



COAC Round 4 Infrastructure Funding Opportunity

Section I: Executive Summary (150-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 Colorado MOU]. The Infrastructure Share is further intended to “meet the needs of rural and underserved populations in Colorado” as described in the [Infrastructure Share Policy \(opens PDF\)](#).

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 list of [Approved Uses \(opens PDF\)](#) from the national opioid Settlements.



Section II: Application Questionnaire

Download a copy of this PDF. Fill out all the required fields, which should be editable (using Adobe or similar program). Please proceed through the **whole document** to ensure all the required fields are filled in. If you encounter issues, please contact us at coac@coag.gov for assistance.

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Implementing Organizations

This section is to be completed **only** if there is an Implementing Organization other than the Applicant (Organization) involved in the project/program.

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.

Implementing Organization #1 (if applicable)

Name of Entity:

Address of Entity:

Which Colorado **counties** does this organization primarily serve?

EIN # of implementing organization (if available):

Under what name is the organization registered/doing business as (DBA) with the [Colorado Secretary of State](#)? If the entity is not currently registered with the Secretary of State's Office, please explain.

Primary Contact (Name, title, email, phone #):

Secondary Contact (name, title, email, phone #):

Annual operating budget of the organization (in dollars):

In a given 12-month period, approximately what percentage (%) of the organization's funding comes from each of the following categories?

Federal grants:

State grants:

Local grants:

Medicaid billing:

Private insurance billing:



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Charging clients directly (if applicable):

Private fundraising:

Other:

If selecting "Other" please describe below:

Implementing Organization #2 (if applicable)

Name of Entity:

Address of Entity:

Which Colorado **counties** does this organization primarily serve?

EIN # of implementing organization (if available):

Under what name is the organization registered/doing business as (DBA) with the [Colorado Secretary of State](#)? If the entity is not currently registered with the Secretary of State's Office, please explain.

Primary Contact (Name, title, email, phone #):

Secondary Contact (name, title, email, phone #):

Annual operating budget of the organization (in dollars):

In a given 12-month period, approximately what percentage (%) of the organization's funding comes from each of the following categories?

Federal grants:

State grants:

Local grants:

Medicaid billing:

Private insurance billing:

Charging clients directly (if applicable):



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Private fundraising:

Other:

If selecting "Other" please describe below:

Implementing Organization #3 (if applicable)

Name of Entity:

Address of Entity:

Which Colorado **counties** does this organization primarily serve?

EIN # of implementing organization (if available):

Under what name is the organization registered/doing business as (DBA) with the [Colorado Secretary of State](#)? If the entity is not currently registered with the Secretary of State's Office, please explain.

Primary Contact (Name, title, email, phone #):

Secondary Contact (name, title, email, phone #):

Annual operating budget of the organization (in dollars):

In a given 12-month period, approximately what percentage (%) of the organization's funding comes from each of the following categories?

Federal grants:

State grants:

Local grants:

Medicaid billing:

Private insurance billing:

Charging clients directly (if applicable):

Private fundraising:



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If selecting "Other" please describe below:

Other:

Implementing Organization #4 (if applicable)

Name of Entity:

Address of Entity:

Which Colorado **counties** does this organization primarily serve?

EIN # of implementing organization (if available):

Under what name is the organization registered/doing business as (DBA) with the [Colorado Secretary of State](#)? If the entity is not currently registered with the Secretary of State's Office, please explain.

Primary Contact (Name, title, email, phone #):

Secondary Contact (name, title, email, phone #):

Annual operating budget of the organization (in dollars):

In a given 12-month period, approximately what percentage (%) of the organization's funding comes from each of the following categories?

Federal grants:

State grants:

Local grants:

Medicaid billing:

Private insurance billing:

Charging clients directly (if applicable):

Private fundraising:

Other:

If selecting "Other" please describe:



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Funding Matches

To be completed **only if the project/program includes direct or in-kind funding matches.**

A "direct" funding match refers to a monetary commitment (e.g., Applicant pledges \$50,000 to support the construction of a new facility). An "in-kind" funding match refers to a non-monetary commitment (e.g., Applicant pledges to use 2 existing vehicles to support transportation needs of project/program).

This funding match section is intended only for current or future committed funds (direct or in-kind) that are offered in support of a project/program. Funding matches are not a requirement of application.

Funding Match #1 (if applicable)

Total value of match (in dollars):

Name of entity or entities providing the funding match:

What kind of funding match is this? (drop-down menu)

Are these funds from **opioid settlements** or **other sources**?

By what date will the funding match be made available?

Description of funding match:

Funding Match #2 (if applicable)

Total value of match (in dollars):

Name of entity or entities providing the funding match:

What kind of funding match is this? (drop-down menu)

Are these funds from **opioid settlements** or **other sources**?

By what date will the funding match be made available?

Description of funding match:



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Funding Match #3 (if applicable)

Total value of match (in dollars):

Name of entity or entities providing the funding match:

What kind of funding match is this? (drop-down menu)

Are these funds from **opioid settlements** or **other sources**?

By what date will the funding match be made available?

Description of funding match:

Funding Match #4 (if applicable)

Total value of match (in dollars):

Name of entity or entities providing the funding match:

What kind of funding match is this? (drop-down menu)

Are these funds from **opioid settlements** or **other sources**?

