated deliverable, rather than payment for actual time and material costs incurred during the agreement period.

Applicants must abide by standard funding restrictions as determined by SAMHSA and as described in Appendix A.

Payment schedule: Payments will be issued based on the completion of a set of agreed-upon deliverables as defined in the contract. Each contract will be divided into three payments: (1) 50% upon execution of contract, (2) 40% based on achievement of initial progress report deliverables, and (3) 10% based on receipt and approval of final cumulative report, demonstrating completion of all deliverables. If a contractor achieves all required deliverables by the end of the contract, the entire contract amount will be paid (i.e., “make up” payments are allowed).

<b>STIMULANT USE PREVENTION AND TREATMENT IN COMMUNITIES OF COLOR</b>		
	<b>PREVENTION</b>	<b>TREATMENT</b>
<b>Description</b>	These grants are for organizations to implement stimulant use prevention and treatment services specifically for and within communities of color throughout California.	
<b>Amount Can Apply For</b>	<ul style="list-style-type: none"> <li>Up to \$100,000 for prevention activities from 7/1/2021-8/31/2022</li> <li>Up to \$250,000 for treatment activities from 7/1/2021-8/31/2022</li> </ul>	
<b>Examples</b>	<ul style="list-style-type: none"> <li>Training and funding for substance use navigators, behavioral health counselors, promotoras, cultural brokers or other community health worker models to incorporate stimulant use prevention into their workflow.</li> <li>Implement a stigma-reduction campaign that is culturally responsive and linguistically appropriate.</li> <li>Development and circulation of materials (e.g., printed educational materials, duplication and distribution).</li> <li>Implementing other innovative efforts to expand stimulant use outreach, education, prevention, early intervention and referrals. This funding is a chance to reimagine opportunities and ways of healing for communities of color.</li> </ul>	<ul style="list-style-type: none"> <li>Treatment costs for un- or underinsured individuals.</li> </ul> Behavioral interventions such as: <ul style="list-style-type: none"> <li>Contingency management</li> <li>Community reinforcement approach</li> <li>Motivational interviewing</li> <li>Cognitive-behavioral therapy</li> <li>Other behavioral strategies in combination such as exercise, mindfulness, transcranial magnetic stimulation (TMS), the Matrix model of Intensive Outpatient Treatment</li> </ul>

<b>Eligibility Criteria</b>	<ul style="list-style-type: none"> <li>• Organizations may not apply to both prevention and treatment opportunities.</li> <li>• Organizations must be licensed to do business in the State of California.</li> <li>• Organizations must be located in the State of California.</li> <li>• Organizations must provide services in the State of California.</li> </ul>	
	<p>Eligible organizations are those that specialize in SUD prevention activities for and within communities of color and include:</p> <ul style="list-style-type: none"> <li>• School, youth, family and community-based organizations</li> <li>• Harm reduction organizations</li> <li>• Community health centers</li> <li>• DHCS-licensed treatment facilities (see Treatment section for eligible licenses) that also specialize in prevention</li> <li>• Organizations with a demonstrated history of conducting and operationalizing SUD prevention activities and programs</li> <li>• Grassroots organizations specializing in SUD prevention and education campaigns</li> </ul>	<p>Eligible organizations are those that provide direct treatment and recovery support services for and within communities of color and must:</p> <ul style="list-style-type: none"> <li>• Be an SUD provider licensed and/or certified by DHCS for at least two years as of April 15, 2021 – see below for eligible organizations</li> </ul> <p>Eligible DHCS licenses include:</p> <ul style="list-style-type: none"> <li>• Substance Use Disorder licenses <ul style="list-style-type: none"> <li>○ Drug Medi-Cal certification (for SUD services)</li> <li>○ Driving Under the Influence</li> <li>○ Narcotic Treatment Program</li> <li>○ Adult Residential Treatment Facility</li> <li>○ Outpatient/Intensive Outpatient Treatment and Partial Hospitalization Services</li> <li>○ Adolescent Residential Treatment Facility</li> <li>○ Chemical Dependency Recovery Hospital</li> <li>○ Freestanding Psychiatric and General Acute Hospital</li> </ul> </li> </ul>

