



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

Office of Local Public Health
Request for Applications (RFA) Notice

**For: Expand and Integrate Overdose Fatality
Review Teams (OFRTs) across
New Jersey**

Important Dates		
Event	**Revised Date	Time
Publication of Request for Applications	6/22/20	Not Applicable
Letter of Intent Submission, including any questions (Refer to RFA Section 4.2.1.1 for more information.)	7/8/20	12:00 PM (EST)
Application Open Date +QA distributed	7/13/20	Not Applicable
Application/Grant Proposal Submission Date (Application Close Date) Refer to RFA Section 4.2.1 for more information.)	8/10/20	3:00 PM (EST)
Anticipated Notification of Grantee Date	8/25/20	Not Applicable
Anticipated Grant Award Date	10/1/20	Not Applicable
Anticipated Project End Date	9/30/21	Not Applicable
*Note: Dates are subject to change		
**Dates extended in accordance with Addendum #1 dated 11/28/18.		

RFA ISSUED BY:
New Jersey Department of Health
Office of Local Public Health
Trenton, New Jersey 08625-0230
Date: Revised as of July 2, 2020

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1.0 Information for Applicants

1.1 Purpose & Intent

This Request for Application (“RFA”) is issued by the New Jersey Department of Health (“NJDOH”), Office of Local Public Health (“OLPH”). The purpose of this RFA is to solicit Applications (also herein referenced as a “Grant Proposals”) from the local health departments to establish multi-agency/multi-disciplinary, County-wide/ City-wide/ or LHD jurisdiction-wide Overdose Fatality Review Teams (OFRTs) to analyze data, identify regional trends, evaluate strategies to decrease opioid deaths and integrate public health infrastructure in the local substance use prevention landscape.¹ OFRTs can uncover individual and population factors and characteristics of potential overdose victims and inform strategies and coordination to prevent future overdose. Through a competitive grant process, NJDOH intends to fund two tracks:

- Track 1 is intended for Local Health Departments (LHDs) to establish OFRTs that do not currently operate OFRTs or have operated OFRTS for under 2 years. (funding is available for up to 8 LHDs, \$100,000 each)
- Track 2 is intended for those LHDs with already established OFRTs that have been running for over 2 years (funding is available for 2 LHDs, \$100,000 each). For this track, LHDs will enhance their current OFRTs operations and will provide technical assistance to new OFRTs.

Funding is made available through the CDC-RFA-CE19-1904: New Jersey’s Overdose Data to Action Project.

For the purpose of this RFA, counties comprising the following regions of the State are indicated below:

Northern Region	Southern Region
Bergen County	Atlantic County
Essex County	Burlington County
Hudson County	Camden County
Hunterdon County	Cape May County
Middlesex County	Cumberland County
Morris County	Gloucester County
Passaic County	Mercer County
Somerset County	Monmouth County
Sussex County	Ocean County
Union County	Salem County
Warren County	

1.2 Introduction

Drug overdose death is a significant public health problem in New Jersey. In 2018, 3,118 suspected overdose deaths have been reported by the Office of the Chief Medical Examiner, the highest in any calendar year in the state². Opioids, including heroin and pharmaceutical opioid analgesics, are involved in most overdose deaths. While the epidemic was originally fueled largely by prescription opioid pain relievers in the country, around 2010 a dramatic increase in heroin-related overdoses began. After remaining essentially stable for years, overdose deaths involving heroin spiked rapidly, more than tripling between 2010 and 2014. Starting in 2014, the epidemic began another transformation. Both heroin and counterfeit pills became increasingly adulterated with illicitly manufactured synthetic opioids, mainly fentanyl analogues. In the span of a single year, from 2014 to 2015, deaths attributed to fentanyl and related drugs spiked by over 70%.³ The overdose crisis continues unabated.

Because the contours of the epidemic are shifting so rapidly, it is vital that governments, clinicians, and the public have access to timely, comprehensive data regarding overdose decedents. Unfortunately, such data are rarely available in a timely manner. Medical examiner’s office data is also unavailable in a real-time basis due to the vast numbers of overdose deaths occurring in the state and the current state protocols in place. In part to address this problem, NJ has established multi-agency/multi-disciplinary teams that

specifically review overdose deaths to provide additional data regarding overdose decedents and, typically, make recommendations for policy improvements.

To identify preventable risk factors and missed opportunities for intervention and make policy and programmatic recommendations with an intent to prevent future overdose deaths, it is also important to connect individuals suffering from the disease of addiction with vital community resources. It is also necessary to review and analyze all available information related to overdose deaths in a jurisdiction. Following a best practice model that currently exists in New Jersey will be vital for jurisdictions interested in a multi-agency/multi-disciplinary approach to address opioid substance abuse.

Based on the Maryland localized fatality review teams (LOFRTs) model¹ and in consultation with the expertise of the High Intensity Drug Trafficking Areas (HIDTA) Program, OFRTs are multi-agency/multi-disciplinary teams assembled at the jurisdiction level to conduct **confidential** reviews of multiple individual overdose death cases in compliance with all applicable State and Federal privacy and confidentiality legal requirements. The team is administratively housed in the LHDs in partnership with a wide array of local stakeholders, which may include the alcohol and drug coordinators/directors of the county. OFRTs are encouraged to have representation from the following: the county health officer (or a designee); the alcohol and drug coordinator/director of the county (or a designee); county medical examiner (or a designee); the superintendent of schools (or a designee); a state, county, or municipal law enforcement officer and county prosecutor; the county director of behavioral health services; an emergency medical services provider in the county; a representative of an acute care hospital; a substance use disorder (SUD) healthcare professional; a representative of a local jail or detention center; a representative from parole, probation and community corrections; county social services (or a designee); major county healthcare facilities; a harm reduction center, if there is one in the county or in a nearby county, and any other individual necessary for the work of the local team, recommended by the local team and appointed by the county health officer and/or alcohol and drug coordinator/director.

