HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy
Rural Strategic Initiatives Division

Rural Communities Opioid Response Program-Overdose Response

Opportunity number: HRSA-25-010

Contents

Contacts & Support

Before you begin

If you believe you are a good candidate for this funding opportunity, secure your SAM.gov and Grants.gov registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on March 10, 2025.

> To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.

Step 1:
Review the Opportunity

In this step

Basic information

Federal Office of Rural Health Policy

Rural Strategic Initiatives Division

Supporting prevention, treatment, and recovery services for those with substance use disorders in rural areas.

Summary

The purpose of RCORP – Overdose Response is to support improving health care in rural areas by addressing their immediate and short-term needs related to the provision of substance use disorder services. RCORP-Overdose Response aims to reduce and prevent the risk of overdoses in rural areas.

Have questions? Go to Contacts & Support.

Funding details

Application type: New

Expected total available funding in FY 2025: $6,000,000

Expected number and type of awards: Up to 20 grants

Funding range per award: Up to $300,000

We plan to fund awards in one 12-month period of performance from September 1, 2025 to August 31, 2026.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.

Key facts

Opportunity name: Rural Communities Opioid Response Program-Overdose Response

Opportunity number: HRSA-25-010

Announcement version: New

Federal assistance listing: 93.912

Statutory authority: 42 U.S.C. 912(b)(5) (§711(b)(5) of the Social Security Act)

Key dates

NOFO issue date: December 20, 2024

Informational webinar: To be updated

Application deadline: March 10, 2025

Expected award date is by: August 1, 2025

Expected start date: September 1, 2025

See other submissions for other time frames that may apply to this NOFO.

Eligibility

In this step

Who can apply

You can apply if you are a domestic public or private, non-profit or for-profit entity.

Types of eligible organizations

These types of domestic* organizations may apply:

- Public institutions of higher education
- Private institutions of higher education
- Non-profits with or without a 501(c)(3) IRS status
- For-profit organizations, including small businesses
- State, county, city, township, and special district governments, including the District of Columbia, domestic territories, and freely associated states
- Independent school districts
- Native American tribal governments
- Native American tribal organizations

* "Domestic" means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Individuals are not eligible applicants under this NOFO.

Other eligibility criteria

Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Requests funding above the award ceiling shown in the funding range.
- Is submitted after the deadline.
- Includes activities that are not on the list of Tier 1 allowable activities provided in this NOFO.
- Does not include at least one activity from the list of Tier 1 or Tier 2 allowable activities.

- Is missing any required attachments and narrative sections, or required attachments and narrative sections are not complete.

- Does not include a target rural service area that contains **only** counties and/or census tracts that are designated rural per the Rural Health Grants Eligibility Analyzer.

- Does not clearly specify that RCORP-Overdose Response supported activities will be delivered in **every** rural and partially rural county included in your target rural service area.

NOTE: HRSA will review Attachment 1 and Attachment 2 to determine whether the application meets these criteria.

Application limits

Each applicant organization may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. We will hold you accountable for any funds you add, including through reporting.

Program description

Purpose

The purpose of RCORP – Overdose Response is to support improving health care in rural areas by addressing their immediate and short-term needs related to the provision of substance use disorder services. RCORP – Overdose Response aims to reduce and prevent the risk of overdoses in rural areas.

Program Goals

Establish and/or expand substance use disorder (SUD) prevention, harm reduction, treatment, and recovery services in the target rural service area.

Target Population

The target population for RCORP-Overdose Response includes:

- Individuals living in HRSA-designated rural areas who are:
  - At risk for SUD.
  - Experiencing symptoms of SUD.
  - In treatment for SUD.
  - In recovery for SUD.
- Their families and/or caregivers.
- Impacted community members who reside in HRSA-designated rural areas.

Background

The Rural Communities Opioid Response Program (RCORP) is a multi-year Health Resources and Services Administration (HRSA) initiative aimed at reducing disease and death related to substance use disorder (SUD), including opioid use disorder (OUD), in high-risk rural communities.

The RCORP initiative has supported over 1,900 rural communities across 47 states and 2 territories. In 2022 alone, RCORP provided services to over 2 million individuals. RCORP is administered through HRSA's Federal Office of Rural Health Policy, which is charged with supporting activities related to improving health care in rural areas.

Provisional data from CDC's National Center for Health Statistics indicated there were an estimated 107,000 drug overdose deaths in the United States during 2023—a decrease of 3% from the 111,000 deaths estimated in 2022. Even with this decrease,

substance use disorder (SUD), including opioid use disorder (OUD), remains a significant challenge for rural areas.[1]

From 2020 to 2021, overdose deaths were slightly lower in rural areas compared to urban areas (29.4 vs. 32.6 deaths per 100,000); however, drug overdose deaths increased at a faster rate in rural areas (67.6% increase in rural vs. 54.2% increase in urban).[2] Compounding the challenge, rural counties are nearly three (3) times more likely than metropolitan counties to be a low-dispensing county for naloxone.[3] Additional challenges associated with SUD/OUD program delivery in rural areas include lack of access to facilities, greater distances to care, and lack of transportation coordination.[4] The estimated average drive time to an OTP for people living in rural areas is 6 times greater than for those living in urban areas.[5]

The overdose crisis continues to evolve over time and is now largely characterized by deaths involving illicitly manufactured synthetic opioids, including fentanyl, and increasingly, stimulants. RCORP-Overdose Response is intended to help entities address these continuing challenges in rural communities across the United States.