## FUNDING RESTRICTIONS

The following will not be funded:

- Debt retirement
- Operational deficits
- Partisan activities
- Religious organizations for explicit religious activities
- Activities that exclusively benefit the members of sectarian or religious organizations
- Naloxone forms that cost more than \$75 per unit
- Fentanyl or fentanyl analogs
- Purchase of properties or vehicles
- Funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full

accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA- approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

- Funds may not be used to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services. (Note: A recipient or treatment or prevention provider may provide contingencies to reward and incentivize treatment compliance with a maximum contingency value being \$15 per contingency. Each patient may not receive contingencies totaling more than \$75 per year of his/her treatment.
- Funds shall not be utilized to provide incentives to any Health Care Professional for receipt of a DATA Waiver or any type of Professional Development Training. Procurement of DATA waiver training is not an allowable use of SOR funds as this training is offered free of charge from SAMHSA at [pcssnow.org](http://pcssnow.org). Restrictions apply to recipients and subrecipients of SOR funding.
- Telehealth services and infrastructure are allowable expenses under the grant. Any infrastructure costs must be dedicated to provider telehealth infrastructure. No funding can be allocated to purchasing telehealth equipment for patients, or loaning funds/equipment to patients for the purpose of providing telehealth services.
- No more than 5 percent of the total grant award may be used for administrative and infrastructure development costs. Up to two percent of the total grant award may be used for data collection and reporting. (This is in addition to the 5% administrative cost which may also include data collection.)
- Indirect costs under this opportunity are limited to a de minimis rate of 10% of modified total direct costs (MTDC), as defined in 45 CFR Part 75.

Funds shall not be utilized for services that can be supported through other accessible sources of funding, such as other federal discretionary and formula grant funds, (e.g. HHS, CDC, CMS, HRSA and SAMHSA), DOJ (OJP/BJA) and non-federal funds, third-party insurance, and sliding scale self-pay among others.

## **SELECTION AND EVALUATION CRITERIA**

The Center will select applicants who present the most complete and responsive applications demonstrating a mix of credentials, experience, capacity, potential and cost. Applications will be reviewed on how well proposed activities match the intent of the funding opportunity, anticipated overall impact, and strength of project team and proposals.

**The most competitive applications will:**

<ul style="list-style-type: none"><li>• Provide a detailed description of exactly what will be done to address the problem and how it will be implemented – who will be involved, what they will do, timeline, what will change</li></ul>
<ul style="list-style-type: none"><li>• Propose projects that have buy-in and are ready for immediate community implementation</li></ul>
<ul style="list-style-type: none"><li>• Have a concrete plan for incorporating proposed activities into the organization’s current workflow</li></ul>
<ul style="list-style-type: none"><li>• Propose an outreach, education, early intervention, referral and/or treatment delivery model that strives for stigma reduction and enables positive treatment outcomes and long-term recovery</li></ul>
<ul style="list-style-type: none"><li>• Engage community in proposed activities</li></ul>
<ul style="list-style-type: none"><li>• Affirm applicant’s ability to submit regular data and financial progress reports</li></ul>

Applications must adhere to the funding guidelines and present a budget clearly linked to the proposed activities. If application requests exceed available funding, the review committee will consider factors such as geographic diversity, underserved patient population or service area, and prevalence of patients with opioid use disorder or stimulant use disorder in population served.

At The Center’s discretion, the above evaluation criteria are subject to change to best meet programmatic needs and funding requirements.

**PROJECT TIMELINE**

Contracts will cover activities for the following time period: July 1, 2021, through August 31, 2022. Due to federal restrictions, carry-over of funds is not allowable. Any funds not used by August 31, 2022, will be forfeited.

