

# OPIOID AND STIMULANT USE DISORDER PREVENTION AND EDUCATION FOR COMMUNITIES OF COLOR

REQUEST FOR APPLICATIONS

RELEASE DATE: APRIL 7, 2025

APPLICATIONS DUE: 1:00 P.M. (PT) MAY 5, 2025



**THE CENTER**  
*at Sierra Health Foundation*



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

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

For information about The Center, visit [www.shfcenter.org](http://www.shfcenter.org).

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**READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY**

# Introduction

## Request for Applications (RFA) Overview

This request for applications (RFA) contains information about the *Opioid and Stimulant Use Disorder Prevention and Education for Communities of Color* program, including background and legal, fiscal, and program requirements for applicants, as well as eligibility criteria and application instructions. The Center at Sierra Health Foundation (The Center) has been contracted by the Department of Health Care Services (DHCS) to serve as the Administrative Entity (AE) and will implement this funding opportunity, including awarding and distributing funding; compliance and monitoring; and data collection and submission to the University of California, Los Angeles, Integrated Substance Abuse Project (UCLA-ISAP). Technical assistance around data submission will be provided by UCLA-ISAP. Applicants may apply for up to \$400,000 to support activities over the 24-month contract period.

## DHCS Opioid Response Project Overview

This program will be supported by the California State Opioid Response (SOR) IV grant program funded by DHCS. This grant was provided to DHCS by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). The SOR IV grant supports the DHCS Opioid Response Project which aims to address the opioid and stimulant use disorder (StUD) crises by improving access to treatment, reducing unmet treatment needs, and reducing opioid and stimulant-related overdose deaths through the provision of prevention, treatment, harm reduction, recovery services and providing resources. These resources help increase access to the Food and Drug Administration (FDA) approved medications for the treatment of opioid use disorder (OUD) and support the continuum of prevention, harm reduction, treatment and recovery support services for OUD and other concurrent substance use disorders (SUDs). The DHCS Opioid Response Project focuses on populations with limited substance use disorder (SUD) treatment access, including youth, people in rural areas, and American Indian and Alaska Native (AI/AN) tribal communities.

## Opioid and Stimulant Use Disorder Prevention and Education for Communities of Color Program Overview

This funding opportunity will support programs addressing opioid use, stimulant use and polysubstance use in Black, Indigenous, People of Color (BIPOC) communities, which have been disproportionately impacted by the opioid and StUD crises, are more likely to face involvement in the criminal justice system related to substance use issues and are less likely to be offered treatment and recovery services.<sup>1</sup> As the following data illustrates, communities of color are disproportionately impacted by overdose deaths in California.

<b>Prelim. 2023 data: Any Opioid-Related Overdose Deaths per 100,000 (Age-Adjusted):<sup>2</sup></b>	
Asian/Pacific Islander	4.07
Black/African American	45.38
Hispanic/Latinx	16.51
Native American/Alaska Native	59.30
White	27.67

<sup>1</sup> <https://www.vera.org/downloads/publications/Divided-Justice-full-report.pdf>;  
<https://journals.sagepub.com/doi/10.1177/1073110518782949>

<sup>2</sup> CA Opioid Overdose Dashboard <https://skylab.cdph.ca.gov/ODdash/>

<b>Prelim 2023 data: Any Opioid and Psychostimulant with Abuse Potential-Related Overdose Deaths per 100,000 (Age-Adjusted):<sup>3</sup></b>	
Asian/Pacific Islander	1.84
Black/African American	24.29
Hispanic/Latinx	8.45
Native American/Alaska Native	32.87
White	14.31

<b>Prelim 2023 data: Fentanyl-Related Overdose Deaths per 100,000 (Age-Adjusted):<sup>4</sup></b>	
Asian/Pacific Islander	3.70
Black/African American	43.14
Hispanic/Latinx	15.50
Native American/Alaska Native	55.65
White	24.68

It is important for partners to recognize and be responsive to the historical and ongoing trauma, systemic racism and criminalization that BIPOC communities have faced. This trauma is perpetuated by the lack of investment in community-based prevention, intervention and treatment access, especially for culturally responsive, healing-centered and trauma-informed approaches, and through ongoing stigma related to seeking SUD treatment in American culture. Being mindful of this history while creating culturally and linguistically appropriate programming and materials is vitally important in this work.

