

# MOBILE NARCOTIC TREATMENT PROGRAMS AND MEDICATION UNITS

REQUEST FOR APPLICATIONS

JANUARY 2024



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

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

California was the first state to create and implement Medication Units (MUs) and has a newly established policy that allows for the creation of mobile narcotic treatment programs (MNTPs). MUs and MNTPs both operate as an extension of a Narcotic Treatment Program (NTP). An MU is a geographically separate facility from an NTP with a fixed location; MNTPs are units that do not have a fixed location. To operate, MUs and MNTPs must be connected to [primary NTPs](#). The primary NTP is not required to be in the same county as the MU or MNTP but holds responsibility for continuing treatment services if the MU or MNTP ceases to provide services.

MUs and MNTPs expand access to medications for opioid use disorder treatment (MOUD, also known as MAT), including buprenorphine, methadone and naltrexone, to patients unable to travel to an NTP due to lack of geographic proximity or other factors. On June 28, 2021, the U.S. Drug Enforcement Administration (DEA) [released new rules](#) allowing DEA-registered Opioid Treatment Programs (NTPs in California) to establish and operate MNTPs without obtaining a separate DEA registration for each mobile component. As a result, California is spearheading these efforts to increase MUs and MNTPs to increase access to MOUD. On January 8, 2024, DHCS released new guidance related to the creation of MNTPs in California. That guidance is available in [BHIN 24-005](#).

Sierra Health Foundation: Center for Health Program Management (The Center) is the Department of Health Care Services' (DHCS) administrative entity for this project and will incorporate the applicable state rules and regulations into the terms and conditions of the contract agreements. Please see additional compliance components further in the RFA.

## GLOSSARY AND RESOURCES

**Medication Unit (MU):** [Federal and State law defines MUs](#) as treatment facilities from which licensed practitioners and/or community pharmacists dispense medications for opioid use disorder (OUD). An MU is a geographically separate facility from an NTP but operates under that NTP's license. This allows the NTP to extend services to communities that may not otherwise have access to MOUD.

**Narcotic Treatment Program (NTP):** DHCS-licensed NTP that provides replacement narcotic therapy (RNT) to individuals with an opioid use disorder. A primary NTP would have the approved MU and/or MNTP affiliated under its licensure.

**Mobile Narcotic Treatment Program (MNTP):** [Federal](#) and [State](#) laws define an MNTP as a program operating from a motor vehicle that serves as a mobile component of a primary NTP to treat opioid addiction and operates under the primary NTP's active license.

**Direct Service Staff:** Staff that provide direct support to the prescribers' MAT activities specific to this project, including Dispensing Nurse, Administrative Staff, Physician/Physician Extender such as Nurse Practitioner or Physician Assistant, Licensed or Certified Counselors and other staff based on services proposed.

**Medication Assisted Treatment (MAT) and Medications for Opioid Use Disorder (MOUD):** MAT/MOUD uses Food and Drug Administration-approved medications for the treatment of opioid use disorder (OUD). These medications can be used as a standalone treatment or in combination with behavioral therapy. MAT and MOUD are often used interchangeably.

**Opioid Use Disorder (OUD):** A diagnosable and treatable disorder defined by the Diagnostic and Statistical Manual Edition 5 (DSM-5) as a problematic pattern of opioid use leading to clinically significant impairment or distress. Symptoms may include behavior characterized by craving, increased tolerance and withdrawal when opioid use stops, and persistent use of opioids despite adverse consequences. OUD has also been referred to as opioid addiction.

**Drug Enforcement Agency (DEA) Schedule III Prescriber:** Practitioners who have a current DEA registration that includes Schedule III authority to prescribe and dispense controlled substances, including buprenorphine, for OUD.

**Direct Costs:** Direct costs are the costs incurred to create access to administer FDA-approved medications for OUD. Expenses, including salaries, overtime and fringe benefits, can be considered direct costs only if the following conditions are met:

1. Costs incurred are directly chargeable and integral to administering OUD medication activity or startup;
2. Personnel costs are specifically identified by designation;
3. Costs are proportional to the time staff spent on OUD and/or MAT treatment activity;
4. Costs are explicitly included in the program budget; and
5. Costs are not also recovered as indirect costs (i.e., double charging).