Program Guidance

General Program Requirements

All services supported by RCORP-Overdose Response must be:

- Responsive to the needs of the target rural service area, as they relate to the purpose of RCORP-Overdose Response.
- Culturally and linguistically appropriate for the target rural population that you will serve.
- Scoped to align with your budget.
- Inclusive of individuals with lived or living experience by involving them as part of the planning and implementation process (this can include, but is not limited to, engaging peers and their families, conducting street outreach, fielding surveys, or collecting feedback from clients).
- Easily accessible and available to the target rural population, for example through offering extended treatment hours (e.g., nights and weekends), providing transportation to appointments, and/or increasing accessibility for individuals with disabilities (e.g., parking spaces close to entrances, ramp for mobile unit).
- Available to all individuals regardless of ability to pay. You may not deny services due to an inability to pay.
- Fully implemented and running within the one-year period of performance.
- Sustainable after the program period ends through innovative and multi-sectoral approaches.

- Targeted to opioid use disorder, but may also address other substance use disorders where there is demonstrated need.

- Coordinated and integrated with other SUD services and resources in the target rural service area. RCORP-Overdose Response **must not duplicate any existing SUD activities in the target rural service area or supplant any funds.**

Target Rural Service Area Requirements

RCORP-Overdose Response supported services may only be delivered in HRSA-designated rural counties and rural census tracts, as defined by the [Rural Health Grants Eligibility Analyzer](#). Within partially rural counties, services supported by this award may only be delivered within HRSA-designated rural census tracts. *If your target rural service area contains any counties or census tracts that are NOT designated rural per the [Rural Health Grants Eligibility Analyzer,](#) your application will not be reviewed or scored.*

RCORP evaluation data indicates that programs are more successful when individuals can access services locally. To this end, **you must implement at least one RCORP-Overdose Response supported allowable activity in every rural and partially rural county you select as part of your target rural service area.** Do not include a rural/partially rural county in your target rural service area if you do not plan to implement an RCORP-Overdose Response allowable activity there. If you include any rural or partially rural counties in your service area where you will NOT be implementing RCORP Overdose Response supported allowable activities, your application will not be reviewed or scored.

HRSA will reference [Attachment 1](#) and [Attachment 2](#) to determine whether your application meets target rural service area requirements.

Allowable Activities

RCORP-Overdose Response funds MUST ONLY be used to support activities from the lists of allowable activities below. If your application contains any activities that are not on the following lists, or does not include at least one activity from Tier 1, **your application may not be reviewed or scored.**

Allowable activities are split into two tiers. **You must include at least one activity from Tier 1**. Tier 1 activities pertain to the direct delivery of SUD services. If capacity exists, you may also select additional allowable activities from Tier 1 or Tier 2. Tier 2 activities relate to capacity building, supportive services, and special populations.

Please note that the number of allowable activities you chose to implement does not affect the score of the application. As a reminder, you must implement allowable

activities in every individual rural/partially rural county included within your target rural service area.

Tier 1 Allowable Activities

(You MUST choose at least one Tier 1 activity to implement):

Prevention

- 1. **Tertiary prevention.** Purchase naloxone, fentanyl test strips or other evidence-based tertiary prevention[6] supplies and distribute them within the target rural service area. Award recipients must follow all applicable local, state, and Federal laws and policies when purchasing and distributing these supplies.

Treatment

- 1. **SUD/OUD Care Delivery Sites.** Establish, improve, or expand physical SUD/OUD care delivery sites. Examples include (but are not limited to): purchasing a mobile unit for providing/expanding access to treatment including pharmacies; conducting minor renovations to establish an appropriate space for providing treatment, etc.
  2. **Quick Response Teams.** Establish a Quick Response Team (QRT) that includes EMS, law enforcement, and social workers/peer specialists, which will immediately respond to opioid overdoses and connect individuals on site with critical substance use disorder services.
  3. **Screening and connection to treatment.** Screen individuals for SUD/OUD and related infections diseases and ensure that all individuals who screen positive are connected with treatment and other behavioral health and social services.
  4. **Bridge Clinics**. Establish or expand Bridge Clinics for MOUD. Bridge clinics provide interim substance use disorder treatment (including access to medications/pharmacy access) to individuals with a recent overdose who are leaving the emergency department or discharged from inpatient care, until they are able to establish more permanent care in the community setting.
  5. **Stimulant Treatment.** Establish, improve, or expand evidence based stimulant treatment programs for individuals with polysubstance use. This may include, but is not limited to, training providers to address stimulant misuse, implementing contingency management, etc.

