

NARCOTIC TREATMENT PROGRAMS MEDICATION UNITS ROUND TWO

REQUEST FOR APPLICATIONS

MARCH 2025



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

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

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

READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY

ORGANIZATION AND GRANT BACKGROUND

California was the first state to create and implement Medication Units (MUs), which operate as an extension of a Narcotic Treatment Program (NTP). MUs expand access to medications for opioid use disorder treatment (MOUD, also known as MAT), including buprenorphine, methadone, and naltrexone, to patients unable to travel to an NTP due to lack of geographic proximity or other factors. As a result, California is spearheading efforts to increase MUs to increase access to MOUD.

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

GLOSSARY AND RESOURCES

Medication Unit (MU): [Federal and State law defines MUs](#) as treatment facilities from which licensed practitioners and/or community pharmacists dispense medications for opioid use disorder (OUD). An MU has a fixed location but is a geographically separate facility from an NTP but must be connected to a [primary NTP](#) and operates under that NTP's license. This allows the NTP to extend services to communities that may not otherwise have access to MOUD. The primary NTP is not required to be in the same county as the MU but holds responsibility for continuing treatment services if the MU ceases to provide services.

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

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

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

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

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

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

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

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

FUNDING OPPORTUNITY AND BACKGROUND

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

Allowable expenses would include:

- Costs to establish an MU including securing a lease, renovations, and related equipment;
- General maintenance, redesign, and additional startup expenses to comply with DEA and state regulations;
- Staffing and recruitment costs; and
- Marketing and community engagement activities related to accessing and engaging in services provided by the MU.

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

Note: Awards are subject to funding availability.

Eligibility Criteria

Eligible organizations must meet all the following minimum requirements:

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

SCOPE OF WORK

Medication Unit (MU)

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

Applicants can apply for up to \$750,000. This funding can only be used for initial start-up costs for new medication units and cannot be used for ongoing or established work. Provider organizations may apply for multiple MUs per eligible NTP license, but separate applications are required for each MU requested.

Note: applicants are required to offer Buprenorphine as well as Methadone as a condition of program participation.

Reasonable expenses include:*

1. Securing a facility through lease.
2. Infrastructure startup costs for MUs to ensure they comply with federal and state laws, such as:
 - a. Facility renovations required to provide medication services
 - b. Alarm system
 - c. Medication safe
 - d. Office equipment
 - i. Wi-Fi/Internet
 - ii. Computer(s)
 - iii. Phones
 - iv. Desks
 - v. Furniture
 - e. Dispensing equipment
 - f. Medication refrigerator
 - g. Other reasonable start-up costs
3. Recruitment costs (up to 5% of total funds requested) to hire staff and providers, including workforce development and employment incentives for the following staff:
 - a. Dispensing nurse
 - b. Administrative staff
 - c. Physician/Physician extender such as Nurse Practitioner or Physician Assistant
 - d. Other staff based on services proposed in the RFA such as registered or certified counselors
4. Administrative staffing costs to support the procurement of appropriate DEA and DHCS licensing and certifications for MU as well as program planning and operationalization of the MU
5. Direct MU service staffing costs
6. Creating marketing and communication materials for services offered to the community (up to 5% of total funds requested).

**This list is not comprehensive, and all proposals must include itemized costs in the project*

budget and include budget item justification.

COMMUNICATIONS

Please note that if awarded, awardees may be asked to participate in DHCS press releases which could include providing quotes, being contacted by the press, filming themselves for a testimonial, etc.

FUNDING INFORMATION

Applicants are required to adhere to the budget guidelines included in the Budget Templates. Applicants must submit their proposed budgets in the template format. Applications that do not conform to the templates 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 amount awarded to the site.

The payments will be deliverable based, meaning contractors need to demonstrate progress on startup measures (for example defined startup costs include MU location procurement, and office equipment) and fulfill set deliverables. Deliverables will be documented through narrative progress and data reports. Consistent with a deliverable-based agreement, awarded applicants will receive an amount established for the successful completion of each negotiated deliverable, rather than payment for actual costs incurred during the agreement period. Funded organizations will be required to submit an invoice upon deliverable completion to initiate the payment process. The Center will provide an invoice template.