The goals of the Opioid and StUD Prevention and Education for Communities of Color funding opportunity are to support community awareness, outreach and education addressing opioids and stimulants, as well as polysubstance use, and to strengthen referral pathways to care and treatment services, including Medications for Opioid Use Disorder (MOUD), in BIPOC communities across the state.

We invite applications from organizations that strive to realize health equity and racial justice in California, and that have a strong track record of delivering culturally and linguistically appropriate outreach and education projects.

## PROGRAM SUMMARY

<b>Opioid and Stimulant Use Disorder Prevention and Education for Communities of Color</b>	
<b>Description</b>	These funds are for organizations to implement community-based outreach, education and referrals to address opioid use, stimulant use and/or polysubstance use in their communities and increase access to treatment services such as Medications for Addiction Treatment (MAT). Organizations must clearly outline their plan in the application.
<b>Award Amount</b>	Up to \$400,000 for program activities
<b>Application Due Date</b>	1:00 P.M. (Pacific Time) May 5, 2025
<b>Estimated Number of Awards</b>	Approximately 45 awards

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<b>Cost Sharing/Match Required</b>	No
<b>Anticipated Project Start and End Date</b>	July 1, 2025 – June 30, 2027
<b>Anticipated Award Date</b>	No later than June 30, 2025
<b>Length of Project Period</b>	2 years
<b>Indirect Cost Rate</b>	By accepting these funds, the applicant organization acknowledges and agrees that the maximum allowable indirect cost rate shall be fifteen percent (15%) of an organization’s modified total direct costs (MTDC), as defined in 45 CFR Part 75 <sup>5</sup> , regardless of an organization’s federally negotiated rate, unless the applicant organization is a tribe or tribal entity which are permitted an exception to use their federally Negotiated Indirect Cost Rate (NICR) for the H&SS SOR IV grant program.

### Informational Webinar and Office Hours for Applicants

A webinar for interested applicants will be held on **April 15<sup>th</sup> at 1:00 P.M.** (Pacific Time). The webinar will review the funding opportunity and the application process as well as answer questions. Attendance is strongly recommended. **Register [here](#) to attend the webinar on Zoom.** The webinar will be recorded and shared upon request. Application materials are posted on The Center’s [MAT Access Points Project website](#) for review prior to the webinar.

*\*If you need translation services for the webinar, please reach out to [mataccesspoints@shfcenter.org](mailto:mataccesspoints@shfcenter.org) prior to April 9<sup>th</sup>.*

The Center is committed to assisting potential applicants who are interested in applying for funding. Listed below are several scheduled technical assistance office hours. These drop-in sessions can be used to ask questions about the application process, to discuss whether your program ideas fit with the funding program, or to discuss budget-related questions. Participation in the office hours is not required, but many past applicants have found them to be useful. Below is the schedule for the drop-in office hours.

Please use this Zoom [link](#) to join any of the office hours. If a passcode is requested, use: MATSOR4.

- Wednesday, April 16, from 9 a.m. – 10 a.m. PT
- Monday, April 21, from 2 p.m. – 3 p.m. PT
- Tuesday, April 29, from 11 a.m. – 12 p.m. PT
- Friday, May 2, from 1 p.m. – 2 p.m. PT

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<sup>5</sup> 45 CFR Part 75 has not been updated as of the date of this RFA release. Refer to [2 CFR 200.414\(f\)](#) for the most recent compliance guidance applicable to this award.

# OPIOID AND STIMULANT USE DISORDER PREVENTION AND EDUCATION FOR COMMUNITIES OF COLOR REQUEST FOR APPLICATIONS

## Eligibility Criteria

The Center will fund organizations that meet the following minimum requirements:

- The organization must have a primary location in the state of California or if outside of the state, a location in California (note that all activities must take place in California).
- Organizations must be a 501(c)(3) nonprofit entity. If an organization is a nonprofit but does not have 501(c)(3) status, they may use a qualifying fiscal sponsor.
- Applicant organizations and partners must be deeply invested in, engage and reflect impacted BIPOC communities, for example, through representation on the board and staff, clients served and neighborhoods worked in.
- Applicant organizations and partners should have a demonstrated history of working with impacted communities.
- Applicant organizations and partners must have at least two years of experience providing relevant services.
- Applicant organizations and their partners must have demonstrated evidence of inclusivity and shall not discriminate based on race, color, religion (creed), age, national origin (ancestry), disability, marital status, sexual orientation or military status in any of its activities or operations.

