**Opioid Settlement Funds**

**Grant Application/RFP Template**

1. Executive Summary

The [City, Town or County or Council / Taskforce Name] is accepting applications for fiscal year (FY) [XX] Opioid Settlement Fund applications. This funding opportunity will advance [City, Town or County or Council / Taskforce Name]’s overall goal of reducing OUD/SUD-related morbidity and mortality by strengthening and expanding SUD/OUD prevention, harm reduction, treatment, and recovery service capacity in our region.

**Table 1. Overview of Request for Proposals**

|  |  |
| --- | --- |
| Funding Opportunity Title: |  |
| Due Date for Applications: |  |
| Contact for Inquiries | Name and Contact Info |
| Anticipated Total Annual Available FY [ ] Funding: | Approximately $[ ] |
| Estimated Number and Type of Awards: **[OPTIONAL]** | Up to [ ] grants |
| Estimated Individual Award Amount: | Up to $[ ] for the [ ]-year period of performance. |
| Period of Performance: |  |
| Eligible Applicants: | Maine-based organizations providing services in [subdivision] who are public or private entities, nonprofit or for-profit, are eligible to apply. Domestic faith-based and community-based organizations, educational institutions, tribes, and tribal organizations are also eligible to apply. |

1. Abbreviations and Definitions [OPTIONAL]
2. [Exhibit E](https://nationalopioidsettlement.com/wp-content/uploads/2023/02/TEVA-Exhibit-E.pdf)-nationally approved opioid abatement strategies guiding opioid settlement fund spending
3. [Harm Reduction](https://www.samhsa.gov/find-help/harm-reduction)- an evidence-based approach that refers to policies, programs, and practices that aim to minimize the negative effects of drug use
4. [OUD](https://www.cdc.gov/overdose-prevention/prevention/preventing-opioid-use-disorder.html)-Opioid use disorder is a substance use disorder, sometimes referred to as "opioid abuse or dependence" or "opioid addiction" is a problematic pattern of opioid use that causes significant impairment or distress. OUD is a treatable, chronic disease that can affect anyone – regardless of race, gender, income level, or social class.”[[1]](#footnote-2)
5. [MAT](https://americanaddictioncenters.org/addiction-medications)- Medication Assisted Treatment is an evidence-based, comprehensive approach to treatment for substance use disorder that involves medication and behavioral treatment tailored to patient needs. Examples of MAT medications include methadone, suboxone, sublocade, naltrexone and buprenorphine.
6. [Medication for Opioid Use Disorder (MOUD)](https://www.fda.gov/drugs/information-drug-class/information-about-medications-opioid-use-disorder-moud)- Evidence based, comprehensive treatment for Opioid Use Disorder that involves medication (naltrexone, methadone, buprenorphine) and behavioral therapy that fits the patient’s needs
7. [Prevention](https://www.samhsa.gov/find-help/prevention)- activities and programs that work to educate and support communities and individuals to prevent the use and misuse of drugs and the development of substance use disorders
8. [Recovery](https://library.samhsa.gov/sites/default/files/pep12-recdef.pdf) - a holistic journey where people improve their health and wellness, live self-directed lives, and strive towards their full potential
9. [Subdivision](https://www.fema.gov/about/glossary/political-subdivision#:~:text=A%20unit%20of%20government%20created,political%20subdivisions%20of%20the%20state.)- a unit of government created by and under the authority of a higher level of government. In the Maine Opioid Settlement Fund context, the term “subdivision” is referring to the counties, cities, and towns that participated in the lawsuit and received Opioid Settlement money.
   1. Ex: The city of Lewiston is a subdivision of Androscoggin County, and Androscoggin County is a subdivision of the state.
10. [SUD](https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health)- substance use disorder is “a treatable mental disorder that affects a person’s brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. Symptoms can be moderate to severe, with addiction being the most severe form of SUD.”[[2]](#footnote-3)
11. [Treatment](https://library.samhsa.gov/sites/default/files/sma14-4126.pdf)- a range of medical, therapeutic, and support services designed to help individuals who are struggling with substance use disorders to safely manage withdrawal symptoms and build skills to stay safe and sober.
    1. Example types of treatment
       1. [Medically Supervised Inpatient Withdrawal Management](https://www.ncbi.nlm.nih.gov/books/NBK310652/)- refers to the medical and psychological care of patients who are experiencing withdrawal symptoms as a result of ceasing or reducing use of their drug of dependence
       2. [Residential](https://americanaddictioncenters.org/rehab-guide/residential)- a non-hospital setting where patients live at the facility and can receive various forms of behavioral therapy, education, peer support, and medications in a safe supportive environment
       3. [Partial hospitalization](https://americanaddictioncenters.org/rehab-guide/partial-hospitalization-programs)- highly structured form of outpatient rehabilitation that offers very similar services to residential treatment, but in a hospital setting where patients can go home at the end of the day
       4. [Intensive outpatient treatment](https://americanaddictioncenters.org/intensive-outpatient-programs)-structured treatment program that addresses SUD issues and relapse prevention for patients who do not require medically supervised inpatient withdrawal management or high levels of supervision
       5. [Outpatient treatment](https://www.samhsa.gov/find-support/learn-about-treatment/types-of-treatment)- various counseling, education, and support for substance use treatment while patients live in their own environment.
12. Funding Opportunity Description
13. **Overview of this Request for Proposals**