**DATA AND REPORTING REQUIREMENTS**

Only if applicable, if your organization is using this funding for direct patient treatment services, in order to ensure that subcontractors are maintaining appropriate data protocols, the contractor shall comply with the regulations set forth in 42 CFR Part 2, including the responsibility for assuring the security and confidentiality of all electronically transmitted patient material, including the HIPAA privacy and SAMHSA confidentiality rules, and a commitment to operating in compliance with the regulations.

If the subcontractor is using contract funds to cover individual direct patient services, the subcontractor will comply with any SAMHSA (Government Performance and Results Act (GPRA) of 1993) reporting requirements.

GPRA Data Collection Incentives: For certain types of interviews, a maximum cash value of \$30 per interview is allowable. The incentives can include items such as food vouchers, transportation vouchers or phone cards. Incentives are permitted for completion of a six-month GPRA follow-up interview. For GPRA discharge interviews, the incentive cannot be used for routine discharge interviews; they can only be used when program staff must search for a client who has left the program, or a client has dropped out of a program.

## PROGRESS REPORTS

Subcontractors will be required to submit quarterly progress reports responding to the performance measures identified in their contracts, and including financial reports describing actual expenditures of contract funding. Potential performance measures include:

### Prevention and Education Metrics

- Meetings/presentations to external stakeholder (number of events/number of attendees)
- Webinars held (number of events/number of attendees)
- Trainings provided (number of events/number of attendees)
- Hybrid webinar/in-person meetings (number of events/number of attendees)
- Other meetings/conventions held (number of events/number of attendees)
- # of physicians/physician assistants/nurse practitioners/nurses (RN, LVN)/social workers/addiction counselors/peer recovery support positions/prevention professionals/administrators/pharmacists/psychologists/LMFTs/criminal justice professionals/community members/youth/substance use navigators (SUNs)/medical assistants/other or unknown persons trained in overdose education and Naloxone distribution/prescribing guidelines/all other trainings
- # of individuals to whom you provided technical assistance (clinical professionals, administrative professionals, other)
- Number of outreach materials developed
- Number of outreach materials distributed
- Number of ads developed
- Number of impressions from media sources
- Number of website views
- Recipients of your outreach/education activities during the reporting quarter (potential patients/general public/treatment providers/health care clinics/specialty substance use treatment programs/criminal justice professionals/pharmacies or pharmacists/youth or community/community organization/harm reduction organization/opioid coalitions/other)
- # of Naloxone units purchased
- # of Naloxone units distributed
- # of Overdose reversals reports
- # of Individuals screened for SUDs
- # of Individuals screened for mental health
- # of individuals referred for SUD treatment services
- # of individuals referred for SUD recovery support services
- # of individuals referred for housing support services

### **Treatment Metrics for Under/Uninsured Patients**

- Total number of new patients receiving treatment for stimulant use (includes amphetamines, cocaine, prescription stimulants) during the reporting months (ANY treatment for stimulant/cocaine use/contingency management)
- Of patients who started treatment for stimulant use during the quarter, percent (%), whose treatment costs were funded by the grant
- Unique clients treated for stimulant use disorder with other behavioral interventions
- Types of behavioral interventions utilized in stimulant use disorder treatment services
- Total number of unique patients in treatment for opioid or stimulant use (regardless of funding source) who were:
  - Tested for HIV and/or Hepatitis C
  - Provided Hepatitis A & B vaccines
  - Screened for SUDs
  - Screened for mental health
  - Received case management services
  - Provided with counseling services (i.e., provided by certified counselor)
  - Provided with recovery and/or peer support services (i.e., provided by peer support/recovery specialist)
  - Provided with employment support
  - Provided with recovery housing
  - Provided with harm reduction services (e.g., syringe exchange, wound prevention, fentanyl testing. Do NOT count naloxone here)
  - Provided services via telehealth
  - Referred to SUD treatment services
  - Referred to SUD recovery support services
  - Referred to housing support services
- Number of naloxone units purchased
- Number of naloxone units distributed
- Number of naloxone prescriptions written
- Number of overdose reversals reported
- Demographic data:
  - Number of all current patients in treatment for opioid or stimulant use who are aged 17 and under/18-24/25-44/45-64/65 and over/unknown
  - Number of all current patients in treatment for opioid or stimulant use who are male/female/transgender/non-binary or gender queer/unknown
  - Number of all current patients in treatment for opioid or stimulant use who are American Indian or Alaska Native/Asian American/Black or African American/Native Hawaiian or Pacific Islander/more than one race/White/unknown
  - Number of all current patients in treatment for opioid or stimulant use who are Latinx or Chicax or Hispanic/not Latinx or Chicax or Hispanic/unknown
  - Number of all current patients in treatment for opioid or stimulant use who are pregnant