## Health Equity

Organizations funded through this opportunity will demonstrate specific ways in which they will provide equitable access to services offered by the project, including, but not limited to, approaches designed to ensure that BIPOC communities are able to access services safely and free of discrimination. Required approaches could include:

- **Racial justice and equity:** activities to provide culturally and linguistically appropriate services and to eliminate racialized barriers to access.
- **Trauma-informed care:** approaches that acknowledge and address that people receiving care may have experienced trauma that manifests physically, mentally or behaviorally, and that encounters with medical and social service personnel may be traumatizing for program participants.
- **Intersectionality:** approaches to care that acknowledge and address that race, sexual identity, class, disability and other social identities overlap and may be involved in people's experience of discrimination or trauma.
- **Social determinants of health:** strategies designed to address institutional or public policies and practices that contribute to stigma, medical mistrust or institutional oppression.
- **Meaningful involvement:** activities that enable people served by the project to provide meaningful input and leadership related to services and institutional policies.

## Scope of Work

Activities implemented through this funding must be related to prevention and education on OUD, StUD and/or polysubstance use, and must increase access to treatment services for OUD, StUD and/or co-

occurring SUDs through referrals and partnerships. These activities must be primarily focused for and within BIPOC communities that are disproportionately impacted by the negative consequences of drug-use and criminalization of SUDs, and that often have less access to treatment and information about opioid and stimulant use and supports.

Activities and materials developed through this funding opportunity must be related to opioid use, stimulant use or polysubstance use and should be focused primarily on three outcomes:

1. Increased individual and community understanding of OUD and StUD, and/or polysubstance use in BIPOC communities, prioritizing harm reduction and public health solutions that focus on positive messages to prevent SUD.
2. Decrease community and individual stigma of people who use drugs and SUD care and treatment services.
3. Integrate and strengthen treatment referral pathways for OUD and StUD in BIPOC communities.

Organizations should recognize that substance use, and substance use disorders are complex and require a multi-pronged approach that addresses other aspects of physical, mental and emotional health, while also understanding the multitude of barriers to successful outreach and linkages to treatment. Those barriers can include, but are not limited to, high threshold services that interrupt people's ability to care for themselves, language access, treatment wait lists, cost, stigma and mistrust toward people with a history of drug use, institutional racism in healthcare systems and cultural barriers. This funding opportunity is intended for organizations and partners who possess cultural humility and responsiveness, and reflect the racial, ethnic and cultural communities they intend to serve so that education programs are tailored while utilizing non-judgmental, stigma-reducing approaches that address systemic and cultural barriers to opioid and stimulant use services, care and treatment.

**Examples of outreach and education activities that could be funded include, but are not limited to:**

- Training and funding substance use navigators, behavioral health counselors, promotoras, cultural brokers, community champions, peer workers or other community health worker models to incorporate OUD and StUD outreach, education and treatment referrals into their workflow.
- Developing a survey/focus group to inform activities (e.g. to determine community level of awareness and understanding, to determine community motivations to stop or reduce use) and measuring change through comparison surveys.
- Including outreach and engagement of people who currently use drugs to inform programming and to increase connections to supports such as education, harm reduction, non-clinical services and treatment referrals.
- Supporting staff positions for the duration of the contract to provide trauma-informed outreach, education and/or to connect individuals to services.
- Implementing stigma-reduction campaigns that are culturally responsive and linguistically appropriate. This can include social media campaigns or other media campaigns (such as radio) to push for narrative change.
- Engaging in community narrative change through storytelling (PSA/videos, podcasts etc.).
- Hosting community workshops, tabling at events, participating in wellness fairs, etc. to provide community outreach and education around OUD and StUD.
- Developing, updating, and circulating educational materials/curriculum (e.g., printed educational materials, duplication and distribution) that includes background information, is culturally relevant, linguistically accessible and participant informed. This can also include presentations on specific populations (ex. youth, pregnant women, etc.). Curriculum development should undergo

community-based participatory research sessions, multiple reviews by experts in the field (or relevant partners), ensure it is culturally, linguistically appropriate and factually accurate.

- Bringing service providers or behavioral health staff to give presentations to the organization or in community.
- Recruiting and training community leaders/trusted messengers as ambassadors to provide resource navigation and facilitate community conversations.
- Utilizing harm reduction approaches to support people who currently use drugs to manage, reduce or eliminate drug use in order to prevent the development of SUDs.
- Distributing educational kits with informational materials to educate and support participants as well as build trust.
- Connecting with other community partners such as faith-based organizations, schools, County programs, libraries, local colleges, etc. to expand outreach.
- Implementing other innovative and creative efforts to expand trauma-informed OUD and StUD outreach, education, prevention and treatment referral beyond traditional or institutional settings.