Teams compile individual-level data from multiple stakeholders who are involved in the community for case reviews. The goal is not to initiate/extend any investigation of past deaths by any state or local authority.

OFRTs seek to achieve five main goals:

1. Develop a more robust understanding of the circumstances surrounding fatal drug overdoses
2. Identify missed opportunities for prevention and gaps in system
3. Build working relationships between local stakeholders on overdose prevention and improve overall collaboration and communication within a jurisdiction
4. Recommend policies, programs, or changes in laws to prevent overdose deaths and better serve people at risk for overdose
5. Inform local and state overdose and opioid misuse prevention strategy

1.2.1 Grant Funding

- *For Track 1:* A one-time competitive grant of \$100,000 will be awarded to an LHD Grantee to establish an OFRT. Up to 8 grants will be awarded.
- *For Track 2:* A one-time competitive grant of \$100,000 to an LHD Grantee with an already established OFRT to enhance their current operations and provide technical assistance to those LHDs trying to establish an OFRT. Up to 2 grants will be awarded.

The award is subject to the availability of funds to NJDOH from the Centers for Disease Control and Prevention (CDC). NJDOH will not be held liable for any breach of this agreement due to the absence of an available funding appropriation.

The NJDOH, Office of the Commissioner, may exercise its sole discretion to extend the RFA deadline or reissue the RFA or portions thereof, if insufficient qualified Applications are received. Applications that are incomplete or received after the due date shall be subject to disqualification.

1.2.2 Grant Term

The term of the Grant shall be for one (1) year commencing at the time of the grant award.

1.3 Applicant Eligibility Criteria

To be eligible for a Grant award, Applicants must be: Local Public Health Department (LHDs) in New Jersey that serve a population of at least 25,000 residents AND demonstrate compliance with N.J.A.C. 8:52-3.3 and N.J.A.C. 8:52-4.1 (a).

All Grantees that meet the minimum requirements shall undergo an evaluation process as described in Section 5.0 of the RFA. Grants shall be awarded to the applicant(s) that is rated highest in the evaluation process.

1.4 Submission of Applications

In order to be considered for award, the Application must be submitted electronically through the Department's System for Administering Grants Electronically (SAGE) by the required date and time demonstrated on the cover of the RFA.

1.4.1 Applicant Responsibility

The Applicant shall assume sole responsibility for the complete effort required in submitting an Application in response to this RFA. No special consideration will be given after Applications are opened because of the Applicant's failure to be knowledgeable of all requirements of this RFA.

1.4.2 Cost Liability

NJDOH assumes no responsibility and bears no liability for costs incurred by an Applicant in the preparation and submittal of an Application in response to this RFA.

1.4.3 Contents of Application

Submitted Applications can be released to the public under the New Jersey Open Public Records Act (OPRA), N.J.S.A. 47:1A-1.1 et seq., or the common law right to know.

As part of its Application, an Applicant may designate any data or materials it asserts are exempt from public disclosure under OPRA and/or the common law, explaining the basis for such assertion. The location in the submitted application of any such designation should be clearly stated in a cover letter.

NJDOH reserves the right to make the determination as to what is proprietary or confidential and will advise the Applicant accordingly. Any proprietary and/or confidential information in an application will be redacted by NJDOH. **Any attempt by an Applicant to designate its entire Application as proprietary, confidential, and/or to claim copyright protection will not be honored by NJDOH.** Copyright law does not prohibit access to a record which is otherwise available under OPRA. In the event of any challenge to the Applicant's assertion of confidentiality with which NJDOH does not concur, the Applicant shall be solely responsible for defending its designation, but in doing so, all costs and expenses associated therewith shall be the responsibility of the Applicant. NJDOH assumes no such responsibility or liability.

2.0 Definitions

The following definitions will be part of this RFA.

Applicant – An individual/organization that submits an Application under this RFA.

Application (Grant Proposal) – A formal Proposal that outlines a proposed project and shows budgetary requirements and requests monetary assistance in the form of a Grant.

Business Day – Any weekday, excluding Saturdays, Sundays, State legal holidays, and State-mandated closings unless otherwise indicated.

Evaluation Committee – A committee established, or Division staff member assigned by the Director to review and evaluate Quotes {Proposals} submitted in response to this Bid Solicitation and recommend a Blanket P.O. award to the Director.

Grant – A sum of money given by an organization, especially a government, for a particular purpose.

Grantee – An awarded party.

Grant Manager – A NJDOH representative charged with the oversight of the Grant awarded as a result of this RFA.

Health Resources & Services Administration (HRSA) – An agency of the United States Department of Health and Human Services charged with improving access to health care services for people who are uninsured, isolated, or medically vulnerable.

May – Denotes that which is permissible or recommended, not mandatory.

Must – Denotes that which is a mandatory requirement.

Request for Application (RFA) – A solicitation notice in which an organization announces that Grant funding is available.

Shall – Denotes that which is a mandatory requirement.

Should – Denotes that which is permissible or recommended, not mandatory.

State – The State of New Jersey.

System for Administering Grants Electronically (SAGE) – A method of accepting, reviewing, approving and managing grants.

Participant – An individual whom takes part/is services by the Program resulting from this Grant.

Proposal – Vendor's {Bidder's} timely response to the Bid Solicitation including, but not limited to, technical Quote, price Quote, and any licenses, forms, certifications, or other documentation required by the Bid Solicitation.

