

# Washoe Opioid Abatement and recovery Fund Application Questions and eCivis Instructions



WASHOE COUNTY
Office of the County Manager
Community Reinvestment Division

This document is for example only, official application submission occurs in Washoe County's web-based grants management system, eCivis; hard copy, digital or other forms of 'submission' will not be scored. All fields are mandatory, and application is required to be completed in its entirety. Word limitations are considered maximum word counts. Applicant may choose to write fewer words.

To access the eCivis application click here.



Organization Name:	Click or tap here to enter text.
Primary Business Address:	Click or tap here to enter text.
Mailing Address: (If different)	Click or tap here to enter text.
Phone:	Click or tap here to enter text.
Executive Director/CEO/Department Head:	Click or tap here to enter text.
Primary Contact for Proposal:	Click or tap here to enter text.
Primary Contact Email Address:	Click or tap here to enter text.

As a duly authorized representative, I hereby certify that I have read, understand, and agree to all terms and conditions contained within this request for applications and that information included in our organization's application hereby submitted is accurate and complete.

Signed:		Date:	Click or tap to enter a date.
Print Name:	Click or tap here to enter text.	Title:	Click or tap here to enter text.



A.	with the State of Nevada Se			
	☐ Public Agency Other than	n Washoe County	☐ 501(c)(3) Nonprofit	
	☐ For Profit Business ☐ Higher Education ☐ Tribal			
	☐ Other Click or tap here to enter text.			
В.	APPLICANT ORGANIZATIO	N		
ALL SECTIONS OF THE APPLICANT ORGANIZATION ARE MANDATORY. 'N/A OR NOT APPLICABLE IS NOT ACCEPTABLE. APPLICANTS THAT DO NOT PROVIDE A FEDERAL TAX IDENTIFICATION NUMBER AND A DUNS/UEI NUMBER WILL BE DISQUALIFIED AND THE APPLICATION WILL NOT BE SCORED.				
0	RGANIZATION NAME	Click or tap here to en	ter text.	
M	IAII ING ADDRESS	Click or tan here to en	ter text	

ORGANIZATION NAME	Click or tap here to enter text.	
MAILING ADDRESS	Click or tap here to enter text.	
PHYSICAL ADDRESS	Click or tap here to enter text.	
CITY	Click or tap here to enter text.	NV
ZIP (9-DIGIT ZIP REQUIRED)	Click or tap here to enter text.	
FEDERAL TAX ID #	Click or tap here to enter text.	
DUNS/UEI NUMBER	Click or tap here to enter text.	
TIN/EIN	Click or tap here to enter text.	



#### C. PROGRAM POINT OF CONTACT

PROGRAM CONTACT IS INDIVIDUAL WHO WILL BE RESPONSIBLE FOR THE ACTIVITIES OF THE GRANT.

NAME

Click or tap here to enter text.

TITLE

Click or tap here to enter text.

PHONE

Click or tap here to enter text.

E-MAIL

Click or tap here to enter text.

SAME MAILING ADDRESS AS SECTION B? □ YES □ NO, USE BELOW ADDRESS INFORMATION

ADDRESS

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

FISCAL CONTACT IS INDIVIDUAL RESPONSIBLE FOR THE BUDGET AND

ZIP (9-DIGIT ZIP

REQUIRED)

CITY

#### D. FISCAL OFFICER

REIMBUREMENT REQUESTS.			
NAME	Click or tap here to enter text.		
TITLE	Click or tap here to enter text.		
PHONE	Click or tap here to enter text.		
EMAIL	Click or tap here to enter text.		
SAME MAILING ADDRESS AS SECTION B? $\Box$ YES $\Box$ NO, USE BELOW ADDRESS INFORMATION			
ADDRESS	Click or tap here to enter text.		
CITY	Click or tap here to enter text.	NV	
ZIP (9-DIGIT ZIP REQUIRED)	Click or tap here to enter text.		

NV



### E. KEY PERSONNEL (ADD ROWS IF REQUIRED)

Click or tap here to

enter text.

key Personnel are employees, consultants, subcontractors, or volunteers who have the required qualifications and professional licenses to provide proposed services. The Project Manager is required.				
Click or tap here to	Project Manager (Mandatory	□Yes	□Yes	
enter text.	Field) If licensed, License Type: License Number:	□No	□No	
Click or tap here to	Click or tap here to enter text.	□Yes	□Yes	
enter text.		□ No	□ No	
Click or tap here to	Click or tap here to enter text.	□Yes	□Yes	
enter text.		□ No	□ No	
Click or tap here to	Click or tap here to enter text.	□Yes	□Yes	
enter text.		□ No	□ No	
Click or tap here to	Click or tap here to enter text.	□Yes	□Yes	
enter text.		□No	□No	

Click or tap here to enter text.

