



APPLICATION CHECKLIST

The Statewide Infrastructure Share (Infrastructure Share) application consists of the following components, which should be submitted and labeled in the order listed below. This checklist is provided to help ensure a complete application. It does not need to be submitted with the proposal.

☐ **Section I: Executive Summary (1-2 paragraphs)**

- Include the purpose of the funding request and a brief description of how the request fits with the to the [Approved Purposes as described in Exhibit A](#) of the Colorado Memorandum of Understanding (“MOU”) and the guidelines of the Infrastructure Share’s, as shown in Section G of the [MOU](#).

The purpose of the Infrastructure Share is to promote capital improvements and provide operational assistance for developing or improving the infrastructure necessary to abate the opioid crisis within the State of Colorado. Describe how these funds will be used for that aim.

☐ **Section II: Application Form (use 3-page template provided below)**

☐ **Section III: Narrative (use template provided below)**

☐ **Section IV: Completed [Budget and Work Plan Template](#) (also provided on the [COAC website](#))**

☐ **Section V: Additional Attachments**

- Organization List of Names and Qualifications of Key Staff (required)
- Regional Opioid Abatement Council(s) Letter of Support (strongly recommended)
- Other Letters of Support (optional)
- Organization Evaluation Results (optional)

Thank you for taking the time to complete this application.



APPLICATION

Application Date:

A. CONTACT INFORMATION

Name of Applicant:

According to the MOU, Applicant must be a Colorado county, municipality, agency or Colorado Regional Opioid Abatement Council formed as a result of the MOU, which has a Colorado government entity as the fiscal agent.

If multiple Colorado governmental entities or Colorado Regional Opioid Abatement Councils are applying together, please select one entity to serve as Applicant. This should be the entity that will receive the funding award, receive the disbursed funds, and be responsible for funds management and submitting required reporting. The additional entities should be listed in the application as "Implementing Organizations."

Applicant Mailing Address:

Applicant EIN:

Name and Title of Applicant Key Personnel responsible for project/program oversight:

Phone:

Email:

Name and Title of Fiscal Agent: (if *not* the Key Personnel):

Phone:

Email:



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B. APPLICANT ELIGIBILITY

Please list the Opioid Region Number of the Applicant:

Please choose the type of approved entity of Applicant:

- ☐ Colorado County
- ☐ Colorado Municipality
- ☐ Colorado State Agency
- ☐ Colorado Regional Opioid Abatement Council

C. IMPLEMENTING ORGANIZATION *(to be completed only if there is an Implementing Organization that is different from the Applicant)*

Nongovernmental entities, such as non-profit organizations, may be part of the collaborative partnership proposed in the application with a governmental entity acting as the Applicant and Fiscal Sponsor. For the purposes of this application, these end recipient entities that are responsible for project/program implementation are referred to as the "Implementing Organization.".

Name of Primary Implementing Organization(s):

Implementing Organization's business information, non-profit status or EIN:

Name and Title of Implementing Organization Primary Contact responsible for project/program oversight:

Phone:

Email:

Please list any additional Implementing Organizations in the box below:



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D. FUNDING OPPORTUNITY REQUEST INFORMATION

Requested Award Period:

☐ 1 Year

☐ 2 Years

Year 1 Amount Requested: \$

Year 2 Amount Requested: \$

Note: For this funding cycle, a maximum of \$500,000 is allowable per request over two years with this standard funding template. Please contact coac@coag.gov if you are applying for more than \$500,000 over the course of two years. Additional information may be requested for requests over \$500,000.

Up to \$3,100,000 is available to be awarded across all funding recipients.

E. APPLICATION COMPLETION

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge and I understand that all Infrastructure Share funds must be used for the Approved Purposes as listed in Exhibit A of the Colorado Opioid Memorandum of Understanding and more narrowly, only for the Approved Purposes as requested in this application.

Applicant Key Personnel:

Date:



NARRATIVE

NARRATIVE APPLICATION INSTRUCTIONS

1. FORMATTING

- a. Use 12-point font and include the **HEADING** provided for each question. It is not necessary to repeat the text of the questions.
- b. Please limit responses to 200 words per header.

NARRATIVE QUESTIONS

1. APPLICANT BACKGROUND

- a. Briefly describe the applicant agency's mission and credentials for carrying out the project/program outlined in the application.

2. PROBLEM STATEMENT

- a. Briefly describe the problem the project/program outlined the application seeks to address.

3. DEMONSTRATED NEED

- a. Share any relevant data to support the burden for the opioid crisis for the geographic region or population this application addresses.
- b. Share any resource gaps or capacity limitations in the targeted region or population.

4. PROJECT OR PROGRAM REQUEST

The Infrastructure Share is intended to support forward-looking opioid abatement strategies, programming, and services throughout the State of Colorado.