Task – A discrete unit of work to be performed.

3.0 Scope of Work

The Awarded Grants resulting from this RFA shall be used to support Local Health Departments to establish multi-agency/multi-disciplinary County-wide/ City-wide/ or LHD jurisdiction-wide OFRTs to analyze data, identify regional trends, evaluate strategies to decrease opioids deaths and integrate public health infrastructure in the local substance use prevention landscape. The Grants will also be used to support those Local Health Departments that have already established OFRTs to enhance their current OFRT operations and spread best practices across the state. OFRTs allow for a more robust understanding of the circumstances surrounding fatal drug overdoses. Review teams can uncover the individual and population factors and characteristics of potential overdose victims. Knowing the who, what, when, where, and how of fatal overdoses provides a better sense of the strategies and coordination needed to prevent future overdoses and results in the better allocation of overdose prevention resources and services.

3.1 General Requirements

The Grantee shall, at a minimum, abide by all applicable State and federal laws and regulations governing the privacy, security, and confidentiality of each of its program's participant's personally identifiable information (PII), as defined by the SISM referenced below. Additionally, the Grantee shall ensure that any agent acting on its behalf in the implementation of the services provided under the awarded Grant, which creates, receives, collects, transmits, and/or maintains PII in any form, shall conform to the same restrictions and conditions with respect to such information.

Applicable laws and regulations include, but are not limited to:

- A. State of New Jersey Executive Branch, Statewide Information Security Manual, posted at https://www.tech.nj.gov/it/docs/ps/NJ_Statewide_Information_Security_Manual.pdf (SISM);
- B. Industry best practices including, but not limited to National Institute of Standards and Technology (NIST) Cybersecurity Framework for Improving Critical Infrastructure; NIST Special Publication 800-53, the international security and privacy practices aligned with ISO 27001 series, Center for Internet Security (CIS) Top 20 Critical Security Controls; the Cloud Security Alliance, (CSA) Cloud Controls Matrix (CCM); lessons learned; and other New Jersey State Government applicable laws and standards;
- C. Applicable State and federal laws governing the PII data utilized pursuant to the Grant, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and
- D. The Patient Safety and Quality Improvement Act of 2005 (PSQIA).

3.1.1 Grant Launch Meeting

Within ten (10) business days of the award, the Grantee shall meet with the Grant Manager (GM) to discuss at a minimum:

- A. Project intent and scope;
- B. Proper methods and channels of communication between the Grantee and the GM; and
- C. Any additional topic(s) deemed necessary by the GM.

The Grantee may request a virtual/teleconference for the grant launch meeting; however, the request must be made in writing, within five (5) business days after Grant award.

3.2 Program Obligations/Elements

For Track 1: The Grantee (new OFRT) shall implement and maintain a program that possesses at a minimum, the following elements:

- A. Conduct multi-agency/multi-disciplinary reviews of all available information on an overdose decedent.
- B. Promote cooperation and coordination across agencies involved in overdose investigations
- C. Establish policies and procedures for pooling all available information on overdose decedents from local, county, and state government agencies, law enforcement, private entities, etc. that maintain privacy and confidentiality and comply with all applicable State and Federal privacy and confidentiality legal requirements.
- D. Identify points of contact between deceased individuals and healthcare, social services, criminal justice and other systems involved.
- E. Identify the specific risk factors that put individuals at risk for drug overdose within their particular jurisdiction.
- A. Make recommendations on how to improve partnerships, policies and practices at the local level to prevent overdose deaths.
- B. Participate in monthly webinars, an annual forum, and an end of year in-person meeting to discuss lessons learned and evaluate their work.
- C. Submit quarterly reports to OLPH. See details below.
- D. Submit annual reports with non-identifiable data summaries and submit standardized aggregate tables to OLPH for supporting statewide surveillance and prevention.
- F. Collaborate with NJ HIDTA's Social Worker, who acts as a liaison between the Office of the Chief Medical Examiner and the local OFRTs, to collect information from family of the decedent for confidential discussion at OFRT meetings, in compliance with all with all applicable State and Federal privacy and confidentiality legal requirements.

For Track 2: The Grantees (already established or enhanced OFRTs) shall implement and maintain a program that possesses at a minimum, the following elements:

- A. Continue to operate existing OFRTS, make iterative improvements to operations and promote improvements to local policies, practices and partnerships to prevent overdose deaths.
- B. Make at least one site visit to four (4) OLPH- assigned grantees to serve as mentors and provide technical assistance.
- C. Participate in monthly webinars and an annual forum to discuss lessons learned and evaluate their work.
- D. Submit quarterly reports to OLPH that summarize the maintenance of work of the already established OFRT and providing technical assistance to new OFRTs. See details below.
- E. Submit annual reports with non-identifiable data summaries and submit standardized aggregate tables to OLPH in support of statewide surveillance and prevention.

3.2.1 Program Objectives

For Track 1:

- A. Objective 1: Conduct multi-agency/multi-disciplinary reviews of all available information on an overdose decedent.
- B. Objective 2: Establish policies and procedures for privacy and confidentiality, that comply with all applicable State and Federal privacy and confidentiality legal requirements, pooling all available information on overdose decedents from local, county, and state government agencies, law enforcement, private entities, etc.
- C. Objective 3: Identify points of contact between deceased individuals and healthcare, social services, criminal justice and other systems involved.

- D. Objective 4: Identify the specific risk factors that put individuals at risk for drug overdose within their particular jurisdiction.
- E. Objective 5: Improve coordination and collaboration between members agencies/entities.
- F. Objective 6: Promote changes at the organization, community, or systems level --- like changes in partnerships, policies, practices---that prevent overdose deaths.