**Indirect Costs:** Indirect Costs are costs incurred for a common or joint purpose benefiting more than one cost objective and not readily assignable to direct cost objectives. Indirect costs must be reasonable and related to the administration of approved project activities listed in the RFA. Indirect costs shall not exceed actual costs or 10% of the total allocation, whichever is less. They must be explicitly included in the program budget.

## FUNDING OPPORTUNITY AND BACKGROUND

The primary objective of this funding opportunity is to expand the availability of MUs and MNTPs to increase MOUD access for rural areas, justice-involved populations, Indigenous and Native communities, patients without transportation and areas that do not have a [Narcotic Treatment Program \(NTP\)](#) within close proximity to patients in need of NTP services. Allowable expenses would include:

- The purchase and outfitting of an MNTP;
- Costs to establish an MU including securing a lease, renovations and related equipment;
- General maintenance, redesign and additional startup expenses to comply with DEA and state regulations;
- Staffing and recruitment costs, up to 5% of total funds requested; and
- Marketing and community engagement activities related to accessing and engaging in services provided by the MU/MNTP, up to 5% of total funds requested.

The target audience for this opportunity are DHCS-licensed NTPs. All NTPs are encouraged to apply, with priority being given to NTPs wanting to expand their services via an MU and/or an MNTP to prioritize rural communities, correctional facilities, local DHCS licensed residential substance use disorder facilities that do not offer MAT and Indigenous and Native communities. NTPs will also be prioritized for serving Medi-Cal beneficiaries.

## Eligibility Criteria

Eligible organizations must meet all the following minimum requirements:

- The primary NTP must have a valid DHCS license.
- The primary NTP must have a valid DEA registration.
- The primary NTP must have a valid Substance Abuse and Mental Health Administration (SAMHSA) accreditation.
- The primary NTP must demonstrate Drug Medi-Cal (DMC) enrollment.

**Note: Provider organizations with multiple NTPs may apply for multiple MUs per eligible NTP. Provider organizations may apply for one MNTP per eligible NTP site. Each MU and MNTP must have a separate application.**

## SCOPE OF WORK

Eligible applicants may choose to apply for two tracks:

- Track one: Medication Unit (MU)
- Track two: Mobile Narcotic Treatment Program (MNTP)

### Track One: *Medication Unit (MU)*

[Federal and State law defines MUs](#) as treatment facilities from which licensed practitioners and/or community pharmacists dispense MOUD. An MU is a geographically separate facility from an NTP that operates under that NTP's license. This allows the NTP to extend services to communities that may not otherwise have access to MOUD. DHCS encourages applicants for this funding opportunity to partner with pharmacies to co-locate MUs within pharmacy settings and correctional facilities.

For track one, applicants can apply for up to **\$400,000**. This funding can only be used for initial start-up costs for new medication units and cannot be used for ongoing or established work. Provider organizations may apply for multiple MUs per eligible NTP site, but separate applications are required for each MU requested.

Reasonable expenses include:\*

1. Securing a facility through lease
2. Infrastructure startup costs for MUs to ensure they comply with federal and state laws, such as:
  - a. Facility renovations required to provide medication services
  - b. Alarm system
  - c. Medication safe
  - d. Office equipment
  - e. Wi-Fi/Internet
    - i. Computer(s)
    - ii. Phones
    - iii. Desks
    - iv. Furniture
  - f. Dispensing equipment
  - g. Medication refrigerator
  - h. Other reasonable start-up costs
3. Recruitment costs to hire staff and providers, including workforce development and employment incentives for the following staff (up to 5% of total funds requested):
  - a. Dispensing nurse
  - b. Administrative staff salaries in accordance with the time allocated to the MU