**Examples of treatment connections\* that could be funded include, but are not limited to:**

- Connecting individuals served with ongoing OUD and StUD treatment services and resources through referrals and partnerships.
  - Connecting with County partners.
  - Connecting with treatment partners in the community.
- Streamlining and integrating referral processes into workflows.
- Signing Memorandum of Understandings (MOUs)/formal partnerships with treatment partners to provide support for individuals who are in treatment (host groups, wrap-around care, connection to social services).
- Integrating OUD/SUD screening questions into community health work or develop positions such as peer navigators or substance use navigators to increase awareness and understanding of treatment options.
- Expanding naloxone training and distribution that incorporates evidence-based overdose prevention work including providing individualized counseling and health education; intervention and aftercare following nonfatal overdose; prevention work focused on cocaine, methamphetamine and other non-opioid drugs; expanding drug checking services, etc.
- Integrating cultural healing practices into SUD services and education.
- Providing trainings for health care providers on how to offer more culturally appropriate care (Federally Qualified Health Centers [FQHCs], treatment centers, County agencies).
- Integrating school-based screenings and referrals.
- Addressing barriers to treatment access such as transportation, language accessibility, long wait lists (e.g. through a shuttle service with an already owned organizational vehicle, rideshares or bus passes; provide bilingual services etc.).

*\*Please note that MOUD or StUD treatment services themselves will not be funded under this opportunity.*

## Application Selection Criteria

The Center will select applicants who present the most complete and responsive applications demonstrating a mix of experience, capacity and potential. 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:**

- Be from organizations whose primary purpose is to serve BIPOC communities and have a demonstrated track record of engaging with said communities.
- Provide a detailed description of exactly what will be done to address the funding opportunity goals and how they will be implemented – who will be involved, what they will do, a clear and realistic timeline of activities and concrete, measurable objectives.
- Propose projects that have buy-in from organizational leadership and staff and are ready for immediate community implementation.
- Have a demonstrated track record with proposed project activities, including having a concrete plan for incorporating proposed activities into the organization’s current workflow.
- Propose an outreach, education, early intervention, referral delivery model that promotes the meaningful involvement of participants.
- Propose projects that focus on reducing stigma against people who use drugs and racial, gender, and other institutionalized discrimination to improve care outcomes.
- Affirm applicant’s ability to submit regular data and narrative 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 such as geographic diversity, underserved patient population or service area, and prevalence of patients with opioid use or stimulant use disorder in the population served.

At The Center’s discretion, 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 and 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.

## **Funding Information**

This funding opportunity has a total of \$18 million in available funds, which will be awarded to fund approximately 45 organizations or entities with a maximum of \$400,000 per awarded organization or entity for the 24-month contract period. Contracts will cover activities from July 1, 2025, through June 30, 2027. Note: All funding will be backdated to July 1, even if contracts are executed after that date.

Applicants are required to adhere to the budget guidelines included in the Budget Template that is linked in the online application and in **Appendix F** of this RFA. 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 budget justification to assist The Center in establishing cost reasonableness of the final amount awarded. This funding opportunity encourages working in collaboration with other groups and allows for subcontracting by the lead organization.

The contracts will be deliverable-based, meaning contractors need to demonstrate progress on process measures (e.g., number of outreach activities, number of referrals) and fulfill set deliverables.

The Center is the administrative entity for this program and will incorporate the applicable federal and state rules and regulations into the terms and conditions of the contract agreement, notably 2 CFR 200<sup>6</sup> and 45 CFR Part 75<sup>7</sup>. Applicants must abide by these standard funding restrictions as determined by SAMHSA and as described in **Appendix B**.

## Payment Schedule

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).

If a contractor achieves all required deliverables by the end of the contract, the entire contract amount will be paid.

## Federal Compliance

This project is funded by DHCS' 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 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 (UEI) on [SAM.gov](#). Please see this [Quick Start Guide for Getting a Unique Entity ID \(SHFCenter.org\)](#). Funded 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 compliance requirements are met. The Center recognizes that the terms and coverage conditions for insurance requirements are technical in nature. If you need additional support to answer insurance questions or if you do not feel that you will be able to meet the insurance requirements, please reach out to [mataccesspoints@shfcenter.org](mailto:mataccesspoints@shfcenter.org) with subject line "OUD and StUD Prevention and Education Insurance Help."