By what date will the funding match be made available?

Description of funding match:



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Capital Campaign

To be completed **only if** the project/program is a Capital Campaign that requires additional fundraising.

Total cost estimated to **start** the project (in dollars):

Total cost estimated to **complete** the project (in dollars):

Estimated date of fundraising completion:

Current funds raised to-date for the project (in dollars):

List the name of the entities or sources that have contributed to the “current funds raised to-date” (including the amount of funding provided by each entity/source):

Apart from the COAC, please list other entities or funding sources the Applicant intends to pursue to fundraise for this capital campaign:



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Capital Assets

To be completed **only if the project/program involves the purchase or renovation of Capital Assets.**

Opioid Funds may be used to finance the purchase or renovation of Capital Assets (see Appendix A: Glossary of Terms, available on the [COAC webpage \(opens new tab\)](#), for a definition of Capital Assets) so long as the assets are used for opioid abatement Approved Uses as described in [Exhibit E \(opens PDF\)](#). Any Capital Asset financed with Opioid Funds shall be used for Approved Uses for a minimum of seven (7) years from the Award Date, notwithstanding an extension of the Award Cycle. Awardees shall provide an annual report in a format determined by the COAC regarding the status of the Capital Asset throughout the five-year period after the conclusion of the Award Cycle. If a Capital Asset is sold or is otherwise no longer used for Approved Uses within the reporting period without the pre-approval of the COAC, the COAC may take remedial action per the COAC Remedial Procedures. The COAC recommends that Capital Assets financed with Opioid Funds be used for Approved Uses for their asset life cycle beyond the seven-year monitoring period.

Please check this box to indicate that you have read and accept the terms described above.



Section III: Narrative

Instructions

Use 12-point font and include the **heading** (Applicant Background, Problem Statement, etc.) provided for each question. It is not necessary to repeat the text of the questions. Please limit responses to 200 words per **heading**. If a heading has multiple questions, then please limit responses to 200 words per **question**. The Section III. Narrative should not exceed 4,000 words.

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
 - ii. Sources of “relevant data” may include but is not limited to [CDPHE age-adjusted overdose rates \(opens webpage\)](#), [CDPHE nonfatal overdose rates \(opens webpage\)](#), gaps in [access to services \(opens webpage\)](#), etc.
- 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 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.



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- 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 or how this proposed project/program will advance evidence-based, evidence-informed, or practice-based approaches to addressing the opioid and substance use crises. If this does not apply, please explain.

6. REGIONALISM

Per the funding priorities adopted by COAC, there will be additional consideration given to collaborative applications among multiple Participating Local Governments (PLGs), Colorado State Agencies, and/or Regional Opioid Abatement Councils (ROACs).

- a. Please describe how this project/program will benefit the Applicant's Region, or multiple Regions of the state.
 - i. (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.
- b. Explain what steps (if any) the Applicant has taken to involve ROAC(s) in this application.
 - i. 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 [Opioid Settlement Dashboard](#) for a map of the 19 Regions and the [List of Primary Contacts](#) to contact the various regional councils.
 - ii. If no ROAC letter of acknowledgment is included with the application, due to limited resources, bandwidth constraints, or otherwise, please explain.
 - iii. *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. To what degree will the proposed project/program serve underserved, rural and/or disproportionately impacted regions or communities in Colorado?
- b. To what degree are the organizations involved in this application embedded in the communities this project/program intends to serve?



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- c. How will the project/program recognize and incorporate the perspectives and life experiences of diverse populations, including people with lived experience?
 - ii. 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.

8. SUSTAINABILITY

Proposed projects/programs should demonstrate Sustainability (*i.e.*, the ability to continue operating after all Award funding has been spent). 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. Please describe how the Applicant and Implementing Organizations will ensure the Sustainability of this project/program after the two-year Award Cycle expires.
- b. Describe how this request fulfills a need that cannot be addressed by other funding sources.
- c. (If applicable) describe if the Applicant has consulted with Colorado Health First (Colorado's Medicaid Program) for the Sustainability of this project/program.
 - ii. *If the Applicant has determined that the items in this application may not be covered through Colorado's Medicaid Program, please explain why.*
- d. 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
 - Behavioral Health Administration Service Organizations (BHASOs)

9. EVALUATION

See the section titled "Evaluation" in the Funding Opportunity Announcement, available on the [COAC webpage \(opens webpage\)](#), for more information. For further questions, please submit a [Q&A form \(opens Microsoft form\)](#) or join during an upcoming office hours call (see Schedule of Activities).

- a. **Program theory:** Describe how your proposed activities support short-term and long-term outcomes for individuals, systems (such as the healthcare system, justice system, treatment



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or recovery system), and communities. If you have a visual program theory of change or logic model, please include it.

- b. **Evaluation approach:** Describe how you plan to evaluate your work, including how you will monitor your strategy implementation (is the work implemented as intended?), and how you will monitor the outcomes of your work (is the work resulting in the short and long-term outcomes you intended?). Describe how you plan to use evaluation findings to celebrate successes, identify opportunities for improvement, and inform your ongoing work.
- c. **Data collection:** Describe the types of information you plan to collect and how you plan to collect it, in order to implement your evaluation approach above.