□Yes

□ No

□Yes

□ No



## F. THIRD PARTY (E.G. MEDICAID) PAYER IDENTIFICATION

A RESPONSE OF YES MEANS YOU ARE CURRENTLY ENROLLED AS A PR NOT THAT YOU ARE IN THE PROCESS.	OVIDER AND			
Are you currently a registered provider with the Division of Health Care Finance and Policy (DHCFP) – Nevada Medicaid?	□Yes □ No			
Are you currently registered as a provider with Health Plan of Nevada?	□Yes □ No			
Are you currently registered as a provider with United Health Care?	□Yes □ No			
Are you currently registered as a provider with Blue Cross/Blue Shield Anthem?	□Yes □ No			
Are you currently registered as a provider with Silver Summit?	□Yes □ No			
Identify any other third-party payors (e.g., insurance companies) billed by your organization.  Click or tap here to enter text.				
Current provider types (PT) for third-party payors: PT 11 Hospital, Inpatient PT 12 Hospital, Outpatient PT 13 Psychiatric Hospital PT 14 Behavioral Health Outpatient PT 17 Specialty Clinic (e.g. CCBHC, FQHC) PT 20 Physician PT 26 Psychologist PT 32 Community Paramedicine PT 47 Indian Health Programs and Tribal Clinics PT 54 Targeted Case Management PT 60 School Based PT 63 Residential Treatment Center (RTC) PT 82 Behavioral Health Rehabilitative Treatment	□Yes □ No			



Other, Please Define: Click or tap here to enter text.	
G. CERTIFICATION OF PROVIDER	
ANSWERS ARE SPECIFIC TO THE ORGANIZATION CERTIFICATION AT TH SUBMITTAL AND NOT ANY TEAM MEMBER CERTIFICATIONS.	E TIME OF THE
Are you JCAHO (Joint Commission) Certified?	□Yes □ No
Are you SAPTA Certified under Nevada Revised Statute (NRS) 458, and Nevada Administrative Code (NAC) 458 <u>and</u> do you have a minimum of two (2) years providing substance use disorder treatment?	□Yes □ No
OR, are you able to provide memorandums of understanding (MOU)'s with community partners who will provide treatment and are able to provide proof of SAPTA certification in good standing?	□Yes □ No
Please identify any additional certifications your organization (not individe or tap here to enter text.	uals) hold: Click
H. CURRENT FUNDING (FEDERAL, STATE, AND PRIVATE FUNDING). NOT	

TO PROVIDE ALL FUNDING MAY RESULT IN DISQUALIFICATION. PRIVATE DONATIONS MAY BE IDENTIFIED IN ONE-LINE.

FEDERAL, STATE AND PRIVATE FUNDING. PRIVATE FUNDING MAY BE IDENTIFIED AS TOTAL. ANY FEDERAL OR STATE FUNDS MUST BE DETAILED OUT. THIS INCLUDES ALL FEDERAL OR STATE GRANTS. STATE GRANTS ARE NOT PRIVATE FUNDING.

Funding	Туре	Project Period End Date	Current or Previous Amount Awarded (\$)
Example: State Opioid Response Grant	Grant	September 2023	\$100,000
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			



Click or tap here to enter text.		
Click or tap here to enter text.		
Click or tap here to enter text.		
Click or tap here to enter text.		



	POPULATION TO BE SERVED
	□ Adults
	□ Youth/Adolescents □ Black, Indigenous, People Of Color (BIPOC) Communities □ Individuals and Families Involved Or At-Risk For Being Involved With The Criminal Justice Or Juvenile Justice System □ Individuals Who Are Homeless □ Parents Of Dependent Children □ Persons And Families Involved In Child Welfare System □ Persons Who Are Lesbian, Gay, Bisexual, Transgender, And Questioning □ Persons Who Are Pregnant □ Rural/Frontier Communities □ Tribal Entities □ Veterans
J.	PRIORITY AREA
	☐ PRIORITY 1: ENSURE FUNDING FOR THE ARRAY OF OPIOID USE DISORDER TREATMENT SERVICES FOR UNINSURED AND UNDERINSURED WASHOE COUNTY RESIDENTS.
	□ PRIORITY 2: INITIATING BUPRENORPHINE IN THE EMERGENCY DEPARTMENT (ED), AS WELL AS DURING INPATIENT HOSPITAL STAYS, AND CARE NAVIGATORS TO ASSIST WITH SETTING UP OUTPATIENT RESOURCES FOR CONTINUED CARE AND MANAGEMENT.
	□ PRIORITY 3: USE A MULTIDISCIPLINARY APPROACH TO PROVIDING OVERDOSE PREVENTION OUTREACH AND EDUCATION, INCLUSIVE OF UNDER RESOURCED COMMUNUITES, SUCH AS BIPOC COMMUNITIES, IN A CULTURALLY AND LINGUISTICALLY APPROPRIATE MANNER (ORGANIZATIONS, MEDIA, CHURCHES).
	☐ PRIORITY 4: IMPLEMENT CHILD WELFARE BEST PRACTICES FOR SUPPORTING FAMILIES IMPACTED BY SUBSTANCE USE.
	☐ PRIORITY 5: INCREASE DETOXIFICATION AND SHORT-TERM REHABILITATION PROGRAM CAPACITY