## Data and Reporting Requirements

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

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<sup>6</sup> 2 CFR 200: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200>

<sup>7</sup> 45 CFR Part 75: <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75>

- Quarterly data reports (e.g. quantitative data on services provided) submitted via an online portal to UCLA.
- Bi-annual narrative reports (e.g. narrative on progress, challenges, financial components) submitted to The Center.
- An annual site visit with The Center staff. Site visits may be virtual.

Please see **Appendix D** for more information including an outline of reporting requirements and due dates.

## General Application Information

<p><b>Important Application Information</b></p> <p>Applications are due no later than 1 p.m. (Pacific Time) on May 5, 2025. We encourage you to submit your application <u>before the deadline date</u> in case you need help with any of the RFA components.</p>
<p><b>General Instructions</b></p> <ul style="list-style-type: none"> <li>• Complete your Pre-award Risk Assessment using this <a href="#">link</a>.</li> <li>• Submit the application via our online portal through this <a href="#">link</a>. You may save your progress and resume the application later by entering an e-mail and determining a password.</li> <li>• Respond to all required fields (marked with an *).</li> <li>• Upload all attachments listed under “Application Checklist” below.</li> <li>• 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.”</li> <li>• You may submit your application only once. Be sure your application is complete and accurate, including required attachments, before submitting it. Revised applications will not be accepted.</li> <li>• If you are unable to submit your application online or need help, please contact us at <a href="mailto:mataccesspoints@shfcenter.org">mataccesspoints@shfcenter.org</a> with subject line: OUD and StUD Prevention and Education Application Help.</li> </ul>
<p style="text-align: center;"><b>Send questions and inquiries related to this funding opportunity to <a href="mailto:mataccesspoints@shfcenter.org">mataccesspoints@shfcenter.org</a> with the subject line: OUD and StUD Prevention and Education Application Help</b></p>

## Application Checklist

Initiate the funding application through our online portal linked [here](#). The link is also at the end of this RFA, under **Appendix F**, and posted on the [MAT Access Points Project website](#).

- Complete the Pre-Award Risk Assessment linked [here](#).
- Required Application Attachments**
  - Proposed project budget completed in The Center’s Proposed Budget Template (template is available for download [here](#))
  - Applicant organization’s W-9
  - 501(C)(3) Determination Letter
  - MOU (if the applicant is a fiscal sponsor)

Incomplete applications will not be reviewed. Applications received after the deadline will not be considered. If you are unable to submit your application online or need technical assistance, please contact us at [mataccesspoints@shfcenter.org](mailto:mataccesspoints@shfcenter.org) with subject line: OUD and StUD Prevention Application Help.

## RFA/Funding Opportunity Feedback

We are continuously working to improve our funding opportunities. Please provide optional feedback via this SurveyMonkey [link](#).

## APPENDICES

### Appendix A: Glossary and Resources

**Addiction:** The chronic neurobiological disorder centered on a dysregulation of the natural reward system. See video [linked here](#) on rethinking addiction.

**Harm Reduction:** Strategies that seek to reduce morbidity and mortality associated with substance use for those for whom abstinence is not an immediate and/or feasible goal. Harm reduction aims to reduce or eliminate risk behaviors often associated with substance use while building connection and community.

**Medication for Addiction Treatment (MAT) or Medications for Opioid Use Disorder (MOUD):** MAT/MOUD uses Food and Drug Administration-approved medications in combination with counseling and behavioral therapies to provide a whole-patient approach to the treatment of substance use disorders. It is the gold standard of care for opioid use disorder treatment.

**Naloxone Distribution Project:** Eligible entities may receive free naloxone through the [Naloxone Distribution Project](#). This DHCS project aims to address the opioid crisis by reducing overdose deaths through the provision of free naloxone, in both nasal spray and injectable formulations.

**Opioid Use Disorder (OUD):** A pattern of behavior characterized by craving, increased tolerance, and withdrawal when opioid use stops, and persistent use of opioids despite adverse consequences.

**Prevention:** Activities that promote healthy behaviors, reduce risks, and build protective factors that either prevent substance use or mitigate consequences and contributing factors associated with substance use and substance use disorder.