- c. Physician/Physician extender such as Nurse Practitioner or Physician Assistant
- d. Other staff based on services proposed in the RFA:
  - i. Registered or certified counselors
- 4. Staffing costs to support the procurement of appropriate DEA and DHCS licensing and certifications for the MU
- 5. Staffing costs for the first 90 days of operation of the MU
- 6. Creating marketing materials for services offered to the community (up to 5% of total funds requested)

*\*This list is not comprehensive, and all proposals must include itemized costs in the project budget and include budget item justification.*

**Track Two: Mobile Narcotic Treatment Program (MNTP)**

[Federal](#) and [State](#) laws define an MNTP as a program operating from a motor vehicle that serves as a mobile component of a primary NTP to treat opioid addiction and operates under the primary NTP’s active license. MNTP treatment services may include maintenance or detoxification at a location or multiple locations remote from the primary NTP but within California. MNTPs do not have a fixed location but travel back and forth from the primary NTP site into communities to increase access to treatment services. MNTPs must return to their primary NTP at the end of each day.

For track two, applicants can apply for up to **\$1,000,000** per MNTP. This funding can only be used for initial start-up costs for new mobile units and cannot be used for ongoing costs. Provider organizations may apply for one MNTP per eligible NTP site, but separate applications are required for each MNTP requested.

Reasonable expenses include:

1. Purchasing and building out an MNTP in alignment with [federal](#) and [state](#) law. This may include:
  - a. Vehicle costs
    - i. Vehicle purchase
    - ii. Vehicle insurance
    - iii. Vehicle registration
    - iv. Vehicle conversion
  - b. Alarm system
  - c. Medication safe
  - d. Office equipment
    - i. Wi-Fi/Internet
    - ii. Computer/Laptop
    - iii. Phones
    - iv. GPS Tracking
  - e. Fees for specialized driver’s license (if required to operate larger vehicles)
  - f. Generator
  - g. Dispensing equipment
  - h. Medication refrigerator
  - i. Other reasonable start-up costs
2. Recruitment for staff and providers, including workforce development and employment incentives for the following staff (up to 5% of total funding requested):
  - a. Dispensing nurse
  - b. Security guard

- c. Other staff based on services proposed in the RFA:
  - i. Registered or certified counselors
  - ii. Administrative staff
  - iii. Physician/Physician extender
3. Staffing costs to support the procurement of appropriate DEA and DHCS licensing and certifications for the MNTP
4. Staffing costs for the first 90 days of operation of the MNTP
5. Creating marketing materials for services offered to the community (up to 5% of total funding requested)

*\*This list is not comprehensive, and proposals must include itemized costs in the project budget and include budget item justification.*

## **FUNDING INFORMATION**

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.

The contracts will be deliverable-based, meaning contractors need to demonstrate progress on startup measures (for example, the number of outreach activities, defined startup costs including vehicle purchase, MU location procurement and office equipment) and fulfill set deliverables. Deliverables will be documented through narrative progress and financial reports.

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.

### **Track One and Two Payment Schedule:**

Three payments will be made over the course of the contract.

1. 50% of the award will be paid upon execution of contract and the completion of all compliance components, documented through a signed agreement, received insurance and license documents.
2. 40% of the award will be paid based on receipt and approval of documentation demonstrating the purchase of a vehicle or MU site procurement.
3. 10% of the award will be paid based on receipt and approval of documentation, demonstrating completion of all deliverables to that point, including the date service delivery will begin and ability to offer services (e.g. licensed), as well as expected outcomes for the remainder of the project.

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).

### **Funding Amounts and Contract Period**

Contracts will cover activities for the period May 1, 2024, through October 31, 2025. Please note, there will be no carry-over funds; any funds not used by contract end will be forfeited and returned to the State.

### **Track One Funding Amounts:**

- Up to \$400,000 per MU

This funding can only be used for initial start-up and bridge costs for new MUs and cannot be used for ongoing or established work including client services. Each MU request will require a separate application.

### **Track Two Funding Amounts:**

- Up to \$1,000,000 per MNTP

This funding can only be used for initial start-up and bridge costs for new MNTPs and cannot be used for ongoing costs or established work including client services. Provider organizations may apply for one MNTP per eligible NTP site, but each MNTP request will require a separate application.

