NOTICE OF FUNDING OPPORTUNITY

APRIL 26, 2024
GEORGIA OPIOID CRISIS ABATEMENT TRUST

Version 1.01

Introduction

The State of Georgia is actively responding to the opioid crisis, a public health emergency that has caused widespread harm across communities. As part of a national effort to address the impact of opioid misuse, Georgia has entered into settlements resulting from litigation against major pharmaceutical companies and distributors. These settlements are a critical step towards remediation and provide significant financial resources for opioid epidemic abatement efforts within the state.

Georgia is anticipated to receive approximately $638 million from these initial settlements, with additional funds coming from pending settlements. These funds are earmarked for initiatives aimed at curbing the opioid crisis and bolstering future abatement projects. A Memorandum of Understanding (MOU), agreed upon by the State of Georgia and participating local governments, outlines the guidelines for utilizing the Settlement Funds. The Commissioner of the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) is appointed as the Trustee of the Georgia Opioid Crisis Abatement Trust and is tasked with the oversight and implementation of the settlement allocations.

The governance structure for the Opioid Settlement Program includes the Trustee, the Georgia Opioid Settlement Advisory Commission (GOSAC), the Qualifying Block Grantees (QBGs), and the Regional Advisory Councils (RACs). This structure facilitates the distribution and oversight of the State Opioid Funds, ensuring that the funds are used effectively to combat the opioid crisis at both the state and local levels.

QBGs are designated entities that receive funds directly from the settlement and include the City of Atlanta and counties with a population of at least 400,000, to include Cobb County, DeKalb County, Fulton County, and Gwinnett County. RACs are established in DBHDD-aligned regions consisting of multiple participating local governments to advise on the optimal use of funds for opioid remediation and abatement.

As Georgia looks forward to receiving these funds and additional settlements in the future, we are announcing a Notice of Funding Opportunity (NOFO). This initiative is designed to support programs and efforts aligned with Georgia's core strategies for opioid crisis abatement, including prevention, treatment, harm reduction, and recovery support services. We invite eligible entities and organizations to participate in this significant effort to address and mitigate the opioid crisis in Georgia.

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SECTION 1 GENERAL OVERVIEW AND APPLICANT CRITERIA

1.1 ELIGIBILITY REQUIREMENTS

The applicant, for the purposes of this Notification of Funding Opportunity, must:

- Propose projects within the State of Georgia
- Be willing to become registered as a vendor with the State of Georgia
- Be licensed/certified by applicable agency or demonstrate ability to obtain license/certification in a timely fashion if applying for funding for services requiring licensure/certification
- Be in any IRS recognized tax-category (profit, non-profit/ not-for-profit, etc.)

An applicant (with the exception of Georgia State Agencies) must not be:

- A subject of debarment
- On the Excluded Provider list

1.1.1 SCOPE OF PROJECTS AND USE OF FUNDS

The Opioid Crisis Abatement Trust aims to alleviate the opioid crisis's effects in Georgia. Prospective applicants should consult the State of Georgia's Continuum of Care and Gap Analysis when planning projects and developing applications. This is to ensure efforts and use of Funds complement existing services by addressing unmet needs, avoiding redundancy, and fostering partnerships.

Project allocations must adhere to the guidelines set forth in **Attachment A: Project Categories and Approved Uses** for Georgia, consistent with the terms of the National Distributors and Manufacturers Opioid Settlements.

1.1.2 TARGET POPULATIONS FOR PROVISION OF SERVICE

Funds are dedicated to supporting a range of services related to Opioid Use Disorder (OUD), including prevention, treatment, harm reduction, and recovery support. These services target at-risk populations for OUD, individuals diagnosed with OUD, OUD with additional polysubstance use, OUD co-occurring with mental illness.

1.2 FUNDING TYPES

1.2.1 STATE FUNDING

State funding refers to the portion of the opioid settlement funds that are managed directly by the Trustee of the Georgia Opioid Crisis Abatement Trust. This funding is part of the 75% share of the total opioid settlement funds allocated to the state. Of this, 40% is earmarked to be spent on a regional basis, focusing on statewide and regional initiatives to combat the opioid crisis. The Trustee oversees the implementation, compliance, and reporting requirements of the settlement funds, ensuring that expenditures align with the core strategies and approved uses set forth in the settlement agreements.