Recovery

- 1. **Recovery Housing.** Establish or expand recovery housing
  2. **Recovery Community Organization.** Establish or expand a recovery community organization.

3. **Peer Recovery specialists.** Train peer recovery support specialists and coordinate placements in local SUD/OUD service delivery sites, such as emergency departments, primary care, jails/prisons, behavioral health care clinics, etc.

Tier 2 Allowable Activities:

If capacity exists, you may also select additional allowable activities from Tier 2.

Capacity Building

- **Needs Assessment.** Build an understanding of community needs through activities such as:
  - Creating an Overdose Mapping system to locate where overdoses are occurring;
  - Purchasing drug checking equipment to understand what is in the drug supply
  - Establishing an [overdose fatality review board](#)
- **Strategic Plan.** Create a strategic plan for addressing SUD in the target rural service area.
- **Clinical training and support.** Offer certification, formalized training programs, Continuing Education Units (CEU), Continuing Medical Education Units (CME), and/or professional mentorship opportunities to enhance providers' ability to care for individuals with SUD/OUD

Supportive Services

- **Supportive Social Services.** Establish and/or enhance coordination with supportive social services to ensure that rural individuals and families impacted by SUD have the greatest opportunity possible for sustained, long-term recovery. Examples include:
  - Working with local transportation resources to provide free transport to SUD treatment appointments and recovery services.
  - Coordinating with childcare providers to offer childcare for parents and caregivers, so that they can attend treatment appointments.
- **Employment and Life Skills.** Provide employment and/or life skills training for individuals in recovery and connections to meaningful job opportunities
- **Health Insurance.** Assist uninsured individuals with SUD/OUD in the target rural service area with obtaining health insurance.

Special Populations

- **Youth prevention.** Develop youth-specific SUD prevention programming such as: implementing evidence-based prevention curriculums in schools, or establishing afterschool programs etc.
- **Justice Involved Populations.** Establish or expand programs to assist justice-involved individuals, such as diversion programs.

Learning Collaborative

If awarded, you will participate in the quarterly RCORP-Overdose Response learning collaborative, facilitated by the HRSA-funded RCORP technical assistance provider. The learning collaborative will offer the opportunity to network, share best practices, address challenges, and receive targeted technical assistance for your project.

- You must designate one individual to serve as the point of contact for the learning collaborative.
- We anticipate that the Learning Collaborative will meet on a quarterly basis.

Performance Reporting

As a requirement of RCORP-Overdose Response, there will be several [reporting requirements](#) to track your progress towards achieving the RCORP-Overdose Response goals including a baseline data report, midway progress report, and a final report. Award recipients will also be expected participate in a HRSA-sponsored program evaluation by providing quantitative performance data at the end of their project period. Data will include measure such as the number of individuals screened, number of individuals referred to treatment, number of patients who have received MAT, number of participants who received SUD education or training etc. HRSA will provide additional guidance during the period of performance.

Award information

Funding policies & limitations

Policies

We will only make awards if this program receives funding. If Congress appropriates funds for this purpose annually, we will move forward with the review and award process.

Support beyond the first budget year will depend on:

- Appropriation of funds.

- Your satisfactory progress in meeting the project's objectives.
- A decision that continued funding is in the government's best interest.

If we receive more funding for this program, we may:

- Fund more applicants from the rank order list
- Extend the period of performance
- Award supplemental funding

General limitations

- For guidance on some types of costs we do not allow or restrict, see Project Budget Information in Section 3.1.4 of the [Application Guide](). You can also see 45 CFR part 75, or any superseding regulation, [General Provisions for Selected Items of Cost]().
- You cannot earn profit from the federal award. See [45 CFR 75.400(g)]().
- Congress's current appropriations act includes a salary limitation, which applies to this program. As of January 2024, the salary rate limitation is $221,900. This limitation may be updated.

Program-specific statutory or regulatory limitations

You cannot use funds under this notice for the following purposes:

- To acquire real property
- For construction
- To pay for any equipment costs not directly related to the purposes for which this grant is awarded
- To purchase syringes or pipes

See [Manage Your Grant]() for other information on costs and financial management.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects).

To charge indirect costs you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

Method 2 – *De minimis* rate. Per [2 CFR 200.414]()(f), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose

this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See 2 CFR 200.1 for the definition of MTDC. You can use this rate indefinitely.

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at 45 CFR 75.307.

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

You must have an active account with SAM.gov to apply. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to SAM.gov Entity Registration and select Get Started. From the same page, you can also select the Entity Registration Checklist to find out what you'll need to register.

When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations. You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

You must also have an active account with Grants.gov. You can see step-by-step instructions at the Grants.gov Quick Start Guide for Applicants.

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number HRSA-25-010.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit HHS Tips for Preparing Grant Proposals.

Visit HRSA's How to Prepare Your Application page for more guidance.

See Apply for a Grant for other help and resources.