The primary NTP must commit to working with DHCS to gain their approval for the proposed MU and/or MNTP and be operational within eighteen months of funding.

## **FUNDING RESTRICTIONS**

The following will not be funded:

- Fees associated with DHCS licensing
- Purchasing real estate
- Debt retirement
- Operational deficits
- Partisan activities
- Religious organizations for explicit religious activities
- Activities that exclusively benefit the members of sectarian or religious organizations
- Personal Protective Equipment (PPE) for use by clients
- Direct payments to individuals to enter treatment or continue to participate in prevention or treatment services
- DHCS will not fund contingency management (CM) interventions through this project, as these interventions are currently being implemented and evaluated through a statewide pilot project funded by California's Medicaid program as a benefit through the 1115 waiver. This Medicaid benefit provides up to \$599 in CM incentives for beneficiaries. More information on this program can be found on the [DHCS website](#).
- Promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards and conference bags.
- Out-of-state travel (organizations requesting funds for travel must abide by DHCS travel guidance provided on the [CalHR website](#).)
- 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 or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders.

## SELECTION AND EVALUATION CRITERIA

Applicant selection will be based on a complete and responsive application demonstrating a mix of experience, capacity and potential impact on the community. Applications will be reviewed on how well the proposed activities match the funding opportunity's intent, anticipated overall impact and the strength of the project team and proposal. Priority will be given to NTPs proposing to expand their services with an MU and/or MNTP in rural communities, correctional facilities, local DHCS licensed residential substance use disorder facilities that do not offer MAT and Indigenous and Native communities. NTPs serving Medi-Cal beneficiaries will also be prioritized. Further, applications that partner with community pharmacies with MUs are highly encouraged.

The most competitive applications will:

- Provide a detailed description of the proposed project, including what will be done and how it will be implemented, who will be involved, what they will do, a clear and realistic timeline of activities and concrete, measurable objectives.
- Include sufficiently detailed budgets that closely align with proposed activities.
- Detail how the proposed projects have organizational and community buy-in.
- Provide a concrete plan for incorporating proposed activities into the organization's current workflow.
- Propose a treatment services model that promotes the meaningful involvement of participants, works in alliance with MOUD patients and addresses stigma, racial, gender and other institutionalized discrimination to improve care outcomes.
- Integrate MU and/or MNTP services with other parts of the continuum of care, including harm reduction services for people who continue to use drugs and/or substance use disorder recovery services for people who wish to utilize them. Such services may be offered directly or in partnership with other organizations.
- Affirm the applicant's ability to submit regular data and financial progress reports.

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 including but not limited to geographic diversity, jurisdiction rates of opioid overdose mortality, and rates of MOUD prescribing.

At the discretion of DHCS, the above evaluation criteria are subject to change to best meet programmatic needs and funding requirements.

## APPLICATION DENIAL APPEAL PROCESS

Per DHCS, California law does not provide a protest or appeal process against award decisions made through this funding opportunity. Applicants submitting responses to these types of RFAs are not able to protest or appeal the award. All decisions are reviewed and approved by DHCS and will be final.

## COMPLIANCE

If awarded, contractors will need to complete pre-award requirements before funding is disbursed. This includes the following:



**Insurance Requirements:** There will be insurance requirements under these contracts. Once funds have been awarded, communication will be sent to awarded organizations to upload the insurance documents and demonstrate compliance with all insurance requirements. Payment will not be released until insurance compliance requirements are met. The Center recognizes that the terms and coverage conditions for insurance requirements are technical in nature. If you need additional support to answer insurance questions, or if you do not feel you will be able to meet the insurance requirements, please reach out to [centergrants@shfcenter.org](mailto:centergrants@shfcenter.org) with the subject line: “Mobile Narcotic Treatment Programs and Medication Units Insurance Requirements.”

The Center, in partnership with CalNonProfits, hosted an educational webinar on securing insurance coverage required for obtaining federal and state funds. [You may view this recording on YouTube.](#) Refer to Appendix A for more information on insurance requirements.

