CALIFORNIA TRIBAL AND URBAN INDIAN COMMUNITY-DEFINED BEST PRACTICES

REQUEST FOR APPLICATIONS

FEBRUARY 2021

READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY

BACKGROUND

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

TRIBAL AND URBAN INDIAN COMMUNITY-DEFINED BEST PRACTICES (TUICDBP) FUNDING OPPORTUNITY

This funding opportunity is part of the Department of Health Care Services' (DHCS) MAT Access Points Project, which is creating a network of organizations throughout California to address the opioid crisis by supporting prevention, education, stigma reduction, treatment, and recovery services for people with opioid use disorder (OUD) and co-occurring use disorder, hereafter referred to as substance use disorder (SUD), and by increasing access to Medications for Addiction Treatment (MAT). The program is creating a community of practice that lifts and makes available racially and culturally responsive population-based and place-based approaches for California's most underserved communities.

According to the 2019 statewide needs assessment, *Addressing the Opioid Crisis in American Indian Alaska Native Communities: A Statewide Needs Assessment*, a need for culturally centered activities and treatments to prevent and treat OUD/SUD was identified.[1] The report highlighted that such services maintain resilience of an individual through an emphasis of cultural connectedness, cultural services, positive role models, and availability of supportive services and programs (p. 1). In response, DHCS has created a funding opportunity to address this need. The goal of the TUICDBP program is to support California Tribes, Urban Indian and Tribal providers, and Tribal-serving organizations to develop approaches to strengthen the cultural centeredness of the services they deliver to individuals with SUD.

Through the TUICDBP program, awarded funds will support the planning, or implementation of, community-defined best practices (i.e., culturally validated healing practices) into substance use disorder services for Tribal and Urban Indian communities throughout the state. Funded organizations will either propose to complete a series of readiness activities and plan to develop or identify community-defined practices in their community, or for those organizations that already use community-defined best practices, will propose ways to integrate those practices into SUD and health care services.

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[1] Soto C, West A, Unger J, et al. (2019). Addressing the Opioid Crisis in American Indian & Alaska Native Communities in California: A Statewide Needs Assessment. Retrieved from https://ipr.usc.edu/wp-ontent/uploads/2019/11/USC_AI_Report.pdf

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

GLOSSARY

Addiction: The chronic neurobiological disorder centered on a dysregulation of the natural reward system. See video on rethinking addiction:
https://www.youtube.com/watch?v=bwZcPwlRRcc&feature=youtu.be

Community-Defined Best Practices: Cultural and/or traditional practices informed, guided and determined by a community recognized to have positive results and community consensus reaching a level of acceptance.[2]

Medications for Addiction Treatment (MAT): MAT uses medications with counseling and other recovery supports to treat the whole patient. FDA approved medications for opioid addiction treatment stabilize the brain, controls cravings and helps patients do the hard work of recovery.

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

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

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

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[2] Martinez, K., Callejas, L., and Hernandez, M. (2010). Community-Defined Evidence: A Bottom-Up Behavioral Health Approach to Measure What Works in Communities of Color. *Emotional & Behavioral Disorders in Youth*, 11-16. Retrieved from
https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/imce/documents/Community%20Defined%20Evidence.pdf

ELIGIBILITY CRITERIA

The State of California recognizes the importance of culture as an integral part of prevention, treatment and recovery of Tribal and Urban Indian populations. In recognition of the importance of cultural values and belief as part of SUD services, this funding opportunity is available for interested and eligible entities. The Center will fund California organizations that meet the following minimum requirements:

- Applicants must be one of the following:
  - Urban Indian Health Program
  - Tribal Health Program
  - Tribally operated organization
  - Federally or non-federally recognized tribe
  - Tribal and Urban Indian grassroots organization
  - Fiscal agents applying on behalf of an eligible entity

And all of the following must apply:

- Primary location is in the state of California.
- Provide services in the state of California.
- Organizations and partners must be deeply invested in, engaged with and reflective of the Tribal and Urban Indian communities they serve. They should have a history of working with Tribal and Urban Indian communities, including representation in organization's leadership, on the board and staff, and in clients and neighborhoods served.