Funding Amounts and Contract Period

Contracts will cover activities for the period July 1, 2025, through December 31, 2026.

Funding Amounts:

- Up to \$750,000 per MU.

This funding can only be used for initial start-up and bridge costs for new MUs and cannot be used for ongoing or established work including client services.

Note: Provider organizations may apply for multiple MUs per eligible NTP license, however, each MU must have a separate application.

The primary NTP must commit to working with DHCS to gain DHCS approval for the proposed MU and be operational within eighteen months from receipt of funding. If at any time the NTP's DHCS license is suspended/revoked/etc., the contract will be terminated and the NTP will not be granted further funds.

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. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below. Additionally, please reference the latest SOR IV Allowable Cost Fact Sheet linked [here](#).

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

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

- Pay for any contingency management treatment activities.
- Pay for any lease beyond the State Opioid Response Project period or prepay any other expense beyond the project period.
- Pay for patient housing.
- Pay for cleaning supplies and hand sanitizers as personal protective equipment.
- Pay for telehealth equipment for use by clients or patients.
- 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).
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. Meals are generally unallowable unless specifically stated as an allowable expense in the Notice of Funding Opportunity. Grant funds may be used for light snacks, not to exceed \$10.00 per person per day and only for direct program participants.
- The cost of food or meals are unallowable, even if they are considered an integral part of a conference or gathering.

In addition to the funding restrictions determined by SAMHSA, this award does not fund:

- Fees associated with DHCS licensing.
- Debt retirement.
- Operational deficits.
- Partisan activities.
- Religious organizations conducting explicit religious activities.
- Activities that exclusively benefit the members of sectarian or religious organizations.
- Naloxone. Please refer to DHCS' [Naloxone Distribution Project](#) where eligible organizations may receive free nasal spray and injectable formulations of naloxone.
- The purchase of Fentanyl or fentanyl analogs.
- The purchase of properties or vehicles.
- Media and advertisement costs not directly related to contracted services. Any large costs pertaining to media would need prior approval from DHCS.
- Allocations to purchase telehealth equipment for patients or loaning equipment to patients off site for the purpose of providing telehealth services.
- Personal protective equipment (PPE) for use by clients.
- Costs related to medical procedures such as suturing or removal of sutures, abscess management etc. However, non-procedural medical items such as bandages, ice packs and non-procedural first aid supplies that can be administered by participants are allowable.
- Clothing for participants, orthopedic and mobility devices and document fees. However, patient supplies and materials that directly support access to programming and build trust, such as cold weather gear (e.g. gloves/hand warmers) or critical hygiene supplies are allowable. Staff time and costs related to case

management, referrals to services, and support around accessing resources and completing applications as part of wrap-around care are allowable (just not the fees and direct items themselves).

- Supplies not critical to daily program operations such as plates and utensils. Supplies critical to the daily function of the program such as paper towels and toilet paper are allowed.
- Direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
- Non-cash incentives for program participants completing GPRA surveys greater than \$30 (incentives should be the minimum amount necessary to meet the program and evaluation goals and only used for 6-month follow-up surveys).
- Stipends to grantees.
- Promotional items including, but not limited to, any clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
- Out-of-state travel (organizations requesting funds for travel must abide by DHCS travel guidance [linked here](#) and partners will be subject to the same travel guidelines as employees).
- Purchase, prescribe or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders.
- Indirect costs over 10% of modified total direct costs (MTDC). Indirect costs under this opportunity are limited to a de minimis rate of 10% of modified total direct costs (MTDC), as defined in 45 CFR Part 75. Modified Total Direct Costs (MTDC) is the base to which indirect costs rates are applied. MTDC includes direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward. MTDC excludes equipment, capital expenditures, charges for rent, tuition remission, participants support costs and the portion of each subaward in excess of \$25,000.