State funding targets initiatives that address the opioid crisis across Georgia, aiming for broad impact. This funding supports large-scale, collaborative interventions designed to significantly lower the prevalence and impact of opioid misuse and addiction statewide. Applicants may apply for state funding in a region or county if a project is serving a larger project area and filling a significant gap in service provision. State applications must demonstrate significant need and impact. Additionally, the Trustee has the discretion to reassign applications for state funding to a RAC where appropriate.

1.2.2 RAC FUNDING

The Regional Advisory Councils (RACs) play a consultative role in determining how funds are allocated within specific regions, as defined by the [DBHDD Regional Map](). Each region forms a RAC, which then works to best determine the spending of funds for opioid remediation and/or abatement efforts within their established regions. The RACs consult with the Georgia Opioid Settlement Advisory Commission (GOSAC) and with Participating Local Governments, providing recommendations that reflect regional needs and priorities. The funding discussed and recommended by RACs is part of the broader state allocation, specifically from the portion dedicated to regional spending.

RAC funding is designated for regional projects that address specific needs and priorities within the established regions for opioid remediation and/or abatement. In addition, the Trustee has discretion to reassign applications for RAC funding to state funding where appropriate.

1.2.3 QBG FUNDING

Qualifying Block Grantees (QBGs) are defined regions or entities that receive their funding allocation directly from the Trust, provided they certify sufficient infrastructure to offer opioid abatement services. The QBGs are:

- City of Atlanta
- Cobb County
- DeKalb County
- Fulton County and
- Gwinnett County.

These QBGs receive direct funding from the Trust to implement opioid abatement and remediation opportunities within their communities. QBGs have a level of autonomy in approving and overseeing the expenditure of their allocated funds, albeit within the guidelines and core strategies and approved uses described in the settlements.

QBG funding is allocated for local initiatives within the specified jurisdictions. As such, each QBG has established its own application procedures; therefore, applicants must engage directly with their respective QBG for guidance, as the application steps will differ from those outlined in this NOFO. If your project area is within a QBG, please contact the appropriate county or city for further information regarding the specific application requirements. Applicants

seeking funding through this NOFO within a QBG area will be redirected to the appropriate QBG within the application portal.

Important Note: Applicants must choose state funding or one specific county for RAC funding. If the applicant is serving more than one county in a region, applicants must describe the multi-county funding approach within the proposal. If the applicant is serving more than one RAC, state funding should be considered when applying. However, if an applicant is proposing multiple programs, a separate application for each program proposed is required.

SECTION 2   APPLICATION PROCESS

2.1 PROPOSAL PREPARATION
The applicant accepts full responsibility for all costs incurred in the preparation, submission, and other activities undertaken by the Proposer associated with the proposal. Applicants can download a copy of the application during the application window after registering and creating an application. To print, applicants should select print from the drop-down caret to the right of the draft application and select print to pdf.

2.2 PROPOSAL SUBMISSION
The Georgia Opioid Crisis Abatement Trust is committed to thoroughly reviewing every submitted proposal while also ensuring each one is evaluated fairly. To achieve this balance, specific requirements regarding the format and content of proposals have been developed. Proposals must be received via the Opioid Grants Management System.

Figure 1: Application Sections below lists each section and the information required.

Section	Required Information
Application Information	Organization Contact Name
	Organization Name
	Organization Address
	Organization Phone Number
	Organization Website
	Organization TIN
	Organization Business Type
Category & Core Strategy	*See Attachment A: Project Categories and Approved Uses*
Project Approach	Proposed Approach
	Demonstrated Need
	Collaboration
	Timeline
	Workplan and Deliverables
	Construction-Related Documentation (if applicable)
	Qualified Engineer Supporting Documentation (if applicable)
	Organization Mission and Background