**Stimulants:** Stimulant drugs encompass 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. Information on the treatment of stimulant use disorder is [linked here](#).

**Stimulant Use Disorder (StUD):** Stimulant use disorder is the continued use of stimulants despite harm to the person using them. Stimulants include cocaine, amphetamine, methamphetamine, MDMA (also known as ecstasy or molly), and prescription drugs such as Adderall and Ritalin. These drugs are classified as stimulants because they increase the level of activity that occurs in the body's central nervous system.<sup>8</sup>

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<sup>8</sup> <https://www.mentalhealth.va.gov/substance-use/stimulants.asp>

**Substance Use Disorder (SUD):** The recurrent use of alcohol and/or drugs that causes clinically significant impairment, including health problems, disability and failure to meet major responsibilities at work, school or home.

## Appendix B: 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. 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](#). The SOR IV Allowable Cost Fact Sheet is subject to change. The Center will make the latest guidance available to funded partners as updates are made.

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, childcare) 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 for program participants only, not to exceed \$10.00 per person per day.
- The cost of food or meals for non-program participants are unallowable, even if they are considered an integral part of a conference or gathering.

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

Please note: Contingency management for stimulant use disorder *treatment* is not allowable under this funding opportunity. All California contingency management for stimulant use disorder treatment will be funded through California Advancing and Innovating Medi-Cal (CalAIM).

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

- 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 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 are allowable for the 6-month follow-up interview only).
- 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 15% of modified total direct costs (MTDC). Only organizations using the de minimis rate of fifteen percent (15%) of modified total direct costs (MTDC), as defined in [45 CFR Part 75<sup>9</sup>](#), will be selected for this funding opportunity. By accepting these funds, indirect costs may not exceed 15 percent (15%) of an organization's MTDC, with the exception of tribes and tribal entities which are permitted to use their Negotiated Indirect Cost Rate (NICR) if they so choose. Please be prepared to share documentation on the NICR. For the purposes of this contract, MTDC is calculated by subtracting allocated dollars in the Rent line item of the program budget from the total budgeted amount.

This list is not exhaustive; please reference the latest SOR IV Allowable Cost Fact Sheet linked [here](#) for additional guidance. The SOR IV Allowable Cost Fact Sheet is subject to change. The Center will make the latest guidance available to funded partners as updates are made.

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<sup>9</sup> 45 CFR Part 75 has not been updated as of the date of this RFA release. Refer to [2 CFR 200.414\(f\)](#) for the most recent compliance guidance applicable to this award.

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.

## Appendix C: Insurance Requirements

All evidence of required insurance coverage must be submitted 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 required insurance documents. 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.

All insurance requirements must be active throughout the term of the funding award.

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### Commercial General Liability

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

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

### 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 # 24-40154** must be present.

## Appendix D: Reporting Requirements

### UCLA Data Report Components

Funded partners will be required to submit quarterly data reports responding to performance measures. Performance measures are currently being finalized by DHCS, UCLA and The Center’s program team. However, quarterly data reports will be submitted through the UCLA portal and data questions, instructions and links will be shared with all funded partners prior to report due dates.

### Financial

There are no financial reports required for this contract. However, funded partners will need to track expenses and ensure expenditures are made within the contract period and are allowable. Funded partners may be asked to provide documentation of expenses via a Desk Audit. In this process, The Center will select partners and test allowable expenses by requesting supporting documentation. The Center will explain the process in detail in webinars for funded partners and provide support and opportunities for course correction.

After completion of deliverables, funded partners will submit invoices to The Center for payment. The Center will provide instructions and an invoice template.

### Narrative Report Components

Every six months during the contract period, funded partners are required to submit a Six-Month Narrative Progress Report. For the final six months of the contract the Six-Month Narrative Progress Report will be combined with questions about cumulative experiences, into a single Cumulative Final Narrative Report. These reports will be submitted directly to The Center, and The Center will share links and instructions with all funded partners prior to the report due dates.

**See table in Appendix E below for timeline of required reports.**

## Appendix E: Scope of Services and Deliverable Schedule

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

OD and StUD Prevention in Communities of Color Project Purpose: To support community awareness, outreach, education and prevention around opioids and stimulants, as well as polysubstance use, and strengthen referral pathways to care and treatment services, including MAT, in BIPOC communities across the state.