Join the webinar

For more information about this opportunity, join the webinar on January 30, 2025 at 2:00 – 3:00 PM EST. You can join at https://hrsa-gov.zoomgov.com/j/

[1608186546?pwd=lHMBqb1S5Q2984ybwUdmK8HRkTqsGm.1Audio](#).

If you are not able to join through your computer, you can call in:

• Phone number: 833 568 8864

• Meeting ID: 32171184

We will record the webinar.

Have questions? Go to [Contacts & Support](#).

Step 3:
Prepare Your Application

In this step

Application contents & format

Applications include 5 main components. This section includes guidance on each.

Application page limit: 40 pages

Submit your information in English and express whole number budget figures using U.S. dollars.

Make sure you include each of these:

Components	Submission format
Project abstract	Use the Project Abstract Summary form
Project narrative	Use the Project Narrative Attachment form
Budget narrative	Use the Budget Narrative Attachment form
Attachments	Insert each in the Attachments form
Other required forms	Upload using each required form

Required format

You must format your narratives and attachments using our required formats for fonts, size, color, format, and margins. See the formatting guidelines in Section 3.2 of the Application Guide.

Project abstract

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. For more information, see Section 3.1.2 of the Application Guide.

Project narrative

In this section, you will describe all aspects of your project. Project activities must comply with the non-discrimination requirements.

Use the section headers and the order listed.

IMPORTANT NOTE: All required information must be located in the corresponding narrative section, as described below.

Background

See merit review criterion 1: *Background*

- State the purpose and objective(s) of your proposed project.
- List the allowable activity/ies that will be implemented, and its tier/number (e.g. 1.1, 2.1, etc.).
- Briefly describe the target rural service area.
- Briefly describe target rural population.
- Briefly summarize the needs you are planning to address with your project.

Organizational information

See merit review criterion 2*: Organization Information*

Overview

- Describe how the mission of your organization and the scope of current organizational activities align with the purpose and goals of RCORP-Overdose Response.
- Describe your organization's ability to execute the proposed work plan, including completing any proposed procurement of equipment or supplies within the period of performance.
- Describe your organization's capacity to ensure that the target rural service area is engaged and participating throughout the project.
- Describe how you will ensure that implementation of the project can begin on the project period start date.
- Describe how your organization will manage staff turnover and ensure continuity of the project's operations and services.

Staffing Plan

- Describe how you will manage your proposed project and ensure that the work plan is implemented effectively.
- Provide a high-level summary of your proposed staffing plan.
  - For positions that are currently vacant, describe how you will quickly fill the position if awarded, to avoid any delays in implementing the work plan.
- In Attachment 3, provide a staffing plan. The staffing plan should directly link to the activities proposed in the work plan.
  - All staffing plans MUST include a Project Director. The Project Director is a key staff member who is the point person on the award and makes staffing, financial, and other decisions to align project activities with project

outcomes. You may decide the job qualifications and percentage of effort needed to effectively fulfill these duties.

- If awarded, the Project Director must attend monthly calls with HRSA and the technical assistance provider. The Project Director is also responsible for fulfilling HRSA's reporting requirements.

- You may decide the job qualifications and percentage of effort needed to effectively fulfill these duties, but we strongly recommend a minimum time commitment of at least .25 FTE for the Project Director.

- If the Project Director serves as a Project Director for other federal awards, please list the federal awards as well as the percent FTE for each respective federal award. The Project Director may not bill for more than 1.0 FTE across federal awards, regardless of the role served on other federal awards.

- Please ensure that you list the designated Project Director in Box 8f of the SF-424 Application Page.

- All staffing plans MUST also include a Learning Collaborative Point of Contact. The point of contact must participate in monthly learning collaborative meetings. They should be a key staff member with the authority to speak on behalf your project. You may decide the job qualifications and percentage of effort needed to effectively fulfill these duties.

- The staffing plan must also indicate who will track, collect, aggregate, and monitor project activities, and ensure that performance data is reported to HRSA accurately and on time. This may be the project director or another individual supported with RCORP-Overdose Response funds.

Staff Biosketches

- For each staff member reflected in the staffing plan, provide a brief biographical sketch in Attachment 4 that clearly demonstrates the staff member has appropriate and applicable training, qualifications, and expertise for their role on the project.

- If an individual is fulfilling multiple roles in the proposed project, you may use a single biographical sketch to address their qualifications for each role.

- The names reflected in the staffing plan must align with the names identified in the biographical sketches.

Approach

See merit review criterion 3: *Approach*

PART A: Overall Approach

For your overall program and strategy, include the following:

- Describe how you will ensure that RCORP-Overdose Response supported services are culturally and linguistically appropriate for your target rural population.
- Describe how you will ensure that the RCORP-Overdose Response supported services are integrated, coordinated, comprehensive, and easily accessible.
- Describe how your approach will ensure that rural individuals and families impacted by SUD have the greatest possible opportunity for sustained long term recovery.

PART B: Activity-specific approach

As a reminder, you must implement at least one allowable activity in every rural/ partially rural county included within your target rural service area.