Organization Background and Qualifications	Organization Licenses
	Organization Certifications
	Key Personnel and Qualifications
	Financials
Project Impact	Goals and Objectives
Budget	Project Budget and Detailed Narrative
Disclosures	See list below
Financials Calculator	Calculation of organization financials, if applicable based on funding request
Risk Assessment	Risk assessment questionnaire to evaluate risk. See list of questions below.
Supporting Documentation	Supporting documentation based on applicability. See list below.
Attestation	Applicant attestation and signature

Figure 1: Application Sections

Applicants must attest to the following:

1. Confirm if the applicant is an existing provider with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD).
2. Disclose any pending or awarded applications for similar projects.
3. Reveal if there have been any previous applications for opioid settlement funds.
4. Indicate if the applicant is on the Excluded Provider List or has been debarred, with an explanation if applicable.
5. State whether there is an ongoing Corrective Action Plan (CAP) related to opioid funds, including a summary and status.
6. Ensure all personal health information (PHI) and private personal information (PPI) have been redacted or removed from submissions.
7. Disclose any conflicts of interest with major pharmaceutical distributors (McKesson, Cardinal Health, AmerisourceBergen) and Janssen Pharmaceuticals, Inc., and its parent company Johnson & Johnson (J&J).

Risk Assessment

Applicants who request funding over $500,000, must submit a response to the risk assessment questionnaire. The assessment will be used to evaluate project risk associated with the grant application. Because this section is not applicable for applicants requesting funding under $500,000, it will not display on the application.

This section is not part of scoring but applicants should complete these questions to the best of their ability. Applicants will be asked a series of questions related to the organization's financials including total revenue, net income, total assets and liabilities, current liabilities, and equity.

Supporting Documentation

Applicants will be asked to upload the following supporting documentation, as applicable:

Construction Related Documentation (If Applicable): Please upload any construction related documentation to include photos, engineer plans, design, etc.

Qualified Engineer Supporting Documentation (If Applicable): Please upload your qualified engineer supporting documentation. Identify the qualified firms the applicant intends to use if known, has used in the past, or has partnered with for the project. Examples include general contractors, maintenance contractors, fixture and equipment suppliers or firms, design and engineering firms, etc.

Organization Licenses (If Applicable): Please upload a copy of any relevant licenses and ensure the documentation reflects the status of the license. If an applicant applies for a program that requires a license without having completed it, please upload a narrative demonstrating your understanding of any licensing requirements and your plan for obtaining them, including an approximate timeline.

Organization Certifications (If Applicable): Please upload a copy of any relevant certification and ensure the documentation reflects the status of the certification. If an applicant applies for a program that requires a certification without having completed it, as an alternative to the certification documentation upload, please provide a narrative demonstrating your understanding of any certification requirements and your plan for obtaining them, including an approximate timeline.

Audited Financials, P&L, or Business Plan (Required): Organizations should submit audited financials if an established organization. As an alternative, organizations should submit P&L documents. If the organization is a start-up, you must include a business plan as an alternative to audited financials or P&L.

2.3 PROPOSAL WITHDRAWAL
Proposals submitted prior to the due date may be withdrawn only by the applicant. The applicant may withdraw the proposal in the Opioid Grants Management System.

2.4 PROPOSAL REJECTION
The Trustee reserves the right to reject, in whole or in part, any and all proposals; to advertise new proposals; to arrange to perform the services herein, to abandon the need for such services, and to cancel this Announcement of Funding if it is in the best interest of the Trust as determined in the Georgia Opioid Crisis Abatement Trustee's sole discretion. In the event such action is taken, notice of such action will be posted on the Georgia Opioid Crisis Abatement Trust website www.GaOpioidTrust.org

2.5 EVALUATION AND SELECTION

Proposals will be screened to ensure that minimum eligibility requirements have been met and that all required documentation has been submitted. Complete proposals meeting minimum eligibility requirements will be reviewed by RACs for the respective regions and by the GOSAC for the state. All applications will remain in review status until the Trustee makes the final decision.

Incomplete applications will receive a denial and applicants will be advised to apply during the next round following application guidelines. Applicants applying for project areas within the previously identified QBG areas in section 1.3.3. QBG project areas are not eligible to apply within this portal; rather, applicants should contact their respective QBGs and follow their process.

