

CALIFORNIA LEARNING COMMUNITY: TRIBAL AND URBAN INDIAN MEDICATIONS FOR ADDICTION TREATMENT FOR OPIOID USE DISORDER AND PSYCHOACTIVE STIMULANT USE DISORDER

REQUEST FOR APPLICATIONS
FEBRUARY 2021



THE CENTER
at Sierra Health Foundation

MAT access
points
project

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

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

For information about The Center, visit www.shfcenter.org.

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.

CALIFORNIA LEARNING COMMUNITY: TRIBAL AND URBAN INDIAN MEDICATIONS FOR ADDICTION TREATMENT FOR OPIOID USE DISORDER AND PSYCHOACTIVE STIMULANT USE DISORDER FUNDING OPPORTUNITY

This funding opportunity is part of the California MAT Access Points Project. The MAT Access Points Project was designed to create a network of organizations throughout California to address the opioid and stimulant use crisis by supporting prevention, education, stigma reduction, treatment, and recovery services for people with opioid use disorder (OUD) and substance use disorder, and by increasing access to Medications for Addiction Treatment (MAT) for opioid addiction. The MAT Access Points Project also supports 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.

This Request for Applications is specifically for Tribal and Urban Indian health entities interested in joining a Tribal and Urban Indian Medications for Addiction Treatment (MAT) for Opioid Use Disorder and Psychoactive Stimulant Use Disorder Learning Community, hereafter referred to as the "Learning Community." This funding opportunity is intended for Tribal and Urban Indian health entities who reflect the racial, ethnic, and cultural community it intends to serve, and can develop culturally responsive services tailored and individualized to the population of focus. The Learning Community is an opportunity for Tribal and Urban Indian health programs to develop, operationalize, enhance, and sustain MAT and/or stimulant treatment services. Emphasized is the importance of culture and the healing role of culture in engagement, treatment, and recovery.

This funding is particularly focused on Tribal and Urban Indian communities in California because of the racial and health disparities impacting substance use, prevention, and treatment services. 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

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-content/uploads/2019/11/USC_AI_Report.pdf

resilience of an individual through an emphasis of cultural connectedness, cultural services, positive role models, and availability of supportive services and programs (p. 1). Awarded funds will support the planning and implementation of MAT and/or stimulant treatment services for Tribal and Urban Indian communities throughout the state. Prospective applicants are encouraged to review the Learning Community Overview for more details.

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

GLOSSARY

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

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

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, combined with counseling and other supports, to treat the whole patient. The FDA-approved medications for opioid use disorder stabilize the brain, controls cravings, and helps patient’s ability to engage in treatment and 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.

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 Learning Community is an opportunity for Tribal and Urban Indian health programs to develop, operationalize, enhance, and sustain MAT for opioid use disorder and/or treatment services for stimulant use disorder. The Learning community emphasizes the importance of culture and the healing role of culture in engagement, treatment, and recovery.

The Center will fund health care entities that meet the following minimum requirements:

- Urban Indian or Tribal health entity located in the state of California;
- Provides services in the state of California;
- Ability to articulate the local need for MAT services for OUD, and/or other stimulant treatment needs;
- Understanding of the role that historical and ongoing trauma, systemic racism, poverty and other factors of disparity have on health and behavior choices in Tribal and Urban Indian communities;
- Available waived providers, or eligible providers interested in receiving waivers to prescribe FDA approved medication for OUD treatment;
- Health entity leadership, Urban Indian health board or Tribal council, and staff reflect the Tribal and Urban Indian communities they serve;
- Recognition of barriers to successful outreach and engagement in treatment for Tribal and Urban Indian populations including, but not limited to, shame and societal stigma, role of racism and discrimination in past hesitation to seek treatment, treatment wait lists, transportation needs, and cultural and language barriers;
- Knowledge of the local Indigenous culture and staff capacity to develop culturally responsive, healing centered, and trauma-informed approaches to SUD treatment and recovery; and,
- Urban Indian or Tribal health entity leadership agree to support the Learning Community with leadership participation, designation of key points of contact, allocating staff time for planning activities, and commitment to incorporating Tribal culture into treatment and recovery for Tribal or Urban Indian patients.

SCOPE OF WORK

The Learning Community funding provides an opportunity to reimagine opportunities and ways of healing for the community. The primary goal of the Learning Community is to assist Tribal and Urban Indian health programs to develop, strengthen, or sustain MAT for OUD. The Learning Community will also assist grantees who have demonstrated need and request information about treatment for methamphetamine, cocaine, or other stimulant use. Integrating cultural strengths as part of engagement, treatment, and recovery are viewed as critical components of healing. The scope of work for each grantee will be individualized but will address the following categories:

- Activities implemented through this funding opportunity must be related to the **primary focus** of the Learning Community, which is to prepare for the implementation, enhancement, or sustainability of MAT for Opioid Use Disorder, and/or treatment best practices for patients diagnosed with stimulant use disorder (can be addressed based on identified community need);

- Grantees will receive no-cost training and technical assistance to support the organizational and practice transformations needed to successfully implement culturally responsive MAT and/or stimulant treatment services, as determined by need;
- Structured and individualized training and technical assistance plans for each grantee will result from an assessment of need for each grantee;
- Based on the training and technical assistance plan, virtual and onsite training and technical assistance support will be provided to the grantee; and
- Services for MAT and/or stimulant treatment patients must include access to broader community health and recovery supports.