For Track 2:

- A. Enhance current policies and procedures for privacy and confidentiality, that comply with all applicable State and Federal privacy and confidentiality legal requirements, pooling all available information on overdose decedents from local, county, and state government agencies, law enforcement, private entities, etc.
- B. Enhance coordination and collaboration between members and agencies/entities.
- C. Enhance data quality, timeliness, and completeness.
- D. Continue to promote changes at the organization, community, or systems level, such as changes in partnerships, policies, practices—that prevent overdose deaths.
- E. Spread best practices by serving as a technical advisor to new OFRTs.

3.3 Quarterly Reporting/Reimbursement

3.3.1 Quarterly Report

NJDOH will provide guidance on all quarterly reports.

The Grantee shall submit a quarterly report to the Grant Manager within 15 business days of the ending of each quarter.

For Track 1, quarterly grant reports will provide the following information:

- A. Methodologies used in relation to the process (e.g., team structure and functioning, data collection, data analysis, confidentiality) and the effectiveness of those methodologies (* Please note certain data collection/ data analysis/ confidentiality policies may need additional review by NJDOH to ensure that they meet relevant state and federal privacy standards);
- B. Number of cases reviewed;
- C. Demographic and other background (e.g.,# of previous overdoses (known); Hx of MH conditions; Hx of MH treatment; Hx of ED visits; Hx of Rx opioids and benzos; Hx of OUD diagnosis; Hx of MAT; Hx of incarceration; # of children affected (children who lost a parent to OD, children who witnessed an OD); Location of death (own home, friend/relative home, outside of home (hotel, parking lot, facility bathroom, etc.); Social supports/relationships; Disaggregated data findings (race, gender, and age group));
- D. Descriptions of any recommendation(s) that have emerged (e.g., as related to policies, programs, or changes in laws to prevent overdose deaths and better serve people at risk for overdose created by the OFRT;
- E. Descriptions of changes/impact at the organization, community, or systems level—such as changes in partnerships, policies, practices; these can range widely from new programs or interventions arising from these reviews, policies, practices on outreach services to children and families of decedents, etc.); and
- F. Descriptions of identified best practices, lessons learned, barriers and facilitators.

For Track 2, quarterly grant reports will provide the following information:

Regarding efforts to enhance established OFRTs:

- A. Methodologies used in relation to the process (e.g., team structure and functioning, data collection, data analysis, confidentiality) and the effectiveness of those methodologies (* Please note certain

data collection/ data analysis/ confidentiality policies may need additional review by NJDOH to ensure that they meet relevant state and federal privacy standards);

- B. Number of cases reviewed;
- C. Demographic and other background (e.g., # of previous overdoses (known); Hx of MH conditions; Hx of MH treatment; Hx of ED visits; Hx of Rx opioids and benzos; Hx of OUD diagnosis; Hx of MAT; Hx of incarceration; # of children affected (children who lost a parent to OD, children who witnessed an OD); Location of death (own home, friend/relative home, outside of home (hotel, parking lot, facility bathroom, etc.); Social supports/relationships; Disaggregated data findings (race, gender, and age group));
- D. Descriptions of changes to data quality, timeliness, and completeness
- E. Descriptions of recommendations that came out of the OFRT
- F. Descriptions of changes at the organization, community, or systems level --- like changes in partnerships, policies, practices (these can range widely from new programs or interventions arising from these reviews, policies/practices on outreach services to children and families of decedents, etc.); and
- G. Descriptions of best practices, lessons learned, barriers and facilitators.

Regarding efforts to provide technical assistance:

- A. Number of site visits and webinars in which OFRT participated and provided technical assistance;
- B. Methodologies used (e.g., in person or virtual presentations, shared resources, meeting agendas and guidelines) and effectiveness of those methodologies for the provision of technical assistance;
- C. Obstacles, barriers, and challenges in accomplishing the objectives; and
- D. Summary of the effectiveness of the program thus far (e.g. around gaps identified and action steps based on these gaps (e.g., policy changes, forums to address stigma).

Within five (5) business days of the initial request, the Grantee shall provide the Grant Manager with additional information regarding the program.

3.3.2 Quarterly Reimbursement Report

As part of its Quarterly Report, the Grantee shall submit a reimbursement report that demonstrates the itemized cost incurred for the development, implementation, and maintenance of its program during that quarter. The Grantee must include receipts for the purchase of any equipment/supplies and invoicing for any agreements in the support of the Grant.

Note: Only actual costs incurred for the activities, objectives, and services outlined in this RFA will be reimbursed based on the achievement of the objectives.

3.4 End-of-Program Evaluation

The Grantee shall develop and implement an End-of-Program Evaluation that demonstrates how the implemented program effected the targeted population. The Grantee shall describe how well the implemented program achieved the program goals and program objectives listed in Section 1.2 and Section 3.2.1. findings from the End-of-Program Evaluation will be shared at an end of the year (in-person) meeting. NJDOH will provide guidance for the End-of Program Evaluation.

All grantees will participate in monthly webinars and an annual forum (End of Program Forum) to discuss lessons learned and evaluate their work.

4.0 Application Preparation & Submission

4.1 General

4.2 NJDOH Sage Submission

A submitted Application must arrive in accordance with this RFA's instructions, the directions demonstrated in the NJDOH SAGE, and within the time frames noted on the RFA cover. If you are a first time NJDOH Grant Applicant whose organization has never registered in the NJDOH SAGE, you must contact the SAGE System Administrator listed below to complete and submit a New Agency form.