## PROJECT TIMELINE

Contracts will cover activities for the following time period: May 1, 2024, through October 31, 2025. Please note, **carry-over of funds is not allowable**. Any funds not used by the contract end will be forfeited and must be returned to the State.

## DATA AND REPORTING REQUIREMENTS

Awardees will be required to submit narrative progress and financial reports according to the reporting schedule below, including process benchmarks and a detailed accounting of expenditures from contract funding.

**Reports will follow the timeline below.**

Report	Report Period	Due Date to the Center
6-month Report	May 1, 2024 – October 31, 2024	November 30, 2024
1-year Report	November 1, 2024 – April 30, 2025	May 31, 2025
Final Report	May 1, 2025 – October 31, 2025	November 30, 2025

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

## APPLICATION TIMELINE

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

### APPLICATION DEADLINE:

February 26, 2024, at 1 p.m. (Pacific Time)

## REVIEW OF APPLICATIONS:

February – March 2024

## APPROXIMATE AWARD ANNOUNCEMENT:

April 2024

**NOTE: All funding will be backdated to May 1, 2024, even if contracts are signed after May 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 and 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 a proposers' webinar to review the funding opportunity and the application process, and to answer questions on **Tuesday, January 30, 2024, from 1 p.m. to 2 p.m.** (Pacific Time). [Register for the webinar on Zoom.](#)

This webinar will be recorded and posted on the [MAT Access Points website](#) along with application materials. Webinar attendance or review of the recording is strongly recommended.

## APPLICATION CHECKLIST

- [Initiate the funding application on The Center's online portal.](#) The link is also posted on the [MAT Access Points Project website.](#)
- Required Application Attachments
  - Proposed project budget completed in The Center's Proposed Budget Template
  - Proposed work plan completed in The Center's Proposed Work Plan Template
  - Applicant organization's W-9
  - DHCS-issued NTP license
  - Drug Medi-Cal Approval Letter

Incomplete applications will not be reviewed. Applications received after the above-mentioned deadline will not be considered. If you are unable to submit your application online or need technical assistance, please contact us at [centergrants@shfcenter.org](mailto:centergrants@shfcenter.org) with the subject line: Mobile Narcotic Treatment Programs and Medication Units Application Online Help.

## 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 1:00 p.m. (Pacific Time) on February 26, 2024.
- [Submit the application via our online portal.](#)
- Respond to all required fields (marked with \*).
- Upload all attachments listed under “Application Checklist” above.
- On the portal, you may click “Save my progress and resume later.” Enter your e-mail and determine a password to return to the saved application through the same link at a later date.
- To return, use the same link and click on “Resume a previously saved form”.
- You may submit your application only once. Be sure your application is complete and accurate, including required documents, before submitting. Revised applications will not be accepted.

***If you are unable to submit your application online or need help, please contact us at [centergrants@shfcenter.org](mailto:centergrants@shfcenter.org) with the subject line: Mobile Narcotic Treatment Programs and Medication Units Application Online Help.***

***Send questions and inquiries related to this funding opportunity to [centergrants@shfcenter.org](mailto:centergrants@shfcenter.org) with the subject line: Mobile Narcotic Treatment Programs and Medication Units RFA Question***

## Appendix A – Insurance Requirements

Awarded organizations must submit all evidence of required insurance coverage to The Center prior to the release of payment. Awarded organizations will receive an e-mail from “The Center@Sierra Health Foundation” via TrustLayer requesting the insurance documents indicated below. A link will be provided for organizations to review and upload the required insurance documents. Please pay special attention to the “Additional Requirements” section for exact instructions and specific language that must be included.