[Provide information about your subdivision and its structure.]

1. **Summary of Opioid Settlement Funds**

In the 1990's, pharmaceutical companies falsely advertised opioids as non-addictive, fueling the Opioid Epidemic. In response, states and local subdivisions across the country sued the major companies that created, distributed, and advertised opioids, including Amerisource Bergen (“The Distributers”), Johnson and Johnson, Walmart, Walgreens, CVS, Allergen, Teva, and the Mallinckrodt bankruptcy estate; This lawsuit ended in a $26 billion nationwide settlement.

Maine is expected to receive over [$230 million by 2038](https://www.maine.gov/ag/opioids/settlement-payments.html). These funds have been allocated between the state, [Maine Recovery Council](https://www.maine.gov/ag/recovery-council/index.shtml), and local subdivisions, and come with [guidance](https://www.maine.gov/ag/docs/Principles%20for%20the%20use%20of%20Funds%20from%20the%20Opioid%20Litigation.pdf) to ensure funds are used for their intended purpose; to [abate opioid-related harms](https://nationalopioidsettlement.com/faq-explanatory-charts/faq/#:~:text=The%20overarching%20goal%20of%20this,to%20abate%20opioid%2Drelated%20harms.) through the development, implementation, expansion, and enhancement of evidence-based strategies and practices..

Currently, [subdivision] has received $\_\_\_\_\_\_\_ from these settlements. Funding amounts will change annually, but [subdivision] is expected to receive an average of $ \_\_\_\_\_\_\_ per year. Therefore, total funds allocated to community organizations and groups may change depending on application period.

1. **Applicant Qualifications**

Organizations or groups addressing opioid prevention, harm reduction, treatment, and recovery are eligible for funding to support program development, implementation, enhancement, or expansion. This includes programs addressing substance use disorders, polysubstance use, and co-occurring mental health and substance use disorders.

* 1. **Geographic Requirements**: Organizations must be serving people in [subdivision] but may be serving people beyond this geographic area. **All grant-planned activities MUST only target [subdivision].**
  2. **Organization status**: Maine-based organizations providing services in [subdivision] who are public and private entities, nonprofit and for-profit, are eligible to apply. Domestic faith-based and community-based organizations, educational institutions, tribes, and tribal organizations are also eligible to apply.

1. **Awards**
   1. Availability of Funds

The number of awards for Fiscal Year XXXX will be approximately $XXX.