For each allowable activity proposed, include the following:

- Proposed Allowable Activity
  - List the allowable activity that will be implemented, and [its tier/number](#) (e.g. 1.1, 2.2, etc.).
- Justify the need for each activity
  - Use and cite recent data to demonstrate the need for this activity.
  - Describe structural and systemic barriers to SUD/OUD prevention, treatment, and recovery services in your service area as they relate to your selected activity.
  - Describe your target population and outline the needs of the target rural population as they relate to your selected activity.
- Approach
  - Provide a detailed description of how you will implement the selected allowable activity. All proposed approaches and strategies should be data-driven and needs-based. As appropriate, include strategies for disseminating information about the selected activities, such as community outreach and collaborations with external organizations.
  - Describe how you will incorporate individuals with lived experience (including individuals with SUD/OUD and other behavioral health needs, their families, caregivers, providers, etc.) in the activity.

- Demonstrate that you will be able to complete this activity within the one-year period of performance.
    - Describe the anticipated impact and outcomes of the activity
- Resolving Challenges
    - Discuss challenges that you are likely to encounter for this activity and explain approaches that you'll use to resolve them.
    - Detail potential challenges to sustaining this activity after the period of performance ends and how you intend to overcome them.

High-level work plan

See merit review criteria 4: *Work plan*

In Attachment 2, provide a work plan that aligns with the selected activity/activities and includes the specific action steps that you will take to implement each of the approaches described in the previous section.

The work plan should include:

- Specific steps that you will undertake to achieve the selected activity/activities;
- Responsible individual(s) for each activity; and
- Timeframes associated with each activity.
- The work plan must reflect a 12-month period of performance.

NOTE: Each activity in the work plan should have beginning and completion dates. It is not acceptable to list "ongoing" as a timeframe.

Data and Reporting

See merit review criteria 5: *Data and Reporting*

- Describe the process (including staffing and workflow) for how you will track, collect, and monitor project activities, including reporting HRSA data accurately and on time.
- Describe how you will use data, including but not limited to required HRSA performance measures, for the continuous improvement of RCORP-Overdose Response supported services.
- See the reporting section for more information.

Budget & budget narrative

See merit review criterion 6: *Support Requested*

Your **budget** should follow the instructions in Section 3.1.4 Project Budget Information – Non-Construction Programs (SF-424A) of the Application Guide and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for equipment and supply in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or $10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The budget narrative supports the information you provide in Standard Form 424-A. See other required forms. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See Funding policies & limitations.
- You cannot use funds under this notice for the following purposes:
  - To supplant or duplicate any services that already exist in the service area(s),
  - To purchase syringes or pipes,
  - To procure equipment solely intended for preparing drug injection such as: cookers, sterile water, filters, tourniquets, razors, straws, plastic cards, tiny spoons,
  - To purchase other items that could be classified as drug paraphernalia and/or are prohibited according to your state/local laws.
- Travel: You must budget travel funds for up to two (2) program staff to attend a three-day program meeting in Washington, DC, once in in the project year. You may also propose additional meetings and conferences that are directly related to the purpose of the program and will complement your project's objectives.

To create your budget narrative, see detailed instructions in Section 3.1.5 of the Application Guide.

Attachments

Place your attachments in this order in the Attachments Form. See application checklist to determine if they count toward the page limit.

Attachment 1: General Project Information

IMPORTANT: The information included in this attachment will be used to determine your application's eligibility. Be sure that the information is complete and correct.

Provide the following information about your proposed project:

1. Project Title

2. Requested Award Amount

3. Applicant Organization Name

4. Applicant Organization Address

5. Applicant Organization Facility Type (e.g., Rural Health Clinic, Critical Access Hospital, Tribe/Tribal Organization, Health System, Institute of Higher Learning, Community-based Organization, Foundation, Rural Health Network, etc.)

6. Project Director Name and Title (should be the same individual designated in Box8f of the SF-424 Application Form)

7. Project Director Contact Information (phone and email)

8. How the Applicant First Learned About the Funding Opportunity (select one: State Office of Rural Health, HRSA News Release, Grants.gov, HRSA Project Officer, HRSA Website, Technical Assistance Provider, State/Local Health Department)

9. Whether you are a: current RCORP award Recipient, previous RCORP award recipient, current RCORP Consortium member, or previous RCORP Consortium member.

10. RCORP-Overdose Response target service area (must be exclusively rural, as defined by the Rural Health Grants Eligibility Analyzer):

    a. Fully Rural Counties: Provide the county name and state

    b. Partially Rural Counties: Provide county name, state, and the rural census tract (List of Rural Census Tracts)

11. Activity/ies and tier proposed in application (include the number associated with the proposed activities. (e.g., "1.1 and 2.3")

Attachment 2: Selected Activities and Service Area

IMPORTANT: The information included in this attachment will be used to determine your application's eligibility. Be sure that the information is complete and correct.

Describe which activities will be carried out in each rural/partially rural county included in your target rural service area. We recommend that you provide the following information in table format and format the following information in two columns:

- Activity/Tier Number
- County that the activity will be implemented in (address if available)

Attachment 3: Work plan

Provide a work plan that includes the specific activities and action steps that you will take to implement each of the approaches described in the previous section.