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

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

The most competitive applications will:

- Provide a detailed description of the proposed project, including what will be done and how it will be implemented – who will be involved, what they will do, a clear and realistic timeline of activities, and concrete, measurable objectives.

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

Applications must adhere to the funding guidelines and present a budget clearly linked to the proposed activities. If application requests exceed available funding, the review committee will consider factors including but not limited to geographic diversity, jurisdiction rates of opioid overdose mortality, and rates of MOUD prescribing.

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

APPLICATION DENIAL APPEAL PROCESS

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

FEDERAL COMPLIANCE

The NTP MU Round Two funding opportunity is a component of the California DHCS Opioid Response, which is funded by the State Opioid Response IV grant from SAMHSA. If awarded, contractors will need to complete pre-award requirements before funding is disbursed. This includes the following:

Pre-award Risk Assessment: In compliance with federal regulations ([2 CFR 200.331\(b\)](#)), The Center is required to assess subrecipients prior to the execution of contracts to identify potential risks. While this pre-award risk assessment is a required component of the contracting process and ensures organizations have the financial capacity to complete the work, responses to the assessment will not affect eligibility or funding recommendations. The decision to accept the receipt of federal funds requires attention to submit detailed documentation and to meet compliance considerations when receiving this type of funding. Please use this [link](#) to complete the Pre-award Risk Assessment.

Unique Entity ID (SAM): An organization must register for a Unique Entity ID before it can accept any funds through this project. Organizations are required to register for a Unique Entity ID (SAM) on [SAM.gov](#). Please see this [Quick Start Guide for Getting a Unique Entity ID \(SHFCenter.org\)](#). Organizations must maintain an active SAM registration throughout the contract period.

Insurance Requirements: There will be insurance requirements under these contracts. Once funds have been awarded, communication will be sent to awarded organizations to upload the insurance documents and demonstrate compliance with all insurance requirements. Payment will not be released until insurance requirements are met. The Center recognizes that the terms and coverage conditions for insurance

requirements are technical in nature. If you need additional support to answer insurance questions or if you do not feel that you will be able to meet the insurance requirements, please reach out to stateopioidfunding@shfcenter.org, subject “NTP Mobile Unit Round Two Application Help.”

Refer to **Appendix A** for more information on insurance requirements.

Good Standing: Funded organizations will be required to remain in good standing with the DHCS Licensing and Certification Division throughout the duration of the contract period. If at any time the primary NTP’s licenses are suspended, revoked etc. the contract will be terminated and funding will not be issued. Funding is only available for organizations who remain in good standing.

HIPPA Privacy and SAMHSA Confidentiality Rules: If the funded partner is using this funding for individual direct patient treatment services, the funded partner shall comply with the regulations set forth in [42 CFR Part 2](#) to ensure they maintain appropriate data protocols. This includes ensuring 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.

PROJECT TIMELINE

Contracts will cover activities for the following time period: July 1, 2025, through December 31, 2026.

DATA AND REPORTING REQUIREMENTS

Funded partners are required to complete several data and reporting requirements including:

- Submitting bi-annual narrative progress reports to The Center (e.g. narrative on progress, challenges, etc.).
- Collecting and reporting performance data using the approved GPRA measurement tool.

Awardees will be required to submit narrative progress and financial reports according to the reporting schedule below describing process benchmarks they’ve met and a detailed accounting of expenditures from contract funding.

Reports will follow the timeline below.

Report	Report Period	Due Date to The Center
9-month Report	July 1, 2025 – March 31, 2026	April 30, 2026
Final Narrative	April 1, 2026 – December 31, 2026	January 31, 2027

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

GPRA REQUIREMENTS

The Government Performance and Results Act (GPRA) is a public law that was passed by Congress in 1993. GPRA was enacted to improve stewardship in the federal government and to link resources and management decisions with program performance. If the funded partner is using contract funds to cover individual direct patient treatment services, they will comply with any SAMHSA GPRA reporting requirements.