The maximum amount of a single award will be up to $XXXXXX

1. **Proposal Requirements**
   1. Proposals will be accepted between [start date] and [end date].
   2. All planned grant-related activities supported by this program must exclusively target and be located in [subdivision].
   3. Proposals must focus on communities and individuals most profoundly impacted by opioid use disorder and/or co-occurring substance use disorder/mental health conditions
   4. Organizations [may/may not] submit more than one application per application acceptance period.
2. **Awardee Requirements**
   1. Overall Requirements
      1. Utilize funds within the associated fiscal year(s)
      2. Ensure utilization of funds supplements, not supplants, existing funding
      3. Ensure all funds are used in alignment with the definition of opioid remediation and [Exhibit E](https://nationalopioidsettlement.com/wp-content/uploads/2023/02/TEVA-Exhibit-E.pdf)
      4. Ensure indirect costs do not exceed [X] percent
   2. Performance monitoring and reporting requirements
      1. Performance Monitoring
         1. Provide data on program outputs, outcomes, and/or impacts, following metrics that will be agreed upon selection of application.
         2. Quarterly/Bi-annual Reports
            1. Organizations should provide quarterly/bi-annual reports to [contact person] by the [day of month] and must include the following:

Staff on the project

Community partners involved in the project

Challenges during the time frame of the report

Successes during the time frame of the report

Expected next steps

* + - 1. Financial Reports
         1. Organizations should provide quarterly financial reports to [contact person] by the [day of month] and must include the following:

Expenses to date

Direct costs

Indirect costs

Equipment and materials

Travel and other expenses

Justifications for underspent funds

* + - 1. Annual Report
         1. Must be provided to [subdivision contact name] by [date] and must include all metrics that were agreed upon when funding was awarded.

1. [**Allowable Uses of Funds and Funding Restrictions**](https://www.maine.gov/ag/docs/Distributors%20MOU.pdf)

Specific to the J&J, Distributor, CVS, Teva, Allergan and Walmart settlements, funds must be spent on opioid remediation. Opioid Remediation is defined as:

*Care, treatment, and other programs and expenditures (including reimbursement for past such programs or expenditures except where this Agreement restricts the use of funds solely to future Opioid Remediation) designed to address the misuse and abuse of opioid products, treat or mitigate opioid use or related disorders, or mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic.*

Activities MUST meet the definition of opioid remediation, be an evidence-based strategy or promising practice and align with allowable uses outlined by [Exhibit E](https://www.maine.gov/ag/docs/Distributors%20MOU.pdf). These strategies include:

1. **Core Strategies**

• Naloxone or other FDA-approved drug to reverse opioid overdoses

• Medication-assisted Treatment (MAT) distribution and other opioid-related treatment

• Address the needs of pregnant and postpartum women

• Expanding treatment for Neonatal Abstinence Syndrome (NAS)

• Expansion of warm hand-off programs and recovery services

• Treatment for incarcerated population

• Prevention programs

• Expanding syringe service programs

• Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state

1. **Approved Uses - Prevention**

• Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids

• Prevent misuse of opioids

• Prevent overdose deaths and other harms (harm reduction)

1. **Approved Uses - Treatment**

• Treat Opioid Use Disorder (OUD)

• Support people in treatment and recovery

• Connect people who need help to the help they need (connections to care)

• Address the needs of criminal justice-involved persons

• Address the needs of pregnant or parenting women and their families, including babies with NAS

1. **Approved Uses – Other Strategies**

• Supporting first responders

• Leadership, planning and coordination

• Training

• Research

1. **Schedule of Events**

|  |  |
| --- | --- |
| Application Posted | Date |
| Application Due | Date |
| Anticipated Selection Announcement date | Date |
| Anticipated Performance period | Start date-end date |

1. **Proposal Process**
   1. Applications shall be [emailed/sent] to [contact info/ address] by [date]. To be scored, applications must have ALL contact information filled out.
      1. Subject Line of Email should be: XXXXXXXXX
   2. [Font size, spacing, page limit]
   3. Incomplete applications will not be reviewed. All fields in the application are mandatory, unless otherwise noted.
2. **Scoring Process**

[Committee or subdivision] has implemented procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. The review process allows for the objective evaluation of applications by the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. Applications will be reviewed by [name of committee] using a standard rubric. These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during the review process. Below are descriptions of the review criteria and their scoring points.