Cynthia Satchell-Gore

Email: Cynthia.satchell-gore@doh.nj.gov

Phone: (609) 633-8009

The SAGE System Administrator will review the submitted documentation to ensure Applicants have satisfied all requirements. Upon approval, the requesting organization's status will be activated in SAGE. The SAGE System Administrator will grant permission via email or phone call to the organization's Authorized Official informing them they are authorized to access the application in SAGE. You will not have access to an application in SAGE until all documents are received and all procedures are satisfied.

4.2.1 Submittals

The Applicant shall describe its approach and plans for accomplishing the work outlined in the Scope of Work section, i.e., Section 3.0. The Applicant must set forth its understanding of the requirements of this RFA and its approach to successfully complete the requirements listed herein. The Applicant should include the level of detail it determines necessary to assist the Evaluation Committee in its review of the Applicant's submitted Application.

Failure to submit information as indicated below may result in your Application being deemed non-responsive.

4.2.1.1 Letter of Intent

Interested parties must submit a 1 to 2-page Letter of Intent on its organization's letterhead by the date demonstrated on the cover of this RFA, to be eligible to submit an Application and be considered for award. Note: A Letter of Intent is not binding and is not included in the evaluation of the Applicant's submitted Application, as the information that it contains allows NJDOH staff to estimate and plan for the potential evaluation workload.

The Letter of Intent must include, but not be limited to:

- A. Federal Employer Identification Number (FEIN);
- B. Applicant's address;
- C. Name, phone number, and email address of person entering Application information in SAGE;
- D. Brief overview of project (1-2 pages) – significance, aims and methods; and

Interested Applicants must submit a Letter of Intent by the date and time demonstrated on the cover of this RFA to:

Paula Van Clef

Email: Paula.VanClef@doh.nj.gov

4.2.1.2 Application Submission / Scoring Criteria

To be considered, Applicant's Applications must be responsive to all the requirements of this RFA. Incomplete Grant Applications will not be accepted. All Applications and the corresponding Grant Proposal (reference below) must be submitted via the SAGE system no later than the date and time demonstrated on the cover of this RFA. Paper submission will not be considered. SAGE can be accessed beginning on the date demonstrated on the cover of this RFA, at the following link: www.sage.nj.gov.

Please note: NJDOH may, in its sole discretion, reissue the RFA and add another application period if insufficient qualified applications are received. Applications not submitted by the due date and time will be deemed nonresponsive and, therefore, subject to rejection.

Required Information/Scoring Criteria

Applications should be succinct, self-explanatory, and organized in the following format as described below:

Eligible applicants submitting an application must provide information in two sections: 1) a **Project Plan** (maximum value = **90** points); and 2) a **Project Budget** (maximum value = **10** points).

The **Project Plan** is divided into three sub-sections which include the following: 1) Needs and Objectives; 2) Methods and Evaluation; and 3) Budget. Applicants must provide information for all three sub-sections and should address as many of the questions/bullets listed in each sub-section to receive the maximum value for that section. ***The Project Plan must be submitted as a single-spaced narrative in 12-pt font size not to exceed eight (8) pages with 1-inch margins.***

The **Project Budget** is a table divided into two sections: 1) Schedule A; and 2) Schedule B. There are no size restrictions to the Project Budget.

SECTION 1 – PROJECT PLAN (Section Value = 90 points):

1. Supporting Documents (Maximum Value = 10 points)

A. Executive Summary (Maximum Value = 5 points)

A brief description of the proposed project (including the process that will be used to achieve the objectives identified in the RFA).

THE EXECUTIVE SUMMARY SHOULD BE UPLOADED AS AN ATTACHMENT IN PDF FORMAT UNDER THE "ATTACHMENTS" PAGE IN SAGE.

B. Letters of Support (Maximum Value = 5 points)

Applicant must provide at minimum of three (3) letters of support from the following: the county health officer (or a designee); the alcohol and drug coordinator/director of the county (or a designee); county medical examiner (or a designee); the superintendent of schools (or a designee); a state, county, or municipal law enforcement officer and county prosecutor; the county director of behavioral health services; an emergency medical services provider in the county; a representative of a an acute care hospital; a substance use disorder (SUD) healthcare professional; a representative of a local jail or detention center; a representative from parole, probation and community corrections; county social services (or a designee); major county healthcare facilities; a harm reduction center, if there is one in the county or in a nearby county, and any other individual necessary for the work of the local team, recommended by the local team and appointed by the county health officer and/or alcohol and drug coordinator/director.

The Letter of Support page must be on its organization's letterhead. The Letter of Support must include but not be limited to the partner's:

1. Federal Employer Identification Number (FEIN);
2. Applicant's address; and
3. A description of the role that the partner will play in the Applicant's proposed program.

THE LETTERS OF SUPPORT SHOULD BE UPLOADED AS ATTACHMENTS IN PDF FORMAT UNDER THE "ATTACHMENTS" PAGE IN SAGE.

C. Grant Proposal (maximum value = 80 points)

The Grant Proposal is a description of the **approach** and plans for accomplishing the work and below objectives that demonstrates the Applicant's understanding of the requirements of this RFA and its ability to successfully complete the project within the designated timeframe. Grant proposals should include the following components:

THE GRANT PROPOSAL SHOULD BE UPLOADED AS AN ATTACHMENT IN PDF FORMAT UNDER THE "ATTACHMENTS" PAGE IN SAGE.