- Organizations using funds from this contract for direct treatment and recovery services shall be required to complete and submit GPRA data. Organizations will work in partnership with DHCS's consultant, Aurrera Health Group, to ensure GPRA compliance.
- Clients who receive medication, counseling, or recovery services with SOR IV funding, or medical, counseling, peer support, or case management services from a provider whose salary is funded by the grant, must participate in the GPRA survey.
- GPRA surveys are conducted at intake, six months after the intake, and upon client discharge.

Organizations with GPRA requirements must have the capacity to meet required percentages of completion for all GPRA data collections:

- For intakes: No less than 75 percent of eligible patients must be offered a GPRA baseline interview.
- For six-month follow ups: No less than 80 percent of patients who received a baseline interview must complete a six-month follow-up interview.

Organizations required to submit GPRA data must attend trainings offered by Aurrera Health Group:

- All staff members tasked with completing GPRA with clients will be required to attend or view the initial GPRA training (GPRA 101) presentation from Aurrera Health Group.
- All staff members tasked with completing GPRA with clients will additionally be required to attend one training and technical assistance (TTA) webinar related to GPRA annually, as provided by Aurrera Health Group. Additional training may be required.

ADDITIONAL REQUIREMENTS

Awardees will be required to adhere to the following protocols and standards:

- Prescription and dispensing of methadone in adherence to standards of care for managing patients on methadone, including drug screening and prescription of buprenorphine or other MAT medications per patient-centered practice, and as clinically indicated.
- Checking the prescription drug monitoring database (CURES) initially and every four (4) months and documenting these actions in patients' charts.
- Compliance with all grant funding limitations and restrictions.
- Optional permission to extend service hours up to eighteen (18) hours as warranted by site-specific metrics to be determined with data on per-site basis within the six (6) quarters of SOR IV funding.
- Collection of required data elements, including but not limited to numbers of patients in SOR IV-funded care.
- Attendance and participation in all required trainings (e.g., quarterly Learning Collaboratives) delivered by UCLA-ISAP is mandatory. Attendance at Regional in-person trainings are at the discretion of the provider.

APPLICATION TIMELINE

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

APPLICATION DEADLINE:

April 28, 2025, at 1 p.m. (Pacific Time)

REVIEW OF APPLICATIONS:

April – May 2025

APPROXIMATE AWARD ANNOUNCEMENT:

June 2025

NOTE: All funding will be backdated to July 1, 2025, even if contracts are signed after July 1.

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

PROPOSERS' WEBINAR

We have scheduled a proposers' webinar to review the funding opportunity and the application process, and to answer questions on **Monday, March 17, 2024, from 2 p.m. to 3 p.m.** (Pacific Time). [Register for the webinar on Zoom.](#)

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

APPLICATION CHECKLIST

- [Initiate the funding application on The Center's online portal.](#) The link is also posted on the [MAT Access Points Project website.](#)
- Required Application Attachments
 - Proposed project budget completed in The Center's Proposed Budget Templates
 - Proposed work plan completed in The Center's Proposed Work Plan Template
 - Applicant organization's W-9
 - DHCS-issued NTP license
 - Drug Medi-Cal Approval Letter
 - DEA Registration
 - Substance Abuse and Mental Health Administration (SAMHSA) Accreditation
 - County Letter of Support

Incomplete applications will not be reviewed. Applications received after the above-mentioned deadline will not be considered. If you are unable to submit your application online or need technical assistance, please contact us at stateopioidfunding@shfcenter.org with the subject line: NTP Medication Units Round Two Application Online Help.

Send questions and inquiries related to this funding opportunity to stateopioidfunding@shfcenter.org with the subject line: NTP Medication Units Round Two RFA Question

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 April 28, 2025.
- [Submit the application via our online portal.](#)
- Respond to all required fields (marked with an *).
- Upload all attachments listed under “Application Checklist” below.
- On the portal, you may click “Save my progress and resume later.” Enter your e-mail and determine a password to return to the saved application through the same link at a later date.
- To return, use the same link and click on “Resume a previously saved form”.
- You may submit your application only once. Be sure your application is complete and accurate, including required documents, before submitting it. Revised applications will not be accepted.
- If you are unable to submit your application online or need help, please contact us at stateopioidfunding@shfcenter.org with the subject line: NTP Medication Units Round Two Application Online Help.