As part of the overarching objective of developing a vibrant community of Tribal and Urban Indian culture-driven SUD providers across the state, the Learning Community also supports peer-to-peer learning opportunities. The opportunities for peer-to-peer knowledge exchange recognize that local examples of successful integration of cultural strengths with clinical treatment practice are untapped resources. As such, the technical assistance providers will facilitate a range of peer learning opportunities for local communities to share successes and challenges of culture-clinical practice integration with funded grantees. Virtual peer knowledge-exchange opportunities will be supplemented with in-person convenings (to the extent possible given current public health guidance) for all funded grantees. Grantees will be supported to develop peer relationships with other Tribal or Urban Indian SUD service entities and/or providers who have experience in the integration of culture-clinical treatment, including the tools to monitor patient engagement, re-engagement, and treatment success as part of continuous quality improvement.

FUNDING INFORMATION

Contracts will be deliverable-based, meaning grantees need to demonstrate progress on process measures (e.g., number of training or technical assistance tasks completed, increase in waived providers, integration of culture and strength-based assessments, number of patients assessed for treatment), as identified in the training and technical assistance plan, to receive payment.

Awarded funds will support participation in the Learning Community for culturally responsive MAT for Opioid Use Disorder and/or treatment best practices for stimulant use disorder.

A total of \$2,500,000 is available to fund two components of the Learning Community:

1. Up to 25 Tribal or Urban Indian grantees will be awarded up to \$75,000 each for participation in the Learning Community; and,
2. Reimbursement to peer organizations and/or peer providers for knowledge exchange or mentorship to the Learning Community grantees.

Eligible Tribal or Urban Indian health entities may only apply to become a Learning Community grantee. Following the grant award, the peer support opportunities will be available during the grant period. Grantees will learn about the peer support opportunities during the Learning Community onboarding process.

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

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 initial progress report deliverables, (3) 10% of total award based on receipt and approval of final cumulative report, demonstrating completion of all deliverables. If a contractor achieves all required deliverables by the end of the contract, the entire contract amount can be paid (i.e., “make up” payments are allowed).

FUNDING DESCRIPTION

TRIBAL AND URBAN INDIAN LEARNING COMMUNITY	
Description	These contracts are for Tribal and Urban Indian health entities to join the Learning Community to: a) start-up a MAT program or strengthen their established MAT programs by incorporating tribal best practices for substance use disorders specifically for Tribal and Urban Indian communities throughout California; and/or, b) develop, strengthen or expand established stimulant use disorder treatment by updating engagement and treatment knowledge and incorporating tribal best practices. Requests for assistance for stimulant use disorder must be supported by demonstrated need, just as support for MAT services for OUD must be supported by demonstrated need.
Amount Can Apply For	<ul style="list-style-type: none"> Up to \$75,000 for a 15-month period from 4/1/2021 to 6/30/2022.
Additional Support	<ul style="list-style-type: none"> In addition to the grant award, funding will be available for peer support. This includes reimbursement of time spent by a designated Peer Site organization, or a designated peer provider, for knowledge exchange and peer mentorship support during the 4/1/2021-6/30/2022 grant period.
Grantee Expectations	<ul style="list-style-type: none"> Desire to develop, implement or enhance culturally responsive MAT services and/or stimulant treatment services. Participate in brief needs assessment regarding the incorporation of MAT and/or stimulant treatment services as part of patient-centered, whole-health services. Facilitate discussion with local cultural leaders regarding the role of cultural healing as part of whole-person care. Identify training and technical assistance needs regarding integration of cultural healing supports into SUD service provision. Consistent availability for regular check-ins and training and technical assistance sessions, as well as learning collaborative in-person convenings. Explore other innovative efforts to integrate/improve MAT or stimulant treatment 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
- Opioid Overdose Antidote (Naloxone) that cost more than \$75 per dose
- 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 Tribal or Urban Indian SUD knowledge and experience, understanding of the role of trauma and inequities on Tribal health and behavior choices, capacity for MAT and/or stimulant treatment service development, partnership with behavioral health and other key treatment and recovery resources, and resources for cultural integration. Applications will be judged on the match of proposed activities to the intent of the funding opportunity, anticipated overall impact, and strength of project team and proposal.

The most competitive applications will provide:

• Detailed description of the capacity for MAT service development, who will be involved, what they will do, and what will change, and desired outcome(s) for the MAT service expansion
• List of current waived providers, or those eligible for waivers
• Local community and health care system resources
• Readiness for cultural integration with SUD services
• Formal and informal leadership buy-in and commitment to participate in planning during the 15-month funding period
• List of key stakeholders and community members who will participate in the planning and implementation process
• Plan for incorporating proposed MAT activities and/or stimulant treatment into the organization's current patient workflow
• Proposed plan for stigma reduction and patient recruitment
• Ability to submit regular progress reports

Applications also must adhere to 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 and service area.

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 **Thursday, February 18, 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-18>. 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:
TMAT Learning Community 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
 - Letter of support (from organizational leadership)

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.*

FOR REFERENCE ONLY
SUBMIT YOUR APPLICATION USING THE ONLINE PORTAL

MAT Access Points Sub-Contractor Application

APPLICANT ORGANIZATION INFO

Org name

Is this organization a fiscal sponsor?

Name of fiscally sponsored organization, if applicable

Address

County

Phone

URL (optional)

Director/CEO Contact Name

Director/CEO Contact Title

Director E-mail address

Director phone

Application Contact

Application Contact E-mail Address

Application Contact Phone

Applicant Organization Tax ID #

DUNS #

SAM expiration date

Congressional District of applicant organization's primary location

Congressional District(s) where organization's beneficiaries live

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

What is the applicant organization's annual budget amount?

Does the applicant organization have an annual financial audit?

PROJECT INFORMATION

Funding Opportunity Applying For

Start-up Site

Project Name (10 words maximum):

Brief 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 MAT services for OUD and/or services for stimulant treatment. (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 and support better health among the community. (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)
- Letter of commitment from organizational leadership that includes point of contact and designated leads (name, credential, and position) for MAT service planning (required)