For Track 1:

ASSESSMENT OF NEED(S) and OBJECTIVES(S) (maximum value = 40 points)

1. **Assessment of Need: (maximum value = 5 points)**
 - A. Description of overdose epidemic in jurisdiction
 - B. Description of current initiatives and key stakeholders in jurisdiction
 - C. How would this funding make a measurable difference?
2. **Description of Goals and Objectives to achieve in 12-month time period as well as goals to sustain the OFRT after the grant period has ended: (maximum value = 10 points).**

The goal is for new OFRTs to host its first OFRT 9 months after notice of award.

3. **Description of OFRT composition: (maximum value = 5 points)**

OFRTs are encouraged to have representation from the following: the county health officer (or a designee); the alcohol and drug coordinator/director of the county (or a designee); county medical examiner (or a designee); the superintendent of schools (or a designee); a state, county, or municipal law enforcement officer and county prosecutor; the county director of behavioral health services; an emergency medical services provider in the county; a representative of an acute care hospital; a substance use disorder (SUD) healthcare professional; a representative of a local jail or detention center; a representative from parole, probation and community corrections; county social services (or a designee); major county healthcare facilities; a harm reduction center, if there is one in the county or in a nearby county, and any other individual necessary for the work of the local team, recommended by the local team and appointed by the county health officer and/or alcohol and drug coordinator/director.
4. **Description of plan to establish Policies and Procedures: (maximum value = 10 points)**

Describe plan to establish policies and procedures for pooling all available information on overdose decedents from local, county, and state government agencies, law enforcement, private entities, etc. that maintain confidentiality in compliance with all applicable State and Federal privacy and confidentiality legal requirements. Please note: During grant period, NJDOH will share best practices on how to establish policies

and procedures. Established OFRTs will provide technical assistance as well to new OFRTs on how to develop these policies and procedures.

5. **Timeline for Implementation: (maximum value = 5 points).** The goal is for new OFRTs to host its first OFRT 9 months after notice of award.
6. **Organizational Capacity: (maximum value = 5 points)** A description of the Applicant's organizational capacity to achieve the objectives as detailed in this RFA. The Applicant should describe the core project management personnel to execute the award including the roles and responsibilities of project staff.

The applicant should identify its Project Manager and demonstrate its ability to:

- a. Lead and manage the project to successful execution in this RFA;
- b. Monitor the project's ongoing progress;
- c. Prepare and submit plans, reports and performance measurements;
- d. Facilitate communication with partners; and
- e. Plan for the sustainability of the OFRT.

METHOD(S) and EVALUATION (maximum value = 40 points)

1. **Readiness to Implement (Maximum Value = 20 points):**

A description of the Applicant's readiness to design, develop, implement, and measure the OFRT initiative.

2. **Evaluation (Maximum Value = 20 points):**

A description of how the applicant will conduct an end-of-program evaluation, which must encompass the metrics described in 3.3.1 "Quarterly Reports" as applicable for *Track 1 or Track 2*.

For Track 2:

ASSESSMENT OF NEED(S) and OBJECTIVES(S) (maximum value = 40 points)

1. **Assessment of Need: (maximum value = 5 points)**
 - a. Description of overdose epidemic in jurisdiction
 - b. Description of current initiatives and key stakeholders in jurisdiction
 - c. How would this funding make a measurable difference?
2. **Description of Goals and Objectives to achieve in 12-month time period: (maximum value = 10 points)**

What enhancements to current structure and policies and procedures does the OFRT seek to make?
3. **Description of current OFRT composition: (maximum value = 5 points)**

OFRTs are encouraged to have representation from the following: the county health officer (or a designee); the alcohol and drug coordinator/director of the county (or a designee); county medical examiner (or a designee); the superintendent of schools (or a designee); a state, county, or municipal law enforcement officer and county prosecutor; the county director of behavioral health services; an emergency medical services provider in the county; a representative of an acute care hospital; a substance use disorder (SUD) healthcare professional; a representative of a local jail or detention center; a representative from parole, probation and community corrections; county social services (or a designee); major county healthcare facilities; a harm reduction center, if there is one in the county or in a nearby county, and any other individual necessary for the work of the local team, recommended by the local team and appointed by the county health officer and/or alcohol and drug coordinator/director.

4. **Description of current Policies and Procedures (maximum value = 5 points)**
Describe current policies and procedures for pooling all available information on overdose decedents from local, county, and state government agencies, law enforcement, private entities, etc. that maintain confidentiality in compliance with all applicable State and Federal privacy and confidentiality legal requirements. *As technical advisors, Track 2 OFRTs are expected to share their current practices and procedures.
5. **Timeline for Implementation: (maximum value = 10 points)** The goal is for new OFRTs to host its first OFRT meeting by 9 months after notice of award.
6. **Organizational Capacity: (maximum value = 5 points)** A description of the Applicant's organizational capacity to achieve the objectives as detailed in this RFA. The Applicant should describe the core project management personnel to execute the award including the roles and responsibilities of project staff.

The applicant should identify its Project Manager and demonstrate its ability to:

- a. Lead and manage the project to successful execution in this RFA;
- b. Monitor the project's ongoing progress;
- c. Prepare and submit plans, reports and performance measurements;
- d. Facilitate communication with partners; and
- e. Plan for the sustainability of the OFRT.

METHOD(S) and EVALUATION (maximum value = 40 points)

1. Readiness to Implement (Maximum Value = 20 points):

A description of the Applicant's readiness to design, develop, implement, and measure the OFRT initiative.

2. Evaluation (Maximum Value = 20 points):

A description of how the applicant will conduct an end-of-program evaluation, which must encompass the metrics described in 3.3.1 "Quarterly Reports" as applicable for *Track 1 or Track 2*.