Opioid Funds are not intended to supplant existing funding sources. They can be used to expand existing services, if existing funding sources would not support growth of services.

Applications for state funding will be scored by a team of subject matter experts within the Interagency Working Group using the criteria listed below in Figure 2.

Figure 2: Application Evaluation Rubric.

Evaluation Criteria	Maximum Score
Organizational Background and Qualifications Organization Mission (5 pts) Organization Qualifications (10 pts) Key Personnel (5 pts)	20
Project Approach Demonstrated Need (20 pts) Proposed Approach (20 pts) Collaboration (10 pts) Timeline (10 pts)	60
Potential Impact Goals and Objectives (15 pts) Outcomes and Benefits (15 pts)	30
Budget Line-item Budget (10 pts) Budget Description (10 pts)	20
Total Possible Score	**130 points**

Figure 2: Application Evaluation Rubric

SECTION 3   GRANT INFORMATION AND REQUIREMENTS

3.1   PROJECT PERIOD

Funding term for selected proposals is expected to start December 2024. Duration is up to two years based on applicant's demonstrated need, timing of the program, and Trustee approval.

3.2   FUNDING AMOUNT

There is no predefined maximum funding amount for each application; however, proposers are encouraged to request funding amounts that are justifiable and reasonable based on the scale and expected outcomes of their project.

The Trust reserves the right to adjust funding amounts based on the total availability of funds and the number of proposals selected for funding.

3.3   ALLOCATIONS

Funding allocations are determined based on the proposal's alignment with the goals of the opioid abatement effort, the demonstrated need, and the potential impact of the proposed project.

Priority may be given to projects that address underserved populations or regions with high rates of opioid-related challenges.

3.4   SUBJECT TO FUNDS AVAILABILITY

Grant contracts awarded as a result of this Notice of Funding are subject to the appropriation and availability of funds. In the event funds are not appropriated or otherwise unavailable, the Opioid Crisis Abatement Trust reserves the right to terminate Grant Contracts upon written notice to the Grantee.

3.5   GRANT CONTRACT REQUIREMENTS

Awarded projects must comply with all applicable state regulations and grant management practices. Grantees will be required to enter into a contract outlining the terms and conditions of the funding, including reporting requirements, performance metrics, and financial accountability standards.

3.6   QUARTERLY REPORTS

Grantees are required to submit quarterly progress reports detailing the implementation of the project, expenditures, outcomes achieved, and any challenges encountered.

Reporting templates and guidelines will be provided to ensure consistency and facilitate the monitoring of project impacts.

3.7   SCHEDULE AND KEY DATES

The timeline outlined below reflects the Trust's current projection for the funding process. However, the Trust retains the authority to modify this schedule based on operational

requirements or unforeseen circumstances. Should any changes occur, updates will be promptly communicated through the [Trust's official website.](#)

Please be aware that for this inaugural cycle of funding, submissions will be welcomed from April 15, 2024-May 17, 2024. Our intention is to announce opportunities for Grants on an annual basis, contingent upon the availability of funds within the Georgia Opioid Crisis Abatement Trust. Following this Notice of Funding Opportunity, we anticipate the subsequent round of Grants to commence in 2025.

- April 11, 2024: Notice of Funding Opportunity released
- April 15, 2024: Grant portal opens
- May 17, 2024: Grant portal closes
- September 2024: Selected projects will be notified of their funding award
- December 2024: Funded projects are expected to begin.