- a. Describe the project/program this funding opportunity will support. What will be the major activities described in the project/program's workplan and the general timeline for executing the project/program?
- b. If this is a community or regional project/program, please indicate if there has been any planning to identify or assess this community need.
- c. If this is a State-wide project/program, please indicate if there has been any planning to identify or assess this need.

5. EVIDENCE-BASE FOR APPROACH

Share the evidence-base for this approach to address the opioid crisis. If this does not apply, please explain.



6. REGIONALISM

As noted in the qualifications for the Infrastructure Share, there will be additional consideration given to applications structured as a collaboration between one or more opioid regions or regional projects/programs.

- a. Demonstrate meaningful collaboration, including which, if any, regions are part of this request, and why this project/program request is beneficial to the Regional Opioid Abatement Council or to multiple Regional Opioid Abatement Councils.
- b. Provide each region or local government(s) represented in this request, and what their roles and/or dedication in staff time or other resources will play in this project/program.
- c. It is strongly recommended that a Letter of Support be provided by the Regional Opioid Abatement Council(s) where the project/program is located and/or serving.
 - i. *If a Letter of Support is not included in the application, please note the reason. Examples could include lack of time for Regional Opioid Abatement Council to review the application or Regional Opioid Abatement Council does not approve of the application (and if so, why).*
 - ii. Lack of submission of a Letter of Support from the Regional Opioid Abatement Council is not grounds for denial of an application, however the rationale will be reviewed as part of the evaluation process.
 - iii. The COAC reserves the right to contact the Regional Opioid Abatement Council(s) where the project/program is located and/or serving.

7. EVALUATION

Evaluating the success of the project/program is key for effective and accountable use of funds.

- a. Describe how outcomes will be measured for the project/program outlined in the application.

8. SUSTAINABILITY

Sustainability is defined as the use of Opioid Settlement funds for capital projects or operational programming that work to abate the opioid crisis and that can continue to function without future Opioid Settlement funds. As noted in the qualifications for the Infrastructure Share, there will be additional consideration given to applicants who incorporate matching funds or in-kind for the project/program request budget.

- a. Describe any matching funds or in-kind contributions associated with the proposed work.



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b. Have the following entities been contacted to identify potential partnership or leveraging funds?

- ☐ Regional Opioid Abatement Council/s
- ☐ Managed Service Organization/s (MSO)*
- ☐ Administrative Service Organization (ASO)*
- ☐ Community Mental Health Center (CMHC)*
- ☐ Regional Area Entity (RAE)
- ☐ Local public health agency (LPHA)
- ☐ Nearby hospital network
- ☐ Provider network or association
- ☐ Colorado Consortium for Prescription Drug Abuse Prevention

** It is anticipated that in 2024, the following entities will be combined as Behavioral Health Administration Service Organizations (BHASOs)*

c. Has the applicant applied for any of the following funding sources?

- ☐ Behavioral Health Administration (BHA)
- ☐ Colorado Department of Public Health and Environment (CDPHE)
- ☐ Other state agencies. If so list: _____
- ☐ American Rescue Plan Act (ARPA) funds
- ☐ Local or municipal resources
- ☐ Foundations
- ☐ Federal grants
- ☐ Other _____

d. If applicable, please describe if the applicant has consulted with Colorado Health First, Colorado's Medicaid Program for sustainability. Describe the assessment that was used to determine the items in this application cannot be covered through Colorado's Medicaid Program.

e. Describe how this request fills a need that cannot be met by another funding source.

f. If the application does not have matching funds for this grant, identify the plan to seek matching funds for ongoing sustainability.



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9. OPTIONAL:

- a. If there is additional information that is vital to convey in this application for the reviewers' understanding of the context and project being proposed, do so here.

ATTACHMENTS

Label each attachment with the names listed below.

1. **COMPLETED [WORK PLAN AND BUDGET TEMPLATE](#) (required)** - Also provided on the [COAC website](#).
2. **ORGANIZATION LIST OF NAMES AND QUALIFICATIONS OF KEY STAFF (required)** - *Do not* include job descriptions or resumes.

Provide the name of each person responsible for the application and implementation of the grant, a summary of their role, and detail on their anticipated staff time dedicated to the project/program, or other resources dedicated to the project/program outlined in the Infrastructure Share Funding Opportunity
3. **Regional Opioid Abatement Council(s) Letter of Support (strongly recommended)**
4. **Letters of Support (optional)** - Provide any relevant partnering agency, organization or Regional Opioid Abatement Council letters of support.
5. **Applicant or Implementing ORGANIZATION(s) EVALUATION RESULTS (optional)** - Provide the most recent evaluation results or findings relevant to this request.