SCOPE OF WORK

This funding opportunity is intended for California organizations and entities with demonstrated knowledge of Tribal and/or Urban Indian experience, the strengths and healing capacity of community-defined best practices, and the need for culture- and community-defined practices as a key part of SUD prevention, treatment, and recovery. Activities implemented through this two-track funding opportunity must include identification of local, traditional, community-defined best practices (Planning Track) or integration and implementation of local, traditional, community-defined best practices into SUD and health care services (Implementation Track).

The ultimate goal of the TUICDBP program is the implementation and integration of culturally validated and traditional healing and recovery practices for SUD into clinical services serving Tribes, Urban Indian organizations, Urban and Tribal providers, and Tribal-serving organizations for the purpose of improving wellness and recovery outcomes. This includes identifying local needs to meet organizations wherever they may be in the continuum, ranging from service planning to implementation of TUICDBP into services.

The program will follow two tracks – a Planning Track and an Implementation Track. Through the TUICDBP program, distinct goals for the Planning Track and the Implementation Track include the following.

1. **Planning Track goal:** Identify long-standing and emerging cultural practices and traditions that serve as a critical part of healing and recovery, including providers and community partners in the process. This includes starting or re-mobilizing planning efforts to integrate practices into existing SUD treatment and recovery services.
2. **Implementation Track goal**: Implement community-defined traditional health practices within existing SUD treatment or recovery services.

   Note: Organizations should apply for either the Planning Track or Implementation Track. However, there is flexibility for applicants to complete Planning Track activities and move into the Implementation Track during the grant period based on capacity, readiness, and goals.

The TUICDBP program will support strategic planning and/or implementation activities to support the integration of culturally validated traditional healing practices within the health program for the purposes of treating SUD.

Tribal and Urban Indian communities have many traditional practices that are used as informal adjunct to assist with SUD healing and recovery. There are culturally adapted programs developed to reach Tribal and Urban Indian populations to provide education, prevention and treatment programs to reduce SUD. These culturally specific programs support the physical, mental, spiritual and emotional well-being while also providing the social support and services for holistic care. Within the context of this project, Tribal and Urban Indian community-defined best practices must support SUD services and include culture-based and/or community-based activities or practices recognized by the Urban and Tribal communities being served. Community-defined best practices are defined as cultural and/or traditional practices that are informed, guided, and recognized by a community based on positive results and community consensus reaching a level of acceptance.

Applicants should demonstrate awareness of historical and ongoing trauma, systemic racism, and criminalization that low-income and communities of color experience and its relationship to self-medicating behavior and social choices that inform the need for SUD access and treatment. These traumas are perpetuated by the lack of investment in community-based prevention, intervention and treatment access, especially culturally responsive, culture-centered, and trauma-informed approaches. In addition, the leadership, staff and/or membership of the organization or entity should reflect the racial, ethnic, and cultural community it intends to serve. Organizations should also recognize the multitude of various and varying barriers to successful outreach and treatment, possibly including, but not limited to, language access, long treatment wait-lists, cost, unstable housing, transportation, societal stigma, and individual cultural barriers. These barriers among others will be considered throughout each phase of the program.

The program approach is designed to integrate TUICDBP into existing or emerging SUD services by using local knowledge and practice to inform Tribal and Urban Indian health service leadership. This approach will be accomplished by engaging community leadership, key stakeholders, and health service planners to work together to methodically incorporate practice standards. Figure 1 and Table 1 display the TUICDBP program, highlighting the two program tracks and outcomes.
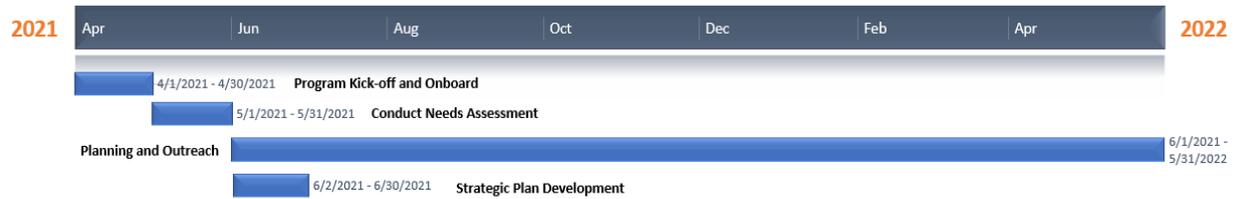
Figure 1. TUICDBP Program Approach