ATTACHMENT A: PROJECT CATEGORIES AND APPROVED USES

CATEGORY	APPROVED USE	DESCRIPTION
Prevention	Funding and Resource Tracking	*Track, encourage, and support the effective utilization of new substance misuse prevention funding and resources in Georgia*
	Public Outreach & Education - Youth Substance Abuse Prevention	*Implement awareness and education to prevent youth initiation of substance use.*
	Public Outreach & Education - Statewide Awareness	*Increase statewide public awareness of substance misuse, prevention, and the opioid epidemic.*
	Public Outreach & Education - Overdose Risk Prevention	*Implement education and awareness to help prevent the risk of a drug overdose.*
	Prevent Over-Prescribing/Ensure Appropriate Prescribing and Dispensing	*Evidence-based or evidence-informed programs or strategies to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids.*
	Prevent Misuse of Opioids	*Evidence-based or evidence-informed programs or strategies to discourage or prevent misuse of opioids.*
	Drug Disposal Programs & Education	*Community drug disposal and safe storage programs*
	Primary Substance Misuse Prevention Services	*Primary Substance Misuse Prevention Services*
Treatment	Treatment Expansion, Including Medication Assisted Treatment	*Treatment services for individuals with OUD with a specific focus on Medication Assisted Treatment (MAT) and other evidenced-based practices.*
	Treatment for Criminal-Justice-Involved Individuals	*Treatment services and strategies for early diversion for individuals with OUD who are incarcerated or have criminal justice involvement.*
	Treatment for Pregnant or Parenting Women and Babies	*Treatment services for pregnant or parenting women and their families, including babies with neonatal abstinence syndrome*
	Standalone Detoxification/Residential Detoxification/Inpatient	*Standalone Detoxification/Residential Detoxification/Inpatient*

	Addictive Diseases Residential Service	Addictive Diseases Residential Service (varying levels, gender-specific, transition-aged youth)
	MAT / Substance Abuse Intensive Outpatient Programs (SAIOP)	Medication Assisted Treatment Programs & Substance Abuse Intensive Outpatient Programs
	Transitional Housing	Transitional Housing (Gender specific)
Recovery	Recovery Support Services - Increase Access	Increase access to recovery support services for individuals with OUD.
	Recovery Support Services - Broaden Services	Broaden scope of recovering services to include substance use disorder (SUD), opioid use disorder (OUD), other related mental health conditions
	Employment Support	Encourage employer policies and hiring practices that will support individuals in recovery obtaining and maintaining employment.
	Safe and Stable Housing	Increase access to safe and stable housing in addition to community-based support.
	Support Individuals in Treatment and Recovery	Reduce barriers to accessing and using insurance for individuals in recovery.
	Expansion of Warm Hand-off Programs	Expansion of warm hand-off programs and recovery services.
	Wrap-Around Services	Comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare.
	Addiction recovery support centers	Expand addiction recovery support centers.
Harm Reduction	Naloxone Access	Expand availability of Naloxone or other FDA-Approved Drug to reverse opioid overdoses.
	Syringe Exchange/Fentanyl Test Strips	Expand syringe exchange and Fentanyl test strip distribution programs.
	Harm Reduction Services (HIV & Hepatitis-C)	Harm Reduction Services (HIV & Hepatitis-C)
Research & Evaluation	Best Practice Development	Convene policy leaders, and multidisciplinary partners, including law enforcement and researchers, to identify promising practices and

		to inform a research and program evaluation agenda.
	Strategy Analysis	*Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state.*
	Monitoring, Surveillance, and Evaluation	*Monitoring, surveillance, data collection and evaluation of programs and strategies.*
	Supply-Side Enforcement	*Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.*
	Qualitative and Quantitative Research	*Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.*
Other - First Responders	First Responder Education	*Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.*
	First Responder Wellness Services	*Wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.*
	First Responder Pre-Arrest and Post-Overdose Programs	*Pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.*
Other: Training	Training for first responders, schools, community support groups and families.	*Training for first responders, schools, community support groups and families.*
	Awareness Training for Healthcare Providers	*Provide MAT education and awareness training to healthcare providers, emergency medical technicians. law enforcement, and other first responders*

	Training and Incentives for Providers in Underserved Areas	*Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.*
Other - Leadership Planning & Coordination	State, Regional, or Local Planning Efforts	*State, regional, or local planning to identify goals for opioid reduction and support efforts or to identify areas and populations with the greatest needs for treatment intervention services.*
	Data and Dashboards	*Government dashboard to track key opioid-related indicators and supports as identified through collaborative community processes.*
	Collaborative Cross-Systems Coordination - Staffing and Infrastructure	*Support infrastructure and staffing for collaborative cross-systems coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD (e.g., health care, primary care, pharmacies, prescription drug monitoring programs (PDMP), etc.).*