- Providers
  - Total number of providers currently working in your reporting location who are MAT prescribers (MDs/NPs/PAs with a waiver to prescribe buprenorphine, methadone prescribers)
  - Total number of providers currently working in your reporting location who are MAT prescribers that are ACTIVELY prescribing (have at least one patient on their caseload)
  - Total number of providers currently working in your reporting location who are nurses (RNs/FNPs) providing opioid or stimulant treatment services
  - Total number of providers currently working in your reporting location who are certified counselors providing opioid or stimulant treatment related services
  - Total number of providers currently working in your reporting location who are peer specialists assisting patients in recovery for opioid or stimulant use
  - Total number of providers currently working in your reporting location who are Substance Use Navigators (SUNs)
  - Total number of providers currently working in your reporting location who are social workers providing opioid or stimulant treatment services
  - Total number of providers currently working in your reporting location who are other staff (clinical or non-clinical)
  - Total number of FTEs currently funded by the grant for MAT prescribers
  - Total number of FTEs currently funded by the grant for nurses
  - Total number of FTEs currently funded by the grant for counselors
  - Total number of FTEs currently funded by the grant for peer specialists
  - Total number of FTEs currently funded by the grant for SUNs
  - Total number of FTEs currently funded by the grant for social workers
  - Total number of FTEs currently funded by the grant for other staff
  
- Outreach
  - Total number of meetings/presentations to external stakeholders (number of events/total number of attendees among all events)
  - Total number of webinars held (number of events/total number of attendees among all events)
  - Total number of trainings provided (number of events/total number of attendees among all events)
  - Total number of other meetings/conventions held (number of events/total number of attendees among all events)
  - Total number of outreach materials developed
  - Total number of outreach materials distributed
  - Total number of ads developed
  - Total number of impressions from media sources
  - Total number of website views
  - Target audience for outreach/education activities (potential patients/general public/treatment providers/health care clinics/specialty substance use treatment programs/criminal justice professionals/pharmacies or pharmacists/youth or community/community organization/harm reduction organization/opioid coalitions/other)

*Performance measures may be revised as needed to address current situations and high priority challenges.*

**Progress reports will follow the timeline below.**

<b>Quarter</b>	<b>Period</b>	<b>Data due to UCLA</b>
1st Quarter	7/1/2021 – 9/30/2021	10/15/2021
2nd Quarter	10/1/2021 – 12/31/2021	1/15/2022
3rd Quarter	1/1/2022 – 3/31/2022	4/15/2022
4th Quarter	4/1/2022 – 6/30/2022	7/15/2022
5th Quarter	7/1/2022 – 8/31/2022	9/15/2022
Final Report	7/1/2021 – 8/31/2022	9/30/2022 [to The Center]

## **APPLICATION TIMELINE**

At The Center’s discretion, the timeline below is subject to change to best meet programmatic needs and funding requirements.

