



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 application.

- ☐ **Section I: Executive Summary** (200-word limit)
- ☐ **Section II: Application Form** (use template provided)
- ☐ **Section III: Narrative**
- ☐ **Section IV: Completed Budget and Work Plan** (use template provided)
 - Administrative Costs shall not exceed 10% of the total budget proposal [see Glossary of Terms (Appendix A) on the COAC webpage for more information]
 - *Please note: The Budget and Workplan are housed within the same Excel document but are separated by two distinct tabs.*
- ☐ **Section V: Additional Attachments**
 - Organization List of Names and Qualifications of Key Staff (required)
 - Regional Opioid Abatement Council(s) Letter of Acknowledgement (suggested)
 - Additional Letters of Support (optional)
 - Organization Evaluation Results (optional)

Thank you for taking the time to complete this application.



Section I: Executive Summary (200-word limit)

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 anywhere within the State of Colorado*” [Section (G)(2) of the Colorado Opioids Settlement Memorandum of Understanding (MOU)].

Please provide a brief, public-facing description of the proposed project/program, and describe how these funds will be used to serve impacted communities in Colorado.

All projects/programs must align with the [Approved Uses](#) from the national opioid settlements.



Section II: Application Form

Application Date:

Applicants for the Infrastructure Share funding opportunity must be a state agency, Colorado Regional Opioid Abatement Council (ROAC), or Local Government that participated in the Colorado Opioids Settlement MOU.¹

Organizations that are not included in the list of eligible applicants are not able to directly apply for Infrastructure Share funding. However, they may be listed as Implementing Organizations as part of a collaborative partnership proposed in the application.

If multiple organizations are applying together, please select one entity to serve as the Applicant. Any additional entities should be listed as “Implementing Organizations.” The primary Applicant should be the governmental entity or ROAC that will accept the terms of the Award Letter, receive the disbursed funds, be responsible for funds management, and submit the required annual expenditure reports. Quarterly progress reports and the final report may be submitted either by the primary Applicant, or their Implementing Organizations.

Name of Applicant (Organization):

Applicant Mailing Address:

Applicant EIN:

Name & Email of Principal Representative [with authority to sign on behalf of Applicant (Organization)]:

Name & Title of Primary Contact (responsible for oversight of the award/program):

Phone:

Email:

¹Local governments shall include “all counties in the State of Colorado and the municipalities, towns, and county and city municipal corporations that are listed in Exhibit B (of the [Colorado Opioid MOU](#))” [Section (A)(5)]



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Name & Title of Fiscal Contact (responsible for annual expenditure reporting):

Please note: Fiscal Contact must be a representative of the Applicant (Organization)

Phone:

Email:

Name & Title of Secondary Contact/Additional Support Staff (optional)

Phone:

Email:

Please explain how this individual will support the project/program:

Applicant Eligibility

Specify in which Opioid Abatement Council Region(s) the Applicant is based:

For a complete map of the 19 Regions, [click here](#).

Specify the eligible category of the Applicant (Organization):

- ☐ Local Government that participated in the Colorado Opioids Settlement MOU
- ☐ Colorado state agency/state government entity
- ☐ Colorado Regional Opioid Abatement Council (ROAC)

Implementing Organizations

To be completed only if there is an Implementing Organization other than the Applicant.

Partnerships (across agencies, regions, and organizations) are possible and highly encouraged. If the application involves more than one organization, the Applicant should demonstrate (in the Narrative section) evidence of prior interaction and responsible partnership among the various organizations.



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Name(s) of Implementing Organization(s)

Business information, non-profit status, or EIN of Implementing Organization(s)

Name and Title of Primary Contact(s) (responsible for project/program oversight):

Phone:

Email:

(Optional) Please list any additional Implementing Organizations in the box below:



Funding Opportunity Request

Total Funding Amount Requested (maximum of \$500,000²): \$

To ensure Applicants have considered their strategy for using all funds within the 2-year award timeline, please indicate the amount (of the total award) the Applicant (Organization) intends to spend by month 6, 12, 18, and 24, respectively. The figures below should be treated as estimates and will be used for reporting purposes only. Applicants are encouraged to follow the spending plan below but may choose to accelerate their spending at any point during the Award Cycle.

Applicant (Organization) estimates it will spend \$ by **month 6** of the Award Cycle.

Applicant (Organization) estimates it will spend \$ by **month 12** of the Award Cycle.

Applicant (Organization) estimates it will spend \$ by **month 18** of the Award Cycle.

Applicant (Organization) estimates it will spend \$ by **month 24** of the Award Cycle.

Capital Assets

Does your application include or propose the purchase of capital assets (YES)/(NO)?

Please note: Capital assets are an allowable expense for Infrastructure Share funds, so long as those capital assets are used for Approved Uses in alignment with [Exhibit E](#). The COAC reserves the right to include additional requirements for applications that include capital assets.

² For this funding cycle, a maximum of \$500,000 is allowable per request. Any Applicants that intend to request more than \$500,000 must notify COAC (coac@coag.gov) prior to submitting an application. Additional information may be requested by COAC.



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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 Approved Uses as defined in [Exhibit E, Schedule B](#) of the national opioid Settlements and more narrowly, only for the Approved Uses as requested in this application.

Principal Representative

Date:

Primary Contact

Date:

Fiscal Contact

Date:



Section III: Narrative

Instructions

Use 12-point font and include the **HEADING** provided for each question. It is not necessary to repeat the text of the questions. Please limit responses to 200 words per **heading** (for headings with multiple questions, please limit responses to 200 words per **question**).

Narrative Questions

1. APPLICANT BACKGROUND

- a. Describe the Applicant's mission and credentials for accomplishing the proposed project/program.