Table 1. TUICDBP Program Track Outcomes

Planning Track Outcomes	Implementation Track Outcomes
• Identify culture-specific healing and recovery practices • Grow community commitment and engagement • Develop practice guidelines for culture-driven services • Develop culture-specific SUD recovery model	• Strategically plan the integration of culture-specific healing and recovery services • Implement culture-driven services using new practice guidelines (includes cultural strength assessments) • Monitor the use of culture-specific treatment and recovery services across departments • Develop process for tracking patient retention in treatment following integration of culture-specific services

Depending on the participating entity's capacity and use of TUICDBP to support their SUD treatment and recovery, each track will complete different activities. These activities include readiness assessments, stakeholder engagement, strategic planning, and service development and implementation.
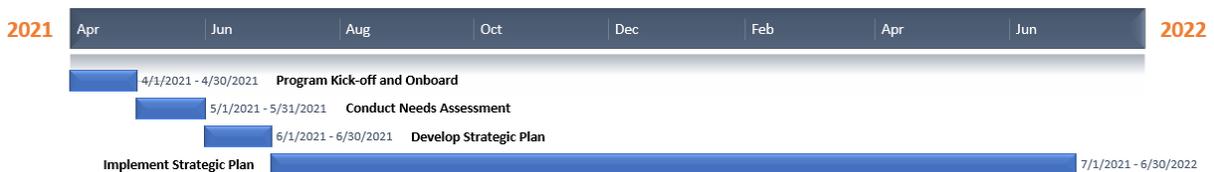
For the **Planning Track**, the focus is to begin or continue the facilitation of community conversations about locally defined Tribal and/or Urban Indian practices, the indigenous world view of healing, and ways that community-defined best practices could complement SUD services and the Western world view. Initial activities will orient around identifying community-accepted healing practices already utilized by the local community. In partnership with the local community, Planning Track participants will determine which community-defined best practices would positively impact community health outcomes if incorporated into SUD. Community perspective around the intersection of traditional healing practices and mainstream SUD treatment are expected conversations to take place with local community leadership throughout the program. Additionally, the review of MAT and SUD services and potential integration of community-defined best practices is important. The identification of practice guidelines for culture-driven services is a landmark activity. The final anticipated step under the Planning Track is the development of strategies to implement community-defined best practices for SUD services. The following figure is an example timeline of Planning Track activities. If less time is needed during this phase, then a grantee would proceed to the next activity. If a grantee is ready to begin implementing strategies to implement identified TUICDBP prior to the end of the program, the grantee would proceed into Implementation Track activities. Figure 2 is an example of the Planning Track timeline.

Figure 2. Example of Planning Track Timeline

2021	Apr	Jun	Aug	Oct	Dec	Feb	Apr	2022

4/1/2021 - 4/30/2021   **Program Kick-off and Onboard**

5/1/2021 - 5/31/2021   **Conduct Needs Assessment**

Planning and Outreach   6/1/2021 - 5/31/2022

6/2/2021 - 6/30/2021   **Strategic Plan Development**

For the **Implementation Track**, the expectation is that participating entities will have established connections with key community leaders and stakeholders, as well as identified partners and community-defined best practices fitting for use within SUD prevention, treatment, and recovery services. This track will initially focus on developing and implementing a strategic plan to integrate identified community-defined practices into services addressing SUD within patient services. The proceeding activities are about planning for successful implementation, including providing training and funding for SUD treatment providers and other health care workers to foster the development of new protocols that incorporate community-defined best practices into existing workflows. This includes working with clinic staff to understand processes and plan for adaptation with clinic staff as partners.