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### Commercial General Liability

- Each Occurrence must be greater or equal to \$1,000,000
  - Coverage Trigger: Occurrence must be present
- Insurance is written on an occurrence basis using ISO form CG 0001 or equivalent
- General Aggregate must be greater or equal to \$2,000,000
- Products/Completed Operations Aggregate must be greater or equal to \$2,000,000
- Personal and Advertising Injury must be present
- Primary and Non-Contributory Endorsement must be present
- Additional Insured Endorsement must be present

### General Automobile Liability (not specific vehicular insurance required for the MNTP)

- Combined Single Limit (each accident) must be greater or equal to \$1,000,000
- Coverage Applies to: Owned Autos Only must be present
- Coverage Applies to: Hired Autos Only must be present
- Coverage Applies to: Non-Owned Autos Only must be present
- Additional Insured Endorsement must be present

### Worker’s Compensation and Employer’s Liability

- Statutory Limits must be present
- Employer’s Liability Each Accident must be greater or equal to \$1,000,000
- Employer’s Liability Disease – each employee must be greater or equal to \$1,000,000
- Employer’s Liability Disease – policy limit must be greater or equal to \$1,000,000
- Waiver of Subrogation Endorsement must be present

### Additional Requirements

- Certificate Holder must read: Sierra Health Foundation 1321 Garden Highway Sacramento, CA 95833
- A.M. Best rating of at least A-:VI
- Description of Operations must read: The Center, Sierra Health Foundation, The State of California, their respective officers, directors, agents, representatives, constituent entities, affiliates, volunteers, officials, parents, subsidiaries, and employees shall be added as Insureds (“additional Insureds”) under each commercial general liability and automobile insurance policy. **Agreement #22-20443** must be present.

## Appendix B – Scope of Services

Each contract agreement will include the scope of services as outlined below.

Mobile Narcotic Treatment Programs and Medication Units Project Purpose: To expand the availability of Medication Units (MUs) and Mobile Narcotic Treatment Programs (MNTPs), to increase MOUD access for rural areas, justice-involved populations, Indigenous and Native communities, patients without transportation and areas that do not have a Narcotic Treatment Program (NTP) within close proximity to patients in need of NTP services.

Required	Task	Deliverable(s)	Timeframe
✓	Complete grant program onboarding	Webinar attendance	First quarter of the contract
✓	Complete administrative requirements including submission of narrative and budget reports that address progress toward meeting desired outcomes indicated in the grant application	Semi-annual financial expenditure reports  Semi-annual narrative reports  Final report including both financial expenditure and narrative reports along with quantitative metrics	See schedule below
✓	Achieve the RFA goal to increase access to MAT services and, in particular, to increase the geographic area of MAT services	Final Report: financial expenditures and narrative report	May 1, 2024 – October 31, 2025

Report	Report Period	Due Date to the Center
6-month Report	May 1, 2024 – October 30, 2024	November 30, 2024
1-year Report	November 1, 2024 – April 30, 2025	May 31, 2025
Final Report	May 1, 2025 – October 31, 2025	November 30, 2025

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

**INSTRUCTIONS**

Be sure to read the request for applications carefully before beginning your application. Required fields and attachment uploads are marked with \*.

You may save your in-progress application at any time and return to it later using the link you will receive in an automated e-mail.

If you have questions, send an e-mail to [centergrants@shfcenter.org](mailto:centergrants@shfcenter.org) with the subject line: Mobile Narcotic Treatment Programs and Medication Units Application Online Help.

**APPLICANT INFORMATION**

**Applicant Organization Information**

**Organization Name\***

*Enter the organization's legal name.*

**Is the applicant organization a fiscal sponsor for this proposal? \***

*A fiscal sponsor is an organization that applies on behalf of an entity or group that does not have legal standing with the IRS. Select Yes or No.*

**Name of fiscally sponsored organization, if applicable.**

*Enter the name of the organization who will be implementing the project, otherwise known as the fiscally sponsored organization.*

**Applicant Organization Address\***

City\*

State\*

Zip Code\*

County\* Phone\*

**Website URL (optional)**

**Tax Exempt ID # or Employer ID #\***

*Enter the applicant organization's Tax-ID or the Employer ID if the organization is an individual.*