#### K. PROJECT ABSTRACT

The project abstract serves as a succinct description of the proposed project and a description of how the funds will be used. The abstract should be clear, accurate, concise, and without reference to other parts of the application. Abstract should be single spaced, do not exceed 500 words. (Name, Priority Area and Estimated Budget do not count towards the words.)

NAME OF PROJECT: Click or tap here to enter text.		
Click or tap here to enter text.		
Estimated Budget Year One (Pull from Budget)	Click or tap here to enter text.	
Estimated Budget Year Two (Pull from Budget)	Click or tap here to enter text.	
List the Eligible Strategy(ies) According to the Settlement Agreements (Appendix A):		

#### L. ORGANIZATIONAL CAPACITY DESCRIPTION

The Organization Description must include an overview of the organization its structure, and relevant experience. Describe organization's history working to address opioid use, qualifications, and experiences to implement the proposed project. Speak to how the program will incorporate the voice of people with lived experience in programming. (Maximum of 1000 words.)

Click or tap here to enter text.



#### M. PROJECT DESIGN AND IMPLEMENTATION

The Project Design and Implementation must provide a detailed description of the program that is proposed to be funded. The following questions must be answered concisely and completely. Maximum of 250 words per question.

1. Describe how the project will address Target Population.

Click or tap here to enter text.

2. Describe the program activities and how they relate to the overall objectives of opioid abatement and recovery and meet the requirements of the identified opioid priorities.

Click or tap here to enter text.

3. Describe the program goals and how the program activities will lead to accomplishing the objectives.

Click or tap here to enter text.

4. Describe how many unduplicated individuals will be served monthly and annually.

Click or tap here to enter text.

5. Define the evidence-based practice(s) or promising practice(s) being utilized or proposed to be used.

Click or tap here to enter text.

6. Describe how the project differs from existing services and supports within the organization.

Click or tap here to enter text.

7. Describe how the project design and implementation will incorporate the voice and leadership of people with lived experience.

Click or tap here to enter text.



8. Describe how proposed services meet the requirements of being culturally inclusive and what activities will be done to reach underserved priority populations.

Click or tap here to enter text.

#### N. CAPABILITIES AND COMPETENCIES

Describe the capabilities of your organization, partners, and/or contractors to successfully implement the project. This section must also state the competencies of the staff assigned to the project. Describe the roles, experiences (including lived experience with substance use disorder), and tenure of key employees who will be running the day-to-day operations of the project. Maximum of 1000 words.

Click or tap here to enter text.

#### O. DATA COLLECTION AND EVALUATION

Describe the data and systems that the organization currently utilizes to collect and assess programmatic data. Include who collects the data, who evaluates the data and how the data are used to guide and evaluate current program activities. Identify if the organization has an electronic health record system, and what that system is. (The state and County will work with the selected organizations to define the requirements for data collection which may include Client Level Data System (CLDS), GPRA, TEDS, or other data collection/systems) Maximum of 750 words.



Click or tap here to enter text.		

#### SCOPE OF WORK

Provide a description of the services proposed that includes objectives, strategies and performance measures and how the data will be collected to assess the performance measure. The County will work with selected providers to finalize the performance measures associated with the scope of work. (Please note: Certain areas will have specific standards and goals which will be added prior to start of contract)

Describe the primary goal the program intends to accomplish with this proposal:

Goal 1: Click or tap here to enter text.

Objective	Activities   Strategies	Performance Measure and data source
1.	1.	1.
2.	2.	2.

Describe the secondary goal the program intends to accomplish with this proposal:

Goal 2: Click or tap here to enter text.



Objective	Activities   Strategies	Performance Measure and data source
1.	1.	1.
2.	2.	2.

Additional goals the program intends to accomplish with this proposal (optional):

Goal 3: Click or tap here to enter text.

Objective	Activities   Strategies	Performance Measure and data source
1.	1.	1.
2.	2.	2.

Goal 4: Click or tap here to enter text.



Objective	Activities   Strategies	Performance Measure and data source
1.	1.	1.
2.	2.	2.