IMPORTANT SAGE GRANT PROPOSAL INSTRUCTIONS:

TO SIMPLIFY THE APPLICATION PROCESS, ONE SINGLE GRANT PROPOSAL PDF IS TO BE UPLOADED TO THE ATTACHMENTS SECTION OF SAGE.

In the **SAGE -Assessment of Need(s)** section of Application type: **See Attached Grant Proposal PDF.**

In the **SAGE – Objective(s) of Project** section of Application select/type the following: Select **Activity Code** ____; Under **No.** type **1**; Under **Objective(s) of Project** type **"To meet the deliverables listed in OFRT 20 Schedule of Work"**; and for **Estimated Date of Completion** type **_mm/dd/yyyy_**.

In the **SAGE – Method(s)** section of Application type: **See Attached Grant Proposal PDF.**

SECTION 2: BUDGET (maximum value = 10 points)

- A. **Budget:** For track 1, A one-time competitive grant of \$100,000 will be awarded to LHD Grantees to establish OFRTs. For track 2, a one-time competitive grant of \$100,000 will be awarded to enhance existing OFRTs.

The Applicant’s budget must:

- a. Demonstrate how it proposes to utilize the funds as it carries out each objective;
- b. Include a timeline of funding use based on the submitted work plan; and
- c. Demonstrate the allocation of a portion of the award to fund the End-Of-Program Evaluation.

*THIS BUDGET INFORMATION SHALL BE INCLUDED UNDER **SCHEDULE A, SCHEDULE B, AND THE COST SUMMARY PAGES IN SAGE.** THE APPLICANT SHALL ENSURE THAT ALL SCHEDULES ARE CLEAR, COMPLETE, AND REASONABLE. ADDITIONALLY, THE APPLICANT MUST SUMMARIZE THE AFOREMENTIONED BUDGET INFORMATION AND ENTER IT INTO ATTACHMENT #1, BUDGET SHEET. UPON COMPLETION, THE BUDGET SHEET MUST BE SUBMITTED INTO SAGE UNDER THE ATTACHMENT PAGE.*

Note: As demonstrated above, Applicants should upload the requested information as follows:

Requirements		SAGE Upload Area
Executive Summary	Needs and Objectives	Upload one (1) single Grant Proposal PDF in the Attachments area of SAGE.
Letter of Support		
Grant Proposal		
Organizational Capacity		
Readiness to Implement	Method(s) and Evaluation	
Evaluation		
Budget		Schedule A, Schedule B, and the Cost Summary
Summary Budget Sheet		Attachments
Financial Documents		Attachments

4.2.1.3 Financial Capability of the Applicant

The Applicant should provide sufficient financial information to enable NJDOH to assess the financial strength and creditworthiness of the Applicant and its ability to undertake and successfully complete the requirements of the RFA. In order to provide NJDOH with the ability to evaluate the Applicant’s financial capacity and capability to undertake and successfully complete the RFA, the Applicant should submit the following in accordance with NJDOH Terms and Conditions (Reference Attachment #2 of this RFA) to the *Attachment* page in SAGE:

- A. Valid Internal Revenue Service (IRS) 501 (C) (3) tax exempt status;
- B. Statement of total gross revenue and/or annual audit report (if applicable);
- C. Tax Clearance Certificate - Applications for Tax Clearance can be obtained at <http://www.state.nj.us/treasury/taxation/busasst.shtml>;
- D. NJ Charities Registration - If the Applicant organization is registered with the NJ Charities Registration then each year a “Letter of Compliance” from the Division of Consumer Affairs must be obtained. All registered charities must renew their registration yearly. More information contact and forms can be found at: <http://www.state.nj.us/lps/ca/charity/charfrm.htm>.

If the information is not supplied with the Application, NJDOH may still require the Applicant to submit it. If the Applicant fails to comply with the request within the time period demonstrated on the request notification, NJDOH may deem the Application non-responsive. Note: NJDOH suggests including all financial information with the submitted Application to not delay the evaluation process.

An Applicant may designate specific financial information as 'not subject to disclosure' when the Applicant has a good faith legal/factual basis for such assertion. An Applicant may submit specific financial documents to the SAGE *Attachment page*. *The attached documents should be clearly marked "Confidential-Financial Information,"* if applicable.

The State reserves the right to make the determination to accept the assertion and shall so advise the Applicant.

5.0 RFA Application Evaluation

5.1 Evaluation Criteria

Applications will be reviewed for completeness and compliance with RFA requirements. Incomplete proposals and/or proposals that deviate from the required format will not be reviewed. Applications that satisfactorily pass the compliance review will be sent to the RFA Evaluation Committee for review. The RFA Evaluation Committee will be comprised of Department staff.

Eligible Applications will be evaluated based on the following elements during review:

- A. RFA Scoring Criteria (see Section 4.2.1.2);
- B. Applicant's Grant Proposal and its compliance with RFA requirements;
- C. Applicant's organizational capacity and readiness to perform the work required by the RFA, as presented in its Grant Proposal; and
- D. Applicant's Budget proposal.

OLPH reserves the right to render final decisions on the awarding of grants under this RFA, including the determination of noncompliant or incomplete proposals.

After the evaluation is completed, Grants will be awarded to agencies whose Applications, conforming to this RFA, is most advantageous to the State, budget and other factors considered.

6.0 Attachment #1 – Summary Budget Sheet

The Applicant should adhere to the following budget sheet requirements:

- A. Ensure that all line-items have adequate and clear justifications;
- B. Ensure that all costs are reasonable and necessary to obtain the programmatic objectives;
- C. All Schedules must be complete, clear, and reasonable;
- D. If funds are requested for Professional Service Agreements, Professional Services Contracts must be uploaded as an Attachment in the grant application. If the contract is not available, a draft may be uploaded;
- E. Sub-grants must be uploaded as an Attachment in the grant application. If the sub-grant agreement is not available, a draft may be uploaded;
- F. Indirect costs are disallowed for this initiative and shall not be included in the budget;
- G. A list of any proposed equipment purchases must be uploaded as an Attachment;
- H. Ensure that the budget must not exceed \$100,000; and
- I. Other funds shall not be included as part of this application.