The integration of community-defined best practices into all SUD and health care program services by incorporating into existing protocols and workflows and measuring impact is a priority activity under the Implementation Track. Other activities can include the dissemination of printed and digital educational materials, and other physical materials as needed for community-defined best practice integration, as well as implementing other innovative efforts to integrate Tribal- and Urban Indian-defined best practices into substance use disorder treatment programs. Figure 3 is an example of the Implementation Track timeline.

Figure 3. Example of Implementation Track Timeline

2021	Apr	Jun	Aug	Oct	Dec	Feb	Apr	Jun	2022

4/1/2021 - 4/30/2021   **Program Kick-off and Onboard**

5/1/2021 - 5/31/2021   **Conduct Needs Assessment**

6/1/2021 - 6/30/2021   **Develop Strategic Plan**

Implement Strategic Plan   7/1/2021 - 6/30/2022

FUNDING INFORMATION

Awarded funds will support the integration of community-defined best practices in SUD services across California Tribal and Urban Indian communities. A total of $1,900,000 is available to fund up to 25 organizations for either the Planning or Implementation Track opportunities. Each grantee can apply for up to $75,000 to fund either the Planning or Implementation Track grant activities. Transitioning from the Planning to the Implementation Track during the grant period will be considered on a case-by-case basis.

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

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

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

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

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

FUNDING DESCRIPTION

TRIBAL AND URBAN INDIAN COMMUNITY-DEFINED BEST PRACTICES (TUICDBP)	
Description	These contracts are for Tribal or Urban Indian entities to either identify and/or implement Tribal and Urban Indian community-defined best practices in SUD services specifically for Tribal and Urban Indian communities throughout California.
Amount to be Awarded	● Up to $75,000 for planning and/or implementation activities for a 15-month period from 4/1/2021-6/30/2022
Examples of Activities	PLANNING TRACK ● Conduct a readiness assessment and community resource scan, ● Develop community and health service partnerships, ● Explore culture-based best practices, ● Plan community discussion forums, ● Increase community buy-in, and ● Develop a strategic plan for TUICDBP implementation.	IMPLEMENTATION TRACK ● Conduct a community capacity and readiness assessment, ● Develop a strategic plan for TUICDBP implementation, ● Determine key decision makers and pathway for TUICDBP integration, ● Develop policies and procedures for TUICDBP SUD services, ● Develop and disseminate culture-specific educational materials, ● Mobilize strategic action steps to launch TUICDBP service integration,

		● Establish case review process to continually assess implementation of culture-based SUD practices, and
		● Develop and implement a means of measuring patient/client satisfaction and integration of TUICDBP services.

WHAT WILL NOT BE FUNDED THROUGH THIS FUNDING OPPORTUNITY

In addition to the funding restrictions determined by SAMHSA, the following will not be funded:

▪ Debt retirement
▪ Operational deficits
▪ Partisan activities
▪ Religious organizations for explicit religious activities
▪ Activities that exclusively benefit the members of sectarian or religious organizations
▪ Naloxone forms that cost more than $75 per unit
▪ Fentanyl or fentanyl analogs
▪ Purchase of properties or vehicles
▪ Funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements."); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA- approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.
▪ Funds may not be used to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services. (Note: A recipient or treatment or prevention provider may provide contingencies to reward and incentivize treatment compliance with a maximum contingency value being $15 per contingency. Each patient may not receive contingencies totaling more than $75 per year of his/her treatment.
▪ Funds shall not be utilized to provide incentives to any Health Care Professional for receipt of a DATA Waiver or any type of Professional Development Training. Procurement of DATA waiver training is not an allowable use of SOR funds as this training is offered free of charge from SAMHSA at pcssnow.org. No funding may be used to procure DATA waiver training by recipients or subrecipients of SOR funding.
▪ Telehealth services and infrastructure are allowable expenses under the grant. Any infrastructure costs must be dedicated to provider telehealth infrastructure. No funding can be allocated to purchasing telehealth equipment for patients, or loaning funds/equipment to patients for the purpose of providing telehealth services.

▪ No more than 5 percent of the total grant award may be used for administrative and infrastructure development costs. In addition, no more than 2 percent of the total grant award may be used for data collection and reporting. This is in addition to the 5 percent administrative and infrastructure development costs, which may also include data collection.