Appendix A – Insurance Requirements

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

Commercial General Liability

- Each Occurrence must be greater or equal to \$1,000,000.
 - Coverage Trigger: Occurrence must be present.
 - Insurance is written on an occurrence basis using ISO form CG 0001 or equivalent.
- General Aggregate must be greater or equal to \$2,000,000.
- Products/Completed Operations Aggregate must be greater or equal to \$2,000,000.
- Personal and Advertising Injury must be present.
- Primary and Non-Contributory Endorsement must be present.
- Additional Insured Endorsement must be present:
 - with Completed Operations language.
 - using a combination of ISO forms CG2010 10/04 and CG 2037 10/04 or equivalent.

Automobile Liability

- Combined Single Limit (each accident) must be greater or equal to \$1,000,000.
- Coverage Applies to: Owned Autos Only must be present.
- Coverage Applies to: Hired Autos Only must be present.
- Coverage Applies to: Non-Owned Autos Only must be present.
- Additional Insured Endorsement must be present:
 - using ISO form CA 2048 or equivalent.

Worker’s Compensation for Employer’s Liability

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

Professional Liability

- Each Claim must be greater or equal to \$1,000,000.
- Aggregate must be greater or equal to \$2,000,000.

Additional Requirements

- Certificate holder must read: Sierra Health Foundation 1321 Garden Highway Sacramento, CA 95833.
- A.M. Best rating of at least A-:VI

- 10 or more passengers being transported in any one vehicle will require
 - State of California Class B driver's license
 - Auto liability in the amount of \$5,000,000 per occurrence for bodily injury and property damage combined.
- Description of Operations must read: The Center, Sierra Health Foundation, The State of California, their respective officers, directors, agents, representatives, constituent entities, affiliates, volunteers, officials, parents, subsidiaries, and employees shall be added as Insureds (“additional Insureds”) under each commercial general liability and automobile insurance policy. **Agreement #22-20443** must be present.

Appendix B – Scope of Services

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

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

Applicants are required to offer Buprenorphine as well as Methadone as a condition of program participation.

Required	Task	Deliverable(s)	Timeframe
✓	Contract execution and compliance	<ul style="list-style-type: none"> • Pre-award Risk Assessment • Certificate of Insurance • Sam.gov Active Registration • ACH Set Up • Executed Contract • Participation in The Center’s onboarding webinar 	First quarter of the contract
✓	Complete administrative requirements including submission of narrative reports that address progress toward meeting desired outcomes indicated in the application.	Procure MU location and submit MU application Semi-annual narrative reports	July 1, 2025 – February 1, 2026 April 30, 2026
✓	Achieve the RFA goal to increase access to MAT services, and in particular to increase the geographic area of MAT services.	MU is operational GPRA requirement completed Attended required trainings	September 30, 2025 – December 31, 2026 December 31, 2026 January 31, 2027

Report	Report Period	Due Date to the Center
9-month Report	July 1, 2025 – March 31, 2026	April 30, 2026
Final Narrative	April 1, 2026 – December 31, 2026	January 31, 2027

FOR REFERENCE ONLY
SUBMIT YOUR APPLICATION USING THE ONLINE PORTAL

INSTRUCTIONS

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

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

If you have questions, send an e-mail to stateopioidfunding@shfcenter.org with the subject line: NTP Medication Units Round Two Application Online Help.

APPLICANT INFORMATION

Applicant Organization Information Organization Name*

Enter the organization's legal name.

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

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

Name of fiscally sponsored organization, if applicable.

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

Applicant Organization Address*

City* State* Zip Code* County* Phone*

Website URL (optional)

Tax Exempt ID # or Employer ID #*

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

Congressional District of applicant organization's primary location*

What is the applicant entity's congressional district?