The work plan, must:

- Align with chosen activity/activities.
- Include the specific steps that you will undertake to achieve the selected activity/ activities.
- Reflect a 12-month period of performance.
- Include the names of the individuals/organizations who are responsible for implementing each specific activity.
- Include specific time frames for each activity (please do not list a time frame as ongoing. There should be a specific beginning and end date for each activity).

Attachment 4: Staffing plan & job descriptions

See Section 3.1.7 of the Application Guide. Provide a staffing plan that includes the information below for each project staff and key information about each. It is strongly recommended that you provide this information in a table format.

- Name (if not yet hired, state "TBH").
- Title.
- Organizational affiliation.
- Full-time equivalent (FTE) devoted to the project (Note: You cannot bill more than FTE across federal awards).
- List of roles and responsibilities on the project.
- Job title (e.g., project director, a learning collaborative.)
- Timeline and process for hiring/onboarding, if applicable.

Attachment 5: Biographical sketches

For each staff member reflected in the staffing plan, provide a brief biographical sketch that clearly demonstrates the staff member has appropriate and applicable experience for their role on the project. If an individual is fulfilling multiple roles in the proposed project, you may use a single biographical sketch to address their qualifications for each role. The names reflected in the staffing plan must align with the names identified in the biographical sketches.

Attachment 6-15: other relevant documents

You may use attachments 6 through 15 to add other relevant documents.

Other required forms

You will need to complete some other forms. Upload the listed forms at Grants.gov. You can find them in the NOFO application package or review them and any available instructions at Grants.gov Forms.

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application
Budget Information for Non-Construction Programs (SF-424A)	With application
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award
Budget Narrative Attachment Form	With application

Step 4:
Learn About Review & Award

In this step

Application review

Initial review

We review each application to make sure it meets eligibility criteria, including the completeness and responsiveness criteria. If your application does not meet these criteria, it will not be funded.

We will not review any pages that exceed the page limit.

Merit review

A panel reviews all applications that pass the initial review. The members use these criteria.

Criterion	Total number of points = 100
1. Background	5 points
2. Organizational Information	15 points
3. Approach	50 points
4. Work plan	15 points
5. Data and reporting	5 points
6. Support requested	10 points

Criterion 1: Background (5 points)

See Project Narrative Background sections.

The panel will review your application for how well it demonstrates:

- Extensive knowledge and understanding of the target rural service area and target population.
- That the objectives and allowable activities in the proposed project align with the goal and purpose of RCORP-Overdose Response.
- The needs of the target population and how they closely aligned with the chosen allowable activities.

Criterion 2: Organizational Information (15 points)

See Project Narrative Organizational Information sections.

Overview (5 points)

The panel will review your application for how well it demonstrates:

- The mission and activities of your organization are closely aligned with the mission and goals of the proposed RCORP-Overdose Response Project. In other words, the proposed project fits well within the applicant organization.
- The ability to manage any staff turnover, so that if these changes occur, the project's administrative operations and services will not be disrupted.
- The ability to begin implementing the project on September 1, 2025.
- Your organization's ability to execute the proposed work plan, including completing any proposed procurement of equipment or supplies within the period of performance.
- The ability to ensure that the target rural service area is engaged and participating throughout the project.
- The ability to show collective impact of the grant and secure durable community buy-in.

Staffing Plan (7 points)

The panel will review your staffing plan for how well it demonstrates:

- The ability to manage your proposed project and ensure that the work plan is implemented effectively.
- Close alignment with the project approach and work plan.
- Inclusion of all required roles (project director and learning collaborative point of contact) and requested information in Attachment 3.
- A plan for hiring vacant positions that is feasible and likely to avoid project delays if awarded.

Staff Biosketches (3 points)

The panel will review your biosketches for how well it demonstrates:

- Completeness, by including biosketches for all the individuals fulfilling key roles on the proposed project.
- Project staff are qualified to effectively fulfill their specific roles on the proposed project.

Criterion 3: Approach (50 points)

See Project Narrative *Approach* section.

Need (8 points)

The panel will review your application for how well it:

- Clearly lists the allowable activity that will be implemented.
- Clearly justifies the need for the activity by citing recent data.
- Clearly describes structural and systemic barriers to SUD/OUD prevention, treatment, and recovery services in your service area as they relate to your selected activity.
- Clearly describes your target population and outlines the needs of the target rural population as they relate to your selected activity.

Approach (25 points)

For each allowable activity, the panel will review your application for how well it:

- Provides a detailed description of how you will implement the selected allowable activity.
- Demonstrates a data-driven and needs-based approach/strategy.
- Describes the anticipated impact and outcomes of the activity for your organization and the target rural service area.
- Describes how you will incorporate individuals with lived experience (including individuals with SUD/OUD and other behavioral health needs, their families, caregivers, providers, etc.) in the activity.
- Demonstrates that you will be able to complete this activity within the 12-month period of performance.