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

SELECTION AND EVALUATION CRITERIA

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

The most competitive applications will:

Planning Track

● *Provide a detailed description of exactly how Tribal or Urban Indian community-defined best practices should be or could be implemented – what is the vision, who would be involved, what they will do, timeline, overall goal, outcome, what do you want this TUICDBP to accomplish?*
● *Detail how the applicant will explore, develop, and identify partnerships with community buy-in.*
● *Include a plan for how to engage stakeholders about Tribal or Urban Indian community-defined best practices identification or integration.*
● *Propose best practices that strive for stigma reduction, community partnerships, foster positive treatment outcomes and long-term recovery.*
● *Include a plan on how the applicant will engage the community in proposed activities.*
● *Affirm the applicant's ability to submit regular data and financial progress reports.*
● *Illustrate a strong history of working with the American Indian and Alaska Native community.*

Implementation Track

● *Provide a detailed description of exactly what Tribal or Urban Indian community-defined best practices will be implemented and how they will be integrated into their project – who will be involved, what they will do, timeline, overall goal, outcome, what do you want this TUICDBP to accomplish?*
● *Propose projects that are ready for rollout.*
● *Include a concrete plan for incorporating proposed activities into the organization's current workflows.*
● *Propose best practices that strive for stigma reduction, community partnerships, foster positive treatment outcomes and long-term recovery.*

> ● *Include a plan on how the applicant will engage community in proposed activities.*
>
> ● *Affirm the applicant's ability to submit regular data and financial progress reports.*
>
> ● *Illustrate a strong history of working with the American Indian and Alaska Native community.*

Applications also must adhere to the funding guidelines and present a budget clearly linked to the proposed activities. If application requests exceed available funding, the review committee will consider factors such as geographic diversity, underserved patient population, or service area when making funding decisions.

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

PROJECT TIMELINE

Contracts will cover activities for the following 15-month time period: April 1, 2021 thru June 30, 2022. Due to federal restrictions, there will be no carry-over funds. Any funds not used by June 30, 2022, will be forfeited.

DATA AND REPORTING REQUIREMENTS

Only if applicable, if your organization is using this funding for direct patient treatment services, in order to ensure that subcontractors are maintaining appropriate data protocols, the contractor shall comply with the regulations set forth in 42 CFR Part 2, including the responsibility for assuring the security and confidentiality of all electronically transmitted patient material, including the HIPAA privacy and SAMHSA confidentiality rules, and a commitment to operating in compliance with the regulations. If the subcontractor is using contract funds to cover individual direct patient services, the subcontractor will comply with any SAMHSA GPRA (Government Performance and Results Act of 1993) reporting requirements.

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

PROGRESS REPORTS

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

Performance measures may be revised as needed to address current situations and high priority challenges. Progress reports will follow the below timeline.

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

APPLICATION TIMELINE

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

APPLICATION DEADLINE:
March 19, 2021, at 1 p.m. (Pacific Time)

REVIEW OF APPLICATIONS:
February and March 2021

CONTRACTS ISSUED:
April 2021

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

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

PROPOSERS' WEBINAR

A proposers' webinar is scheduled to review the funding opportunity and the application process, and to answer questions. The webinar will be held on **Wednesday, February 17**, **from 11 a.m. to 1 p.m.** (Pacific Time). Webinar attendance is strongly recommended. Registration to attend the webinar is available online at https://www.shfcenter.org/mat/webinar/feb-17. The webinar will be recorded and posted on the MAT Access Points Project web site. Application materials are posted on The Center's MAT Access Points web site to review prior to the webinar.

Important Application Guidelines

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

- We encourage you to submit your application before the deadline date in case you need help with any of the RFA components.

- Applications are due no later than 1 p.m. (Pacific Time) on March 19, 2021.

- Submit the application via our online portal through this link. New users of the portal will need to create an account as the first step in the application process. You will only use this link one time to initiate your application. After you have started working on your application, use the link below or received via e-mail to continue working on your saved application.

- In the portal, for optimal functionality, use Internet Explorer as the browser when working on a PC and use Safari as the browser when working on a Mac.