Required	Task	Deliverable	Timeframe
✓	Complete subrecipient contract requirements	Contract execution and compliance requirements <ul style="list-style-type: none"> <li>• Completion of pre-award risk assessment</li> <li>• Certificate of Insurance (must remain current</li> </ul>	First quarter of the contract



		<p>throughout the contract)</p> <ul style="list-style-type: none"> <li>• Sam.gov Active Registration (must maintain active registration throughout the contract)</li> <li>• Executed Contract</li> <li>• Participation in The Center’s Onboarding Webinar</li> </ul>	
✓	Administrative Requirements including submission of narrative reports that address progress toward desired outcomes indicated in the application, and yearly site visits with The Center (can be virtual).	<ol style="list-style-type: none"> <li>1. Quarterly UCLA data reports</li> <li>2. Six-Month Narrative Progress Reports</li> <li>3. Annual site visit (virtual or in-person, two total)</li> <li>4. Cumulative Final Narrative Report</li> </ol>	See schedule below
✓	Increase <b>education and prevention</b> activities and materials for OUD and/or StUD as indicated in the application and budget.	Quantitative data on number of individuals served and types of education and prevention services (shared through quarterly UCLA data reports)	July 1, 2025 – June 30, 2027
✓	Increase <b>treatment referrals</b> and partnerships for OUD and/or StUD as indicated in the application and budget.	Quantitative data on number of referrals (shared through quarterly UCLA data reports)	July 1, 2025 – June 30, 2027

**Reports and requirements will follow the timeline below:**

Report/Requirement	Reporting Period	Due Date to UCLA/ The Center
Quarter 1 Quantitative Data Report	July 1, 2025 – September 30, 2025	Due to UCLA by October 15, 2025
Quarter 2 Quantitative Data Report	October 1, 2025 – December 31, 2025	Due to UCLA by January 15, 2026
Six-Month Narrative Progress Report	July 1, 2025 – December 31, 2025	Due to The Center by January 31, 2026
Quarter 3 Quantitative Data Report	January 1, 2026 – March 31, 2026	Due to The Center by April 15, 2026
Site Visit 1	July 1, 2025 – June 30, 2026	Due to The Center by June 30, 2026
Quarter 4 Quantitative Data Report	April 1, 2026 – June 30, 2026	Due to UCLA by July 15, 2026
Six-Month Narrative Progress Report	January 1, 2026 – June 30, 2026	Due to The Center by July 31, 2026
Quarter 5 Quantitative Data Report	July 1, 2026 – September 30, 2026	Due to UCLA by October 15, 2026
Quarter 6 Quantitative Data Report	October 1, 2026 – December 31, 2026	Due to UCLA by January 15, 2027

Six-Month Narrative Progress Report	July 1, 2026 – December 31, 2026	Due to The Center by January 31, 2027
Quarter 7 Quantitative Data Report	January 1, 2027 – March 31, 2027	Due to UCLA by April 15, 2027
Quarter 8 Quantitative Data Report	April 1, 2027 – May 31, 2027	Due to UCLA by June 15, 2027
Site Visit 2	July 1, 2026 – June 30, 2027	Due to The Center by June 30, 2027
Six-Month Narrative Progress and Cumulative Final Narrative Report	July 1, 2025 – June 30, 2027	Due to The Center by July 15, 2027

## Appendix F: Application

**FOR REFERENCE ONLY**

**SUBMIT YOUR APPLICATION USING THE ONLINE PORTAL [LINKED HERE](#)**

### **OU and StUD Prevention and Education for Communities of Color Application**

#### **INSTRUCTIONS**

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

#### **FISCAL SPONSOR**

**Is the project sponsored by the applicant organization? \*:**

*A fiscal sponsor is an organization that applies on behalf of an entity or group that does not have legal standing with the IRS. (yes or no)*

#### **ORGANIZATION INFORMATION**

**Organization Name\***

*Enter the applicant organization's legal name.*

**Address\***

*Enter the applicant organization's address. For county, choose "other" if not in CA.*

**Phone Number\***

**Website URL (optional)**

**Facebook (optional)**

**Twitter (optional)**

**LinkedIn (optional)**

#### **ORGANIZATION FINANCIAL INFORMATION**

**Annual Budget\***

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

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

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

**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
- 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

**CONTACT INFORMATION**

**Organization CEO/Director Information\***

Name:  
 Title:  
 Email Address:  
 Phone:

**Applicant Contact Information \***– This person will be contacted if there are questions or updates regarding the application.

