



Opioid Abatement Innovation Challenge Application

APPLICATION CHECKLIST

The Opioid Abatement Innovation Challenge RFA 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 application.

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 [Approved Purposes as described in Exhibit A](#) of the Colorado Memorandum of Understanding (“MOU”) and the guidelines of the Innovation Challenge grant.

The purpose of the Innovation Challenge grant is to foster emerging and innovative approaches to combat Colorado’s opioid crisis that generate implementable solutions. Describe how these funds will be used for that aim.

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

Section III: Narrative (questions provided below)

Section IV: Completed [Budget and Work Plan Template](#) (also provided on [DOL’s Funding Opportunities webpage](#))

Section V: Additional Attachments (details provided below)

- Organization List of Names and Qualifications of Key Staff (required)
- Copy of the applicant’s most current W-9, completed and signed (required)
- Letters of Support (optional)
- Organization Evaluation Results (optional)

Thank you for taking the time to complete this application.



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APPLICATION

Application Date:

A. CONTACT INFORMATION

Name of Applicant:

Eligible entities for the Innovation Challenge include:

1. Colorado county
2. Colorado municipality
3. Colorado state agency
4. Colorado's Federally Recognized Tribes
5. Colorado Regional Opioid Abatement Councils that were formed as a result of the MOU, which has a Colorado government entity as the fiscal agent.
6. Non-profit organization, in good standing with the Colorado Secretary of State
7. For-profit organization, in good standing with the Colorado Secretary of State

If multiple entities are applying together, please select one entity to serve as Applicant. This should be the entity that will receive the grant 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 Organization."

Applicant Mailing Address:

Applicant EIN:

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

Phone:

Email:



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

Phone:

Email:

B. APPLICANT ELIGIBILITY

Please choose the type of approved entity of Applicant:

- Colorado County
- Colorado Municipality
- Colorado State Agency
- Colorado Federally Recognized Tribes
- Colorado Regional Opioid Abatement Council
- Non-profit Organization
- For-profit Organization

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

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 oversight:

Phone:

Email:



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D. FUNDING OPPORTUNITY REQUEST INFORMATION

Applicants may apply for one of the following three funding tiers **over the course of a 2-year** budget cycle:

- Small Funding Opportunity - \$100,000-\$350,000
- Medium Funding Opportunity - \$350,001-\$700,000
- Large Funding Opportunity - \$700,001-\$1,000,000

Year 1 Amount Requested: \$ **Year 2 Amount Requested:** \$

For this funding cycle, up to \$4,000,000 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 State 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:**



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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 your 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(s)/program(s) outlined in the application.

2. PROBLEM STATEMENT

- a. Briefly describe the problem project(s)/program(s) outlined in 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. PROGRAM OR PROJECT REQUEST

The Department of Law's intent with the Opioid Abatement Innovation Challenge grant is to accelerate the opioid abatement progress in Colorado with innovative, high-impact ideas to combat Colorado's opioid crisis. Innovative ideas must also generate action to create a solution. The ORU seeks partners that present actionable plans, with clear deliverables and timelines, that provide measurable impact in combating the serious challenges of the opioid epidemic.

- a. Describe the program or project this funding opportunity will support. What will be the major activities described in the program/project's workplan and the general timeline for executing the program/project?
- b. How would the program/project be transformative in abating the opioid crisis? Please provide specific deliverables this program/project plans to achieve.



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- c. Only forward-looking strategies, programming, and services are allowable. Please describe how this is a forward-looking strategy, program or services?
- d. If this is a community or regional program/project, please indicate if there has been any planning to identify or assess this community need.
 - i. If this is a State-wide program/project, please indicate if there has been any planning to identify or assess this need.

5. INNOVATION

- a. Describe the ways in which the project(s)/program(s) outlined in the application represents an innovative response to the opioid crisis.
- b. In what way could this program/project, if successful, be a model for the State as innovation to abate Colorado's opioid crisis?
- c. Share the evidence-base for the approach of this project to address the opioid crisis. If this program/project does not have an evidence-base due to its emerging or innovative approach, share the supporting rationale for this approach.

6. COMMUNITY COLLABORATION

There will be additional consideration given to applications structured as a collaboration between one or more opioid regions or between regional projects.

- a. Demonstrate meaningful collaboration with stakeholders, including which, if any, regions are part of this request, and why this program, project, operating, or capital request is complementary to Regional Opioid Abatement Council initiatives or other State, regional, or local initiatives.
- b. Provide detail on each collaborating partner(s) represented in this request and what their roles and/or dedication in staff time or other resources will play in this project(s)/program(s) outlined in the application.

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(s)/program(s) outlined in the application.



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- b. Describe how the project(s)/program(s) outlined in the application will be evaluated to determine success or failure as an innovative approach. Describe how these results could be shared or replicated in other communities.

8. SUSTAINABILITY

Sustainability is defined as the use of Opioid Funds for emerging and innovative approaches that work to abate the opioid crisis and that can continue to function without future Opioid Funds.

- a. Describe any matching funds or in-kind contributions associated with the proposed work. If there are no in-kind or matching programs, describe the viability for the initial term of the project.
- 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



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- 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 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.
- 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)** – Located on the [DOL Funding Opportunities webpage](#)
- 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 roles, and detail on their anticipated staff time dedicated to this grant or other resources dedicated to the project(s) outlined in the RFA .
- 3. LETTERS OF SUPPORT (optional):** Provide any relevant partnering agency, organization or Regional Opioid Abatement Council letters of support.
- 4. Applicant EVALUATION RESULTS (optional):** Provide the most recent evaluation results or findings relevant to this request.