### **APPLICATION DEADLINE:**

**May 14, 2021, at 1 p.m. (Pacific Time)**

### **REVIEW OF APPLICATIONS:**

**May and June 2021**

### **APPROXIMATE AWARD ANNOUNCEMENT:**

**July 2021**

### **APPROXIMATE DATE CONTRACTS ISSUED:**

**JULY 2021**

**NOTE: All funding will be backdated to July 1, 2021, even if contracts are signed after July 1.**

**To be considered, your proposal must be submitted by 1 p.m. (Pacific Time) on the deadline date. Proposals received after the due date/time will not be reviewed. Submission before the deadline date is advised in case you experience technical difficulties with submitting your application through the portal. We may not be able to respond to your requests for help on the deadline date.**

## PROPOSERS' WEBINAR

We have scheduled one proposers' webinar to review the funding opportunity and the application process, and to answer questions. The webinar will be held on **Friday, April 23, from 11 a.m. to 1 p.m.** (Pacific Time). Webinar attendance is strongly recommended. Registration to attend the webinar is available online at <https://www.shfcenter.org/mat/april-23>. The webinar will be recorded and posted on the MAT Access Points Project [web site](#). Application materials are posted on the MAT Access Points [web site](#) to review prior to the webinar.

### Important Application Guidelines

To help us process your application, please follow these submission guidelines:

- We encourage you to submit your application before the deadline date in case you need help with any of the RFA components.
- Applications are due no later than 1 p.m. (Pacific Time) on May 14, 2021.
- Submit the application via our online portal through this [link](#). New users of the portal will need to create an account as the first step in the application process. You will only use this link one time to initiate your application. After you have started working on your application, use the link below or received via e-mail to continue working on your saved application.
- In the portal, for optimal functionality, use Internet Explorer as the browser when working on a PC and use Safari as the browser when working on a Mac.
- Respond to all required fields (marked with an \*).
- Upload all attachments listed under "Application Checklist" below.
- On the portal, you may click "Save & Finish Later." You will receive an e-mail with a link to return to your in-progress application. You may also use this [link](#) to return to your in-progress application.
- Click "Save & Finish Later" any time you will not be working in your application for a few minutes.
- You may submit your application only once. Be sure your application is complete and accurate, including required documents, before submitting it. Revised applications will not be accepted.
- If you are unable to submit your application online or need help, please contact us at [mataccesspoints@shfcenter.org](mailto:mataccesspoints@shfcenter.org) with the subject line: Application Online Help.

**Send questions and inquiries related to this funding opportunity  
to [mataccesspoints@shfcenter.org](mailto:mataccesspoints@shfcenter.org) with the subject line:  
Stimulant Use RFA Question**

## APPLICATION CHECKLIST

- Initiate the funding application [online](#). The link is posted on the MAT Access Points Project [web site](#).
- **Required Application Attachments**
  - Proposed project budget completed in The Center’s Proposed Budget Template (template is available in the online portal for download)
  - Proposed budget justification
  - Applicant organization’s W-9
  - Copy of DHCS license (for treatment applicants)

Incomplete applications will not be reviewed. Applications received after the above deadline will not be considered.

If you are unable to submit your application online or need technical assistance, please contact us at [mataccesspoints@shfcenter.org](mailto:mataccesspoints@shfcenter.org) with the subject line: Application Online Help.

## Appendix A – Standard Funding Restrictions

HHS codified the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, 45 CFR Part 75. All components of 45 CFR Part 75 are applicable to all sub-recipients. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. 45 CFR Part 75 is available at <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=df3c54728d090168d3b2e780a6f6ca7c&ty=HTML&h=L&mc=true&n=pt45.1.75&r=PART>. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below.

SAMHSA funds must be used for purposes supported by the program and may not be used to:

- Exceed Salary Limitation: The Consolidated Appropriations Act, 2016 (Pub. L.113-76) signed into law on January 10, 2016, limits the salary amount that may be awarded and charged to SAMHSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary can be found in SAMHSA’s standard terms and conditions for all awards at <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub awards/subcontracts under a SAMHSA grant or cooperative agreement. The Federal Executive Level II Salary Cap is currently \$199,300.
- Pay for any lease beyond the project period.
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)