**Congressional District of applicant organization's primary location\***

*What is the applicant entity's congressional district?*

**Congressional District(s) where organization's beneficiaries live\***

*What is the congressional district of the organization's beneficiaries?*

**Organizational Status\***

*Organization has 501(c)(3) nonprofit status with the IRS. Select Yes, No, or Unsure.*

**Annual Budget\***

*What is the applicant organization’s annual budget amount?*

**Proposal Contact Information (for questions related only to this proposal)**

First Name\*                      Last Name\* Title\*

E-mail Address\*

Office Phone\*                      Extension

**Applicant Organization CEO/Director Information**

First Name\*                      Last Name\* Title\*

E-mail Address\*

Office Phone\*                      Extension

**Program Contact Information**

First Name\*                      Last Name\* Title\*

E-mail Address\*

Office Phone\*                      Extension

**Additional Program Contact Information – optional**

First Name                      Last Name Title

E-mail Address

Office Phone                      Extension

**Data Contact Information – optional**

First Name                      Last Name Title

E-mail Address

Office Phone                      Extension

**Financial Contact Information – optional**

First Name                      Last Name

Title

E-mail Address

Office Phone                      Extension

**PROJECT INFORMATION**

**Project Information**

**Project Name\*** (10 words maximum):

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

**Project Start Date:** May 1, 2024

**Project End Date:** October 31, 2025

**Total Amount Requested: \*** \$ \_\_\_\_\_

*Track 1: Up to \$400,000*

*Track 2: Up to \$1,000,000*

**Drug Medi-Cal Number\*:** \_\_\_\_\_

**What Track are you applying for?\***

- Track One (Medication Units)
- Track Two (Mobile Narcotic Treatment Programs)

**Additional Details:\***

- Anticipated number of individuals to be served by the MU or MNTP:
- Number of Medi-Cal beneficiaries currently served:
- Priority Focus Area:
  - Rural Communities
  - Native and Indigenous Communities
  - Correctional Facilities
  - Other (for populations specifically called out)

**Project 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.)*

**Population to be Served**

**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: %
- American Indian/Alaska Native: %
- Asian-American: %
- Indigenous (e.g., Mixteco, Purepecha, etc.)
- Latino/Hispanic: %
- Middle Eastern or North African
- Mixed race: %
- Pacific Islander
- White: %
- Other: % [please specify]

**Focus Populations (Age Groups) \***

For the age groups that will be impacted, provide your best estimate of the percentage in each age group. (Total must add up to 100.) *There are no age restrictions/limits for individuals served with these funds.*

- Under 5: %



- 5 - 9: %
- 10 - 14: %
- 15 - 19: %
- 20 - 24: %
- 25 - 54: %
- 55+: %

## **NARRATIVE QUESTIONS**

1. **Organization Description.** Provide a brief overview of your organization (the entity that is carrying out the project), including: a) when it was established, b) its mission c) whom you serve including the number of Medi-Cal beneficiaries you serve d) the organization's experience providing NTP and similar services, and e) the primary NTP's experience meeting DHCS and DEA requirements and how the NTP intends to meet these requirements for the proposed project to be operational in 18 months. (300 words maximum)
2. **Need.** Describe the need, challenge, or issue the project will address as well as current access barriers, including the proposed populations/communities and disparities that exist within the affected population. If available, include relevant data from secondary sources (such as overdose tracking data) and/or primary sources (such as town halls or focus groups). (200 words maximum)
3. **Track Record with Proposed Focus Population.** Describe your organization's experience providing culturally and linguistically appropriate services to the focus population(s) to be served. Briefly describe 1-3 examples of your work with this community (or communities) and how this work has led to a reduction in disparities. (200 words maximum)
4. **Project Activities.** Describe in detail your plan to use these funds and which track you are applying to. Please include how these activities will be innovative, culturally responsive and trauma-informed amongst communities of color, Native and Indigenous communities, and/or communities with limited access to mobile MU and MNTP services. For MNTPs, describe the proposed locations the unit will travel; proposed mile radius the program will cover; the hours of operation and access to MOUD should the MNTP be out of service; a list of vendor(s) you are considering purchasing from and describe their experience; and provide a timeline for implementation and operation of the program. For MUs, describe the location of the MU and how the location will improve access; hours of operation and access to the MOUD should the MU be out of service; and provide a timeline for implementation and operation of the program. (500 words maximum)
5. **Community Engagement.** How will you create a safe space to engage with the community? Describe your plan for recruiting, training and supporting community advisors and/or staff who have lived experience and/or are of the population served. Additionally, provide information on how you will outreach and market the availability of services to communities. (200 word maximum)
6. **Equity Implementation.** Describe what strategies you plan to use to ensure equity to those disproportionately impacted by opioid use in the implementation of this program. How will you ensure that those populations who are often missed will gain access to this program? (300 words maximum)
7. **Partnerships.** Describe partnerships that are already in place or will be established to support implementation of your program goals, including access to other health services, including the primary NTP your MU or MNTP will be linked to. Also describe how the appropriate local jurisdictions have been engaged regarding service locations and their support for the proposed project. (200 words maximum)