Resolving Challenges (5 points)

The panel will review your application for how well it:

- Identifies potential challenges and feasible approaches to resolve them.

Sustainability (7 points)

The panel will review your application for how well it:

- Ensures sustainability and continued availability and access to each implemented activity so that individuals can continue to receive care/services after the period of performance.

Overall Approach (5 points)

The panel will review your application for how well it describes an approach that:

- Provides services that are culturally and linguistically appropriate for the target rural population.
- Supports services that are easy to access and coordinated across the target rural service area.

Criterion 4: Work Plan (15 points)

See Project Narrative High-level work plan section.

The panel will review your application for how well the work plan:

- Demonstrates the ability to achieve the project's objectives within the 12-month period of performance.
- Includes all the required elements:
  - Reflects all RCORP-Overdose Response goals and proposed project approaches.
  - Reflects a 12-month period of performance.
  - Includes the names of the individuals/network members who are responsible for implementing each specific activity.
  - Includes specific time frames for each activity (There should be a specific beginning and end date for each activity; activities should not be listed as "ongoing").

Criterion 5: Performance reporting and evaluation (5 points)

See Project Narrative Performance reporting and evaluation section.

The panel will review your application for how well it describes an approach that:

- Effectively tracks, collects, and monitors project activities, and reports required HRSA performance measures on time.
- Effectively uses data to continuously improve RCORP-Overdose Response services and support accessible, comprehensive, and quality care.

Criterion 6: Support requested (10 points)

See Budget & budget narrative section.

The panel will review your application for how well:

- The proposed budget is reasonable for the 12-month period of performance.
- The costs as outlined in the budget and required resources sections are reasonable and align with the project's scope.
- The budget narrative justifies the need for each line item listed in the budget.

We do not consider **voluntary** cost sharing during merit review.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance
- Review audit reports and findings
- Analyze the budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility / Qualification](#) to check your history for all awards likely to be more than $250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including the diversity of project types and geographic distribution.
- The funding priorities listed.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.

- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Funding priorities

This program includes a funding priority, imposed by HRSA policy. A funding priority adds points to merit review scores if we determine that the application meets the listed criteria. Qualifying for a funding priority does not guarantee that your application will be successful.

Priority Point: Not a current RCORP recipient (2 Points)

You will receive a funding priority if you are not a current recipient of an active RCORP award.

Award notices

We issue Notices of Award (NOA) on or around the start date listed in the NOFO. See Section 4 of the Application Guide for more information.

By drawing down funds, you accept the terms and conditions of the award.

Step 5:
Submit Your Application

In this step

Application submission & deadlines

Your organization's authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#), and specifically with regard to grants.

Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. [See information on getting registered](#). You will have to maintain your registration throughout the life of any award.

Deadlines

Application

You must submit your application by March 10, 2025, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives the application.

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

Have questions? Go to [Contacts and Support](#).

Other submissions

Intergovernmental review

If your state has a process, you will need to submit application information for intergovernmental review under [Executive Order 12372](#). Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the list of state single points of contact. If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

Application checklist

Make sure that you have everything you need to apply:

Component	How to Upload	Included in page limit?
☐ **Project abstract**	Use the Project Abstract Summary Form.	No
☐ **Project narrative**	Use the Project Narrative Attachment form.	Yes
☐ **Budget narrative**	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in a single Other Attachments form.	
☐ 1. General Project Information		Yes
☐ 2. Selected Activities and Service Area		Yes
☐ 3. Work Plan		Yes
☐ 4. Staffing Plan & Job Descriptions		Yes
☐ 5. Biographical Sketches		Yes
☐ 6. Other relevant document		Yes
☐ 7. Other relevant document		Yes

☐ 8. Other relevant document		Yes
☐ 9. Other relevant document		Yes
☐ 10. Other relevant document		Yes
☐ 11. Other relevant document		Yes
☐ 12. Other relevant document		Yes
☐ 13. Other relevant document		Yes
☐ 14. Other relevant document		Yes
☐ 15. Other relevant document		Yes
Other required forms *	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		No
☐ Budget Information for Non-Construction Programs (SF-424A)		No
☐ Disclosure of Lobbying Activities (SF-LLL), optional		No
☐ Project/Performance Site Location(s)		No
☐ Grants.gov Lobbying Form		No

☐ Key Contacts		No

* Only what you attach in these forms counts against the page limit. The forms themselves do not count.

Step 6:
Learn What Happens After Award

In this step

Post-award requirements & administration   45

Post-award requirements & administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.

- The regulations at [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, and any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:

  - [2 CFR 200.1](#), Definitions, Modified Total Direct Cost.
  - [2 CFR 200.1](#), Definitions, Equipment.
  - [2 CFR 200.1](#), Definitions, Supplies.
  - [2 CFR 200.313(e)](#), Equipment, Disposition.
  - [2 CFR 200.314(a)](#), Supplies.
  - [2 CFR 200.320](#), Methods of procurement to be followed.
  - [2 CFR 200.333](#), Fixed amount subawards.
  - [2 CFR 200.344](#), Closeout.
  - [2 CFR 200.414(f)](#), Indirect (F&A) costs.
  - [2 CFR 200.501](#), Audit requirements.