2. PROBLEM STATEMENT

- a. Describe the problem which the Applicant seeks to address with this proposed project/program.

3. DEMONSTRATED NEED

- a. Share any relevant data that may demonstrate the burden of the opioid crisis upon the geographic region or population in which this application is focused.
- b. Discuss the resource gaps and/or capacity limitations facing 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, indicate if there has been any planning to identify or assess this community need.
- c. If this is a state-wide project/program, indicate if there has been any planning to identify or assess this need at a state level.

5. EVIDENCE-BASE FOR APPROACH

Share the evidence-base for this approach and/or how this proposed project/program will advance evidence-based practices to address the opioid crisis. If this does not apply, please explain.



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6. REGIONALISM

Per the funding priorities adopted by COAC, there will be additional consideration given to collaborative applications that include multiple Regional Opioid Abatement Councils (ROACs) and/or regional projects (that involve multiple counties, municipalities, and/or state agencies).

- a. Explain what steps (if any) the Applicant has taken to involve ROAC(s) in this application. Additionally, please describe how this project/program will benefit the Applicant's Region, or multiple Regions of the state.
- b. (If applicable) List the various ROACs and/or government partners involved in this request and explain what assets, resources, and/or staff time the various partners intend to contribute to this project/program.
- c. It is suggested that Applicants submit a letter of acknowledgment provided by the ROAC of the Region in which the project/program will be located. See the [map of the 19 Regions](#). To locate contact information for the 19 Regions, please visit <https://coag.gov/opioids/>.
 - i. If no ROAC letter of acknowledgment is included with the application, due to resource/bandwidth constraints or otherwise, please explain.
 - ii. *Please note: COAC reserves the right to contact the ROACs regarding any submitted applications, including those that describe plans to develop new Infrastructure or programs within a Region.*

7. ACCESS TO CARE

- a. In what ways will your proposed project/program serve underserved populations in Colorado?
 - i. *This can be demonstrated through Medicaid caseload, number of uninsured and/or individuals on Colorado Health Plan Plus or Colorado Indigent Care Program. This can also be demonstrated by sharing demographic data of individuals served.*
- b. Please demonstrate how this project/program will intentionally recognize and incorporate the perspectives and life experiences of diverse populations, including people with lived experience.
 - i. *In opioid response work, this may refer to people in recovery, people in active use, affected families and friends, and/or people seeking services in the system.*
- c. If applicable, please describe how the services and/or programming will be culturally and/or linguistically responsive.



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- i. *This can be demonstrated through leadership understanding, or implementation of the [National Culturally and Linguistically Appropriate Service \(CLAS\) Standards](#) for health care organizations, if applicable.*

8. SUSTAINABILITY

Proposed projects/programs should demonstrate Sustainability. Sustainability implies that the project/program can continue to function without future Opioid Funds. There will be additional consideration given to Applicants who incorporate matching, braided, or in-kind funding for the proposed project/program. Funding matches are not a requirement of application.

- a. Describe any matching, braided, or in-kind funding that has been received or will be received to support this project/program. Please provide estimated dollar amounts, if applicable.
- i. *If the Applicant has not received, but intends to seek, matching funds for the sustainability of the project/program, please describe the Applicant's plan. If no source of matching, braided, or in-kind funding is included, please explain.*
- b. Please describe which (if any) of the following entities the Applicant has contacted to explore partnership and/or matching funding opportunities:
- Regional Opioid Abatement Council(s)
 - Regional Area Entity (RAE)
 - Local public health agency (LPHA)
 - Nearby hospital network
 - Provider network or association
 - Managed Service Organization/s (MSO), Administrative Service Organization (ASO), or Community Mental Health Center (CMHC)³
- c. If applicable, describe if the Applicant has consulted with Colorado Health First (Colorado's Medicaid Program) for the sustainability of this project/program.
- i. *If the Applicant has determined that the items in this application may not be covered through Colorado's Medicaid Program, please explain why.*
- d. Describe how this request fulfills a need that cannot be addressed by other funding sources.

³ It is anticipated that in 2025, these entities will be combined as Behavioral Health Administration Service Organizations (BHASOs)



9. EVALUATION

To assist with outcome reporting, Applicants shall select 3 Indicators [see List of Indicators (Appendix B) on the [COAC webpage](#)]. These Indicators should align with the goals and deliverables described in the Applicant's Budget and Workplan and will be used by COAC to assess the impact of awarded projects/programs.

- a. Please list 3 relevant Indicators for your project/program. Awardees will be prompted to provide progress updates on their selected Indicators throughout the reporting cycle.
 - i. **Indicator #1** [See List of Indicators (Appendix B) on the COAC webpage]
 - ii. **Indicator #2** [See List of Indicators (Appendix B) on the COAC webpage]
 - iii. **Indicator #3** [See List of Indicators (Appendix B) on the COAC webpage]
- b. Briefly describe how the proposed project/program will have an impact on the selected Indicators.



Section V: Additional Attachments

Label each attachment with the names listed below.

1. **ORGANIZATION List of Names and Qualifications of Key Staff (required)** – *Please do not include job descriptions or résumés.*

Please provide the name and title of key staff involved in this application and project/program, and please specify what contributions they intend to make to the project/program.

In a separate section: If the submitted Budget and Workplan proposes new personnel/staff, or expanded funding for existing staff members, please describe the intended role and contributions of the prospective staff members.

2. **Regional Opioid Abatement Council(s) Letter of Acknowledgement (suggested)**
3. **Additional Letters of Support (optional)**
4. **Applicant or Implementing ORGANIZATION(s) Evaluation Results (optional)** - Provide the most recent evaluation results or findings relevant to this request.