1. Adherence to Application Instructions- Application is clear, comprehensive, and professional, has been submitted by the deadline, all fields are complete, and all documents requested are present
2. Organization Information and Description- Organizational mission, purpose, and current community impact are clear, current staff are trained and qualified for current positions, and there is clear evidence of the need for the organization's work. The organization’s structure is explained, showing it can implement its proposed project, including existing collaborations for support if necessary.
3. Project Description-Project goals, objectives, and expected outcomes are clear. The project is in alignment with strategies in Exhibit E, and the project is highly likely to complete expected outcomes and has shown flexibility to adapt to the ever-changing community needs.
4. Priority Population and Geographic Area-Project serves assigned subdivision’s geographic area; organization has demonstrated familiarity in working with the priority population
5. Data to Support need- the organization has provided reliable, accurate data that clearly illustrates the need for the program/project they are proposing. The data is easily accessible and readable for reviewers.
6. Timeline- Project timeline is feasible to complete within expected timeframe, aligns with all project guidelines, and is logical and clear.
7. Scope of work- The scope of work is feasible for the organization and funding structure, and there is a clear, logical connection between outputs, outcomes, and project timeline. If there are partnerships, the roles of the partnerships are clear, and letters of commitment are complete and attached.
8. Data tracking- Objectives align with Exhibit E and follow SMARTIE guidelines (Specific, Measurable, Achievable, Relevant, Timebound, Inclusive, Equitable). Identified tracking measures are clear, feasible, and connected to the objectives.
9. Sustainability- The applicant has stated a feasible and logical plan for when funding fully expended
10. Budget-Narrative for the budget is clear and detailed; overall funding amount requested is feasible for the program.
11. Sample Application Response Format

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Information** | | | |
| Lead Organization Information | | | |
| Organization Name | |  | |
| Street Address | |  | |
| Email Address | |  | |
| Phone number | |  | |
| Fiscal Sponsor Information (if different than Lead Organization) | |  | |
| Fiscal Sponsor Name | |  | |
| Street Address | |  | |
| Email Address | |  | |
| Phone Number | |  | |
| **Project Information** | | | |
| Project Title | |  | |
| Project Director | |  | |
| Title of Project Director | |  | |
| Authorized Representative | |  | |
| Title of Authorized Representative | |  | |
| Signature of Authorized Representative | |  | |
| Signature Date | |  | |
| **Lead Organization Description (include overview of organization’s structure)** | | | |
| **Short Bios of Project Personnel (including their qualifications)** | | | |
| **Project Description**  ***Make sure to include:***   * 1. ***How this proposal will address harms associated with the opioid crisis***   2. ***Goals and expected outcomes of the project***   3. ***How your organization or group has or will have the capacity to successfully implement this project*** | | | |
| **Priority Populations and Geographic Area Served by Project** | | | |
| **Rationale/Data to Support Need for Project** | | | |
| **High-Level Project Timeline (brief description)** | | | |
| **Scope of Work** | | | |
| Activity | Outputs | Outcomes | Timeline |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **List of partners and their expected roles-letters of commitment must be attached** | | | |
| **Please list SMARTIE objectives**  **(specific, measurable, achievable, relevant, timebound, inclusive, equitable)** | | | |
| **How will you collect and/or track data related to your objectives?** | | | |
| **How will the project be sustained after this round of funding?** | | | |
| **Budget-total amount requested** | | **$\_\_\_\_\_\_\_\_\_** | |
| **Budget Narrative/Spending Plan** | | | |
| **New or Existing Project? (Check one)** | | **\_\_\_: Existing**  **\_\_\_: New** | |
| **Existing- Currently, how many unique individuals are served annually?** | |  | |
| **New-is this project evidence-based and/or considered a promising practice?** | | **\_\_: Yes**  **\_\_: No** | |
| **Attachments/Supporting Documents** | | 1. **Resume of project director and/or key staff** 2. **Completed Budget Template** 3. **Letters of Commitment from any partners (if required)** 4. **Supplemental materials demonstrating experience, organizational impact/commitment to addressing the overdose epidemic** | |

1. https://www.cdc.gov/overdose-prevention/prevention/preventing-opioid-use-disorder.html [↑](#footnote-ref-2)
2. https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health [↑](#footnote-ref-3)