OBJECTIVE	ESTIMATED COMPLETION DATE	APPROXIMATE OBJECTIVE COST
1		
2		
3		
4		
5		

7.0 Attachment #2 – NJDOH Terms & Conditions for Administration of Grants

7.1 FUNDING RESTRICTIONS

- NJDOH must review and approve all consultant service agreements before contracts are executed. All consultants used for the sole purpose of auditing compliance with the grant/or expenditures funded by the grant are exempt from this restriction.
- Awardees may not make purchases until NJDOH pre-approval is granted by the Program Management Officer.
- Reimbursement of pre-award staff salaries is not permitted.

7.2 FUNDING EXCLUSIONS

- Awardees may not use funds to purchase clothing.
- Awardees may not use funds for construction or major renovations.
- Awardees cannot use funds to purchase or lease vehicles.

7.3 RECIPIENT USE / FINANCIAL PARTICIPATION

Applicants must demonstrate sufficient organizational and policy commitment to support personnel, services, activities and allowable purchases/expenses through this grant.

7.4 INDIRECT COST RATES

Applicant may apply for indirect costs. If indirect costs are requested, a current indirect cost Health & Human Services (HHS) agreement must be uploaded in SAGE under the Cost Summary page.

Indirect costs are capped at 10%.

If a current indirect cost agreement does not exist, applicants may request a flat de minimis rate of 10% of Modified Total Direct Costs (MTDC). MTDC comprises all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs. (2 C.F.R. §200.68)

If certain costs are excluded from the indirect cost agreement (i.e. facility, equipment, etc.), applicant may request those as direct costs, provided that these costs can be directly associated to the grant award and its related activities.

7.5 PROPOSAL REVIEW PROCEDURES

- Proposals will be reviewed for completeness and compliance with RFA requirements. Incomplete proposals and/or proposals that deviate from the required format will not be reviewed. Applications that satisfactorily pass the compliance review will be sent to the NJDOH RFA Review Committee for evaluation.
- The RFA Review Committee will be comprised of NJDOH staff. Applications will be graded based on the RFA scoring criteria. OLPH reserves the right to render final decisions on the awarding of grants under this RFA, including the determination of noncompliant or incomplete proposals.

7.6 GRANT REPORTING

- Awardees will be required to submit quarterly progress and expenditure reports in SAGE.
- Progress reports must address all items and metrics as listed in the applicant LHD's grant application

GRANT REPORTS

EXPENDITURE REPORT SCHEDULE

Grant Expenditure Reporting Periods	Report Number	Due Date
October 1, 2020– December 31, 2020	1	January 10, 2021
January 1, 2021 - March 31, 2021	2	April 10, 2021
April 1, 2021 - June 30, 2021	3	July 10, 2021
July 1, 2021 – September 30, 2021	*4/Final	October 10, 2021 / October 31, 2021

*The 4th Expenditure Report must be submitted on or before October 10, 2021. ***IF*** the 4th quarter report will also serve as the final report, ***be sure to check the “Final Report” box in SAGE.*** If additional time is needed to complete grant paperwork, in addition to the 4th quarter report, a **final** report must be submitted on or before October 31, 2021.

Note: Final Expenditure Reports MUST be submitted no later than OCTOBER 31, 2021. If a Final Expenditure Report is not received by OCTOBER 31, 2021, the grant may be closed out based on the last Expenditure Report submitted.

PROGRESS REPORT SCHEDULE

Progress Reporting Periods	Monthly Report Number	Monthly Report Due Date
October 1, 2020– December 31, 2020	1	January 10, 2021
January 1, 2021 - March 31, 2021	2	April 10, 2021
April 1, 2021 - June 30, 2021	3	July 10, 2021
July 1, 2021 – September 30, 2021	4	October 10, 2021

Important: Timely submissions are used as a performance measure/indicator that may have an impact on future grant awards if reporting requirement due dates are not met. Failure to submit timely reports will delay payments to grantee. In addition, late reporting may result in an overall 5% reduction of the grant. If necessary, reporting extensions must be submitted with a justification, via email, to the NJDOH PMO/GMO. NJDOH PMO/GMO must approve the request in order for the extension to be valid.

Last date to initiate a Grant Amendment in SAGE is **Friday, June 4, 2021.**

Last date to initiate a Budget Revision in SAGE is **Friday, June 18, 2021.**

Grant Amendment & Budget Revision Requests

Upon approval by NJDOH of a Grant Amendment or Budget Revision Request (Step 1), a revised grant budget (Step 2) must be completed & submitted within **ten (10) business days.**

Note: Applicant is permitted a maximum of two (2) Budget Revision Requests during the budget period.

7.7 TECHNICAL ASSISTANCE

- To obtain general and technical assistance during the grant period, contact your Program Management Officer (PMO) and/or Grant Management Officer (GMO):

PMO	GMO
Paula Van Clef New Jersey Department of Health Office of Local Public Health PO Box 360 Trenton, NJ 08625-0360 609-376-8699 <u>Paula.VanClef@doh.nj.gov</u>	Peter Jezek New Jersey Department of Health Office of Local Public Health PO Box 360 Trenton, NJ 08625-0360 609-376-8775 <u>Peter.Jezek@doh.nj.gov</u>