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

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

Legal Entity*

Please select the closest option for legal entity from the options below. This should match what the organization wrote in question 3 on the W-9:

- S Corporation
- C Corporation
- Partnership

- 501(c)(3)
- LLC
- Tribal
- Government Entity
- Sole Proprietor 21
- Other

If you chose Other for Legal Entity, please describe the entity type.*

(255 characters maximum)

Financial Audit*

*Does the applicant organization have an annual financial audit? Unique Entity Identifier**

Does your organization have a Unique Entity ID?.

- Yes
- No

If the organization does not have Unique Entity ID, we highly recommend that the organization completes registration as soon as possible as it is a requirement before funds can be disbursed.

Pre-award Risk Assessment (PARA)*

Did you complete a PARA on behalf of your organization? You may complete this after you submit the application. However, as part of our due diligence process, The Center will follow up with you during the application review period if PARA is not yet complete. The results of the assessment will not affect eligibility or funding recommendations. You may complete the PARA using this [link](#).

- Yes
- Not yet

Annual Budget*

What is the applicant organization's annual budget amount?

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

First Name* Last Name* Title*

E-mail Address*

Office Phone* Extension

Applicant Organization CEO/Director Information

First Name* Last Name* Title*

E-mail Address*

Office Phone* Extension

Program Contact Information

First Name* Last Name* Title*

E-mail Address*

Office Phone* Extension

Additional Program Contact Information – optional

First Name Last Name Title

E-mail Address

Office Phone Extension

Data Contact Information – optional

First Name Last Name Title

E-mail Address

Office Phone Extension

Financial Contact Information – optional

First Name Last Name

Title

E-mail Address

Office Phone Extension

PROJECT INFORMATION**Project Information**

Project Name* (10 words maximum):

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

Project Start Date: July 1, 2025

Project End Date: December 31, 2026

Total Amount Requested: * \$ _____

Up to \$750,000

Drug Medi-Cal Number*: _____

Additional Details:*

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

Project Geography (County-level) *

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

Population to be Served

Focus Populations (Race/Ethnicity) *

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

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

Focus Populations (Age Groups) *

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

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

NARRATIVE QUESTIONS

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

10. **Sustainability.** Please provide a sustainability plan for your project, including the level of collaboration of the county/counties involved and what stage you are at in this collaboration, your ability to receive reimbursement for NTP services once your project is operational (i.e. billing Medi-Cal) and your ability to sustain the project past the project period, including any additional funding that the organization plans to leverage. Include applications that have been submitted or will be submitted for funding and how the funds will complement and/or expand the work for this project. (300 words maximum)
11. **Technical Assistance.** Provide information about any technical assistance that may be of benefit to your team to carry out your project. (not scored)

WORK PLAN

The work plan has five parts:

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

Example: Goal:	<i>Provide MU services to vulnerable populations in Humboldt and Mendocino counties by October 2025.</i>		
Objectives (A., B., etc.)	A. <i>Increase Internal staffing, capacity and knowledge.</i> B. <i>Build infrastructure for mobile services.</i>		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
1. Recruit, interview and hire 1-2 people with lived experience to provide program design guidance 2. Provide professional development training to staff on the following topics: harm reduction and stigma	1. Project Lead	7/1/2025	9/30/2025
	2. Project Lead will develop materials and Partner Organization will provide recruitment	7/1/2025	9/1/2025
	3. Training developed by (organization name) and delivered by Lead Staff (Name)	12/1/2025	(Ongoing)
(1) Goal:			
Objectives (A., B., etc.)	A.		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
1.			
(2) Goal:			
Objectives (A., B., etc.)	A.		
Project activities that support the identified goal and objectives	Responsible staff/ partners	Timeline	
		Start Date	End Date
1.			

ATTACHMENTS

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

- Substance Abuse and Mental Health Administration (SAMHSA) Accreditation*
- County Letter of Support*