- Provide detoxification services unless it is part of the transition to MAT with extended-release naltrexone.
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
  - Note: A recipient or treatment or prevention provider *may* provide up to \$30 non-cash incentive to individuals to participate in required data collection follow up. This amount may be paid for participation in each required follow up interview.
- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Funds may be used for light snacks, not to exceed \$3.00 per person.
- Support non-evidence-based treatment approaches, such as short-term methadone or buprenorphine use (“detox” with initial treatment less than one year).
- No out of state travel is permitted with these funds

*\*SAMHSA funds were granted to the State and all funding restrictions are applicable to this funding opportunity and all sub-contracts.*

**FOR REFERENCE ONLY  
SUBMIT YOUR APPLICATION USING THE ONLINE PORTAL**

**MAT Access Points Sub-Contractor Application**

**APPLICANT ORGANIZATION INFO**

Org name

Is this organization a fiscal sponsor?

Name of fiscally sponsored organization, if applicable

Address

County

Phone

URL (optional)

Director/CEO Contact Name

Director/CEO Contact Title

Director E-mail address

Director phone

Application Contact

Application Contact E-mail Address

Application Contact Phone

Applicant Organization Tax ID #

DUNS #

SAM expiration date

Congressional District of applicant organization’s primary location

Congressional District(s) where organization’s beneficiaries live

Organization Status – Organization has 501(c)(3) nonprofit status with the IRS. Yes, No, Unsure

What is the applicant organization’s annual budget amount?

Does the applicant organization have an annual financial audit?

## **PROJECT INFORMATION**

**Funding Opportunity Applying For** *(An organization may apply for only one category. Please check one.)*

- Stimulant Use PREVENTION
- Stimulant Use TREATMENT

Project Name (10 words maximum):

Brief Summary and Purpose of Project (100 words maximum):

Start Date: July 1, 2021

End Date: August 31, 2022

Amount Requested: \$\_\_\_\_\_

Prevention and Early Intervention Maximum of \$100,000

Treatment Maximum of \$250,000

### **Geography (County-level)**

Please indicate what percentage of activity will be spent in which California counties. Total must add up to 100. (A list of all 58 California counties is in the online application.)

### **Focus Populations (Race/Ethnicity)**

For the racial and ethnic populations that will be affected, provide your best estimate of the percentage of the total people of each population (Total must add up to 100.)

- African-American/Black: %
- Asian-American/API: %
- Latino/Hispanic: %
- Native American/Alaska Native: %
- White: %
- Mixed race: %
- Other: % [please specify]

## **NARRATIVE QUESTIONS**

**Organization Description:** Provide a brief overview of your organization, a) when it was established, b) your organization's mission, c) whom you serve, d) geographic area your organization covers, and e) the types of programs you operate. (200 words maximum)

**Track Record:** Describe your organization's history with providing stimulant use prevention or treatment in communities of color in California. (200 words maximum)

**Use of Funds:** Describe in detail your plan for using these funds to support stimulant use prevention or treatment in communities of color. Identify 1) goals, 2) activities, 3) timeline, and 4) resources. (300 words maximum)

**Expected Outcomes:** List 2-5 expected direct outcomes of the proposed activities. (200 words maximum)

**Evaluation Process:** Describe how you will document or evaluate progress toward the outcomes. (200 words maximum)

**Organizational Capacity:** Describe 1) your organization's capacity to implement the project (including staffing capacity), and 2) how this project may further build your organization's capacity. (250 words maximum)

**Partnerships.** Describe clinic or community partnerships and resources that could be readily established or are already in place to support implementation of program goals. (200 words maximum)

**Sustainability:** Describe how your project will utilize this funding to support sustainability of your work after the funding ends. (100 words maximum)

**Technical Assistance:** What technical assistance would your organization benefit from in implementing this project? (100 words maximum)

## **ATTACHMENTS**

- Proposed Project Budget (required)
  - a. Download The Center's budget form in the Attachments tab of the online application form, fill it in and upload it
- Proposed Project Budget Justification (required)
  - a. Please describe expense line items and what they will support
- Applicant organization's W-9 (required)
- Copy of DHCS license (for treatment applicants)