- The HHS [Grants Policy Statement](#) (GPS). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.

- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).

- The requirements for performance management in [2 CFR 200.301](#).

Health information technology interoperability

If you receive an award, you must agree to the following conditions when implementing, acquiring, or upgrading health IT. These conditions also apply to all subrecipients.

- Compliance with 45 CFR part 170, subpart B. Make sure your activities meet these standards if they support the activity.
- Certified Health IT for Eligible Clinicians and Hospitals. Use only health IT certified by the ONC Health IT Certification Program for activities related to Sections 4101, 4102, and 4201 of the HITECH Act.

If 45 CFR part 170, subpart B standards cannot support the activity, we encourage you to:

- Use health IT that meets non-proprietary standards.
- Follow specifications from consensus-based standards development organizations.
- Consider standards identified in the ONC Interoperability Standards Advisory.

Non-discrimination legal requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the Laws and Regulations Enforced by the HHS Office for Civil Rights.

Contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive order on worker organizing and empowerment

[Executive Order on Worker Organizing and Empowerment (E.O. 14025)](#) encourages worker organizing and collective bargaining and promotes equality of bargaining power between employers and employees.

You can support these goals by developing policies and practices that you could use to promote worker power.

Cybersecurity

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.
- You handle personal identifiable information (PII) or personal health information (PHI) from HHS.

You must base the plan based on the [NIST Cybersecurity Framework](#). Your plan should include the following steps:

Identify:

- List all assets and accounts with access to HHS systems or PII/PHI.

Protect:

- Limit access to only those who need it for award activities.
- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at 405(d): [Knowledge on Demand (hhs.gov).](#)
- Use multi-factor authentication for all users accessing HHS systems.
- Regularly backup and test sensitive data.

Detect:

- Install antivirus or anti-malware software on all devices connected to HHS systems.

Respond:

- Create an incident response plan. See [Incident-Response-Plan-Basics_508c.pdf (cisa.gov)](#) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
  - Any unplanned interruption or reduction of quality, or

◦ An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

Reporting

If you are funded, you will have to follow the reporting requirements in Section 4 of the [Application Guide](#). The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

1. **Progress reports** semi-annually.

2. **Annual performance reports** through [Electronic Handbooks](#).

3. **Copy of RCORP-Overdose Response Application:** Award recipients must submit a copy of their RCORP-Overdose Response application to the HRSA-funded RCORP technical assistance provider and evaluator to provide them with background and context for the proposed project. HRSA will provide additional information during the period of performance.

4. **Baseline Data Report:** Applicants will be expected to provide baseline data 90 days after award receipt. HRSA will provide additional information during the period of performance.

5. **Performance Integrity Management System (PIMS) Reports:** The award recipient must submit quantitative performance reports on an annual basis. Award recipients will receive additional data collection and reporting guidance upon receipt of award.

6. **Financial Assessment:** The recipient must submit a comprehensive financial assessment of the resources available to sustain the program after the grant ends. HRSA will provide additional information during the period of performance.

Contacts & Support

In this step

Agency contacts

Program and eligibility

Diana Wang

Program Coordinator, Rural Strategic Initiatives Division

Attn: RCORP-Overdose Response

Federal Office of Rural Health Policy

Health Resources and Services Administration

Email your questions to: ruralopioidresponse@hrsa.gov

Call: 301-443-2302

Financial and budget

Kimberly Dews

Grants Management Specialist

Division of Grants Management Operations, OFAAM

Health Resources and Services Administration

Email your questions to: kdews@hrsa.gov

Call: 301-443-0655

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

Electronic Handbooks Contact Center

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726, search the Grants.gov Knowledge Base, or email Grants.gov for support. Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the Federal Service Desk.

Helpful websites

- HRSA's How to Prepare Your Application page
- HRSA Application Guide
- HRSA Grants page
- HHS Tips for Preparing Grant Proposals

Endnotes

1. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm ↥

2. CDC WONDER Data File ↥

3. https://archive.cdc.gov/#/details?url=https://www.cdc.gov/media/releases/2019/p0806-naloxone.html ↥

4. https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2019/02/opioid-use-disorder-challenges-and-opportunities-in-rural-communities ↥

5. https://jamanetwork.com/journals/jama/fullarticle/2752051 ↥

6. In the biomedical model of health and health care, prevention interventions have traditionally been classified according to three distinct levels: primary, secondary, and tertiary (Leavell and Clark, 1965). Primary prevention strategies aim to mitigate risk factors and prevent health conditions from ever developing. Secondary prevention interventions seek to identify a health condition as early as possible to halt or slow its progression. Tertiary prevention approaches strive to minimize acute negative consequences, like death, among those who have the disease. For instance, providing naloxone to those using opioids is an example of tertiary prevention, as naloxone can reduce the risk of opioid overdose and death among individuals with OUD. ↥