- Respond to all required fields (marked with an *).

- Upload all attachments listed under "Application Checklist" below.

- On the portal, you may click "Save & Finish Later." You will receive an e-mail with a link to return to your in-progress application. You may also use this link to return to your in-progress application.

- Click "Save & Finish Later" any time you will not be working in your application for a few minutes.

- You may submit your application only once. Be sure your application is complete and accurate, including required documents, before submitting it. Revised applications will not be accepted.

- If you are unable to submit your application online or need help, please contact us at mataccesspoints@shfcenter.org with the subject line: Application Online Help.

**Send questions and inquiries related to this funding opportunity
to mataccesspoints@shfcenter.org with the subject line:
TUICDBP RFA Question**

APPLICATION CHECKLIST

☐ Initiate the funding application online. The link is also posted on The Center's MAT Access Points Project web site.
☐ **Required Application Attachments**
  - Proposed project budget completed in The Center's Proposed Budget Template
  - Proposed budget justification
  - Applicant organization's W-9

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

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

Appendix A – Standard Funding Restrictions

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

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

- Exceed Salary Limitation: The Consolidated Appropriations Act, 2016 (Pub. L.113-76) signed into law on January 10, 2016, limits the salary amount that may be awarded and charged to SAMHSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary can be found in SAMHSA's standard terms and conditions for all awards at https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub awards/subcontracts under a SAMHSA grant or cooperative agreement. The FEDERAL Executive Level II Salary Cap is currently $197,300.
- Pay for any lease beyond the project period.
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to $75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Provide detoxification services unless it is part of the transition to MAT with extended-release naltrexone.
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.

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

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

MAT Access Points Sub-Contractor Application

APPLICANT ORGANIZATION INFO

Org name
Is this organization a fiscal sponsor?
Name of fiscally sponsored organization, if applicable
Address
County
Phone
URL (optional)
Director/CEO Contact Name
Director/CEO Contact Title
Director E-mail address
Director phone
Application Contact
Application Contact E-mail Address
Application Contact Phone
Applicant Organization Tax ID #
DUNS #
SAM expiration date
Congressional District of applicant organization's primary location
Congressional District(s) where organization's beneficiaries live
Organization Status – Organization has 501(c)(3) nonprofit status with the IRS. Yes, No, Unsure
What is the applicant organization's annual budget amount?
Does the applicant organization have an annual financial audit?

PROJECT INFORMATION

Funding Opportunity Applying For
☐   TUICDBP Planning Contract
☐   TUICDBP Implementation Contract

Project Name (10 words maximum):
<u>Brief</u> Summary and Purpose of Project (100 words maximum):

Start Date: April 1, 2021
End Date: June 30, 2022

Amount Requested: $_____
(up to $75,000)

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

Population of Focus (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/API: %

☐   Latino/Hispanic: %

☐   White: %

☐   Mixed race: %

☐   Other: % [please specify]

NARRATIVE QUESTIONS

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

Need. Provide a description of the need for Tribal or Urban Indian defined best practices to support substance use treatment and recovery services. (300 words maximum)

Track Record. Describe your organization's history with providing substance use disorder services with Tribal and/or Urban Indian communities in California. (200 words maximum)

Use of Funds. Describe in detail your plan for using these funds to either identify or implement community-defined best practices in Tribal and Urban Indian communities in the county(s) you propose to work, including your 1) goals, 2) activities, 3) timeline, and 4) resources. (300 words maximum)

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

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

Organizational Capacity. Describe 1) your organization's capacity to complete the proposed project, and 2) how this project may further build your organization's capacity. (250 words maximum)

Staffing Capacity. Describe adequate staffing experience to demonstrate capacity to accomplish program goals. (250 words maximum)

Partnerships. Describe clinic or community partnerships and resources that could be readily established or are already in place to support implementation of program goals. (250 words maximum)

Sustainability. We recognize this funding is limited; how can your project utilize this funding to support sustainability for your work after funding ends? (100 words maximum)

Free/no cost Technical Assistance. What non-monetary assistance, resources, or supports would your organization benefit from in implementing this project? (100 words maximum)

ATTACHMENTS

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