8. **Monitoring and Evaluation.** Describe how you will document, monitor, or evaluate project activities and progress toward the outcomes listed above. Please describe your organization’s capacity to meet the implementation and reporting requirements. (300 words maximum)
9. **Organizational Capacity.** Describe the qualifications of the project leaders and key staff on the project. Explain how these staff members will carry out the activities identified above and support the evaluation and/or reporting requirements of this funding opportunity. If additional staff are needed, please tell us the positions that will need to be hired. (200 words maximum)
10. **Additional Funding.** Provide information about any additional funding that the organization plans to leverage to support this project. Include applications that have been submitted or will be submitted for funding. Please tell us how the funds will complement and/or expand the work for this project. Please describe any future funding and/or sustainability planning. (300 words maximum)
11. **Technical Assistance.** Provide information about any technical assistance that may be of benefit to your team to carry out your project. (not scored)

## WORK PLAN

The work plan has five parts:

- **Goal and Objectives:** The goal and objectives are statements of what major accomplishments you expect to achieve. Objectives should be “SMART”:
  - Specific: Identify the specific change you want to see, including the individuals or groups that you want to see the change in.
  - Measurable: Identify how much change you expect to see.
  - Achievable: Be ambitious but also realistic in what can be achieved in the funding period.
  - Relevant: Identify changes that are likely to affect the contributing factors in ways that will help you achieve the overall project goal.
  - Time-bound: All objectives should be achievable by the end of the grant period. Annual objectives should identify what can be achieved in each year.
- **Project activities that support the identified goal and objectives:** Identify the specific project activities needed to reach the identified goals and objectives.
- **Responsible staff and partners:** Identify the responsible partner/organization who will be implementing the specific activity.
- **Timeline:** Provide the start date and end date for each specific activity.

<b>Example: Goal:</b>	<i>Provide MNTP services to vulnerable populations in Humboldt and Mendocino counties by October 2025.</i>		
Objectives (A., B., etc.)	A. <i>Increase Internal staffing, capacity and knowledge.</i> B. <i>Build infrastructure for mobile services.</i>		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
1. Recruit, interview and hire 1-2 people with lived experience to provide program design guidance 2. Provide professional development training to staff on the following topics: harm reduction and stigma	1. Project Lead	5/1/2024	9/30/2025
	2. Project Lead will develop materials and Partner Organization will provide recruitment	7/1/2024	8/1/2024
	3. Training developed by (organization name) and delivered by Lead Staff (Name)	8/1/2024	(Ongoing)
<b>(1) Goal:</b>			
Objectives (A., B., etc.)	A.		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
1.			
<b>(2) Goal:</b>			
Objectives (A., B., etc.)	A.		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
1.			

**ATTACHMENTS**

- Proposed Project Budget\*  
Download The Center’s budget form from the application. Fill it in and upload it in Excel format.
- Proposed Work Plan\*  
Download The Center’s work plan from the application. Fill it in and upload it in a PDF or Word format.
- Applicant Organization’s W-9\*
- DHCS-Issued Primary NTP License\*
- Drug Medi-Cal Approval Letter\*