Name:

Title:  
Email Address:  
Phone:

**Project Contact Information** \* – *This person will be contacted if there are questions or updates regarding the project if awarded.*

Name:  
Title:  
Email Address:  
Phone:

**Financial Officer Information - optional**

Name:  
Title:  
Email Address:  
Phone:

**Contract Administrator Information – optional**

Name:  
Title:  
Email Address:  
Phone:

**SPONSORED ENTITY INFORMATION - conditional**

If applying for funds through a fiscal sponsor, the fiscal sponsor should be the applicant organization above. Provide information about the fiscally sponsored entity or project that will be implementing the program in the fields below.

**Sponsored Entity Information**

**Sponsored Entity Name\***

*Enter the sponsored entity's legal name.*

**Address\***

*Enter the sponsored entity's address. For county, choose "other" if not in CA.*

**Phone Number\***

**Website URL (optional)**

**Facebook (optional)**

**Twitter (optional)**

**LinkedIn (optional)**

**Annual Budget\***

*What is the sponsored entity's annual budget amount? Enter the amount in a decimal format (ie: \$250,000.00)*

**Contact from Sponsored Entity Information – conditional**\*

Name:  
Title:

Email Address:

Phone:

## **PROJECT OVERVIEW**

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

### **Brief Summary and Purpose of Project\***

*Briefly describe the proposed services and who will be served. The description must start with "To." (100 words or less)*

**Project Start Date:** July 1, 2025

**Project End Date:** June 30, 2027

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

*Up to \$400,000.*

**Have you received an *Opioid and Stimulant Use Disorder Prevention and Education for Communities of Color* contract in the past: \***

- Yes
- No

If yes, which cycle(s)?

- SOR III (2023 – 2024)
- SOR II (2021 – 2023)

### **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.)*

### **Project Population\***

*Indicate whether the proposed project serves an urban area, rural area, or both.*

- Urban
- Rural
- Both

### **Congressional District of applicant organization's OR the sponsored entity's primary location\*:**

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

### **Congressional District(s) where organization's OR the sponsored entity's beneficiaries live\*:**

*What are the congressional districts of the organization's beneficiaries?*

### **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**

**Organization Description\***

Provide a brief overview of your organization (the entity that is carrying out the project), including: 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)

**Fiscal Sponsor Description\* - Conditional**

If the project has a fiscal sponsor that is different from the organization that is implementing the project, briefly describe the fiscal sponsor, including its mission and any past and/or current work with the sponsored organization. **(Please note that we are requesting a MOU under the required attachments for projects with fiscal sponsors). (200 words maximum)**

**Proposed Activities\***

Describe in detail your plan for using these funds to support opioid, stimulant, and/or polysubstance use education, outreach, and treatment referrals in the county(ies) you propose to work in, including your activities and timeline. (300 words maximum)

**Track Record with Proposed Project Activities\***

State whether the proposed activities are new to your organization or an expansion of or supplement to existing activities. Describe your organization’s experience with the kind of work proposed in this application. Briefly describe 1-3 examples of successes your organization has had implementing similar work. (200 words maximum)

**Expected Outcomes\***

List 2-5 expected direct outcomes of the proposed activities. The expected outcomes should be specific and measurable. (300 words maximum)

**Evaluation Process\***

Please describe how you will document or evaluate progress toward the outcomes. (200 words maximum)

**Partnerships\***

Describe partnerships that are already in place or will be established to support implementation of your program goals. If no partners are needed, please explain. (200 words maximum)

**Current Capacity\***

Please describe your organization's current capacity, including the composition of paid part-time or full-time staff and volunteers, finance and administrative roles/support, and any existing structures you have in place to manage grants and activities. Please include information on how your staffing composition mirrors populations with health disparities in your region, including racial/ethnic demographic information. (200 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)

**Technical Assistance**

To help us plan a technical assistance strategy, please tell us what technical assistance your organization would benefit from in implementing this project? In addition, The Center is planning technical assistance around accounting/financial management. What topics related to finance or accounting would be helpful to your organization? (200 words maximum)

*Your response to this question is not considered in decisions about funding.*

**ATTACHMENTS**

Link to download the [Proposed Budget Template](#)

Link to download a [Sample Budget \(filled in\)](#)

- Proposed Project Budget\*
  - a. Budget template is available in the online application portal for download. Fill it in and upload it in Excel format.
- Applicant organization's W-9\*
- 501(C)(3) Determination Letter\*
- MOU (if the applicant is a fiscal sponsor)