#### P. Project Manager CV/Resume (One-Page)

Insert a brief resume/biography with highlights of the Program Manager (from Section F), who is responsible for the program deliverables to include education, licensure, and applicable experience for the proposed scope of work. The County may request additional resumes or CVs based on described program activities. Do not exceed 400 words.

Click or tap here to enter text.

#### Q. SUSTAINABILITY

Describe the methods the organization will use to reduce the organization's reliance on the opioid settlement funds (e.g. Medicaid billable, increased other forms of funding, etc.), address the shortage professionals, and remediate secondary trauma and staff burnout. Do not exceed 500 words.

Click or tap here to enter text.

#### R. BUDGET EXCEL TEMPLATE & INSTRUCTIONS

Budget Template is required to be attached as a separate excel document. No Text or Information in this Box. The Excel Document must be attached to the application as a separate document. The template is a separate Excel document located with the NOFO at:

https://www.washoecounty.gov/mgrsoff/divisions/Community%20Reinvestment/WOARF/nofo.php



### **Budget Narrative Template Attached**

No Text or Information in this Box. The Excel Document must be attached to the application as a separate document. The template is a separate Excel document located with the NOFO at:

 $\frac{https://www.washoecounty.gov/mgrsoff/divisions/Community\%20Reinvestment/WOARF/nofo.php}{ARF/nofo.php}$ 



### FINANCIAL ASSESSMENT Organizational Experience

	•
1)	Describe the number of years (experience) that your entity has in managing federal, state or county direct, or pass-thru, funds: Click or tap here to enter text.
2)	Does your entity have any pending lawsuits, or questioned costs now, or in any previous audit (in last 2 years)? $\Box$ Yes $\Box$ No
	If yes, describe: Click or tap here to enter text.
3)	Describe number of years that your entity has been performing similar services proposed in upcoming subgrant: Click or tap here to enter text.
Pro	oject Complexity
4)	Describe the partner organizations your entity will be coordinating with to effectively accomplish the expectations of the project: Click or tap here to enter text.
5)	Describe any subrecipients or contractors expected on this project: Click or tap here to enter text.
<u>Co</u>	mpliance History
6)	Has your entity been untimely in submission of previous project documentation (e.g., budgets, reimbursement requests, reports etc.)? $\Box$ Yes $\Box$ No
	a. If yes, describe: Click or tap here to enter text.
7)	Does your entity have findings in any recent audit reports? $\ \square$ Yes $\ \square$ No
	a. If yes, describe: Click or tap here to enter text.
Sta	aff Experience
8)	Describe any staff turnover, or entity reorganization, that have occurred in the last 12 months: Click or tap here to enter text.
9)	Does staff assigned to upcoming project have more than 2 years of experience in managing similar projects? $\ \square$ Yes $\ \square$ No



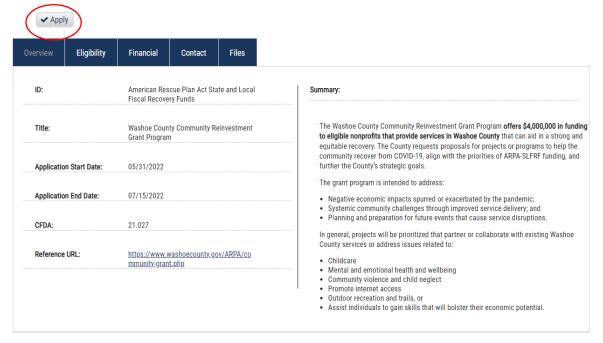
## Financial Systems

10)Does your entity have written internal controls? ☐ Yes ☐ No
a. Where can they be accessed for review? Click or tap here to enter text.
11)Does your entity have written financial management policies and procedures? $\Box$ Yes $\Box$ No
a. Where can they be accessed for review? Click or tap here to enter text.
12)Does your entity utilize a software or program to assist in financial management?
□ Yes □ No
a. Describe: Click or tap here to enter text.
13)Does this software or program allow the entity to identify the receipts and expenditure of program funds separately for each award and award year? ☐ Yes ☐ No
a. Describe: Click or tap here to enter text.
14)Describe entity ability to account for time and effort by cost objective or category for each grant: Click or tap here to enter text.
15)Describe entity process for recording expenditures for each cost category within the grant (i.e., personnel, travel, other, contractual etc.): Click or tap here to enter text.
16)Does entity have a federally approved indirect cost rate? $\Box$ Yes $\Box$ No
S. CONFLICT OF INTEREST ATTESTATION Attach the form found on the website: <a href="https://www.washoecounty.gov/mgrsoff/divisions/Community%20Reinvestment/WOARF/nofo.php">https://www.washoecounty.gov/mgrsoff/divisions/Community%20Reinvestment/WOARF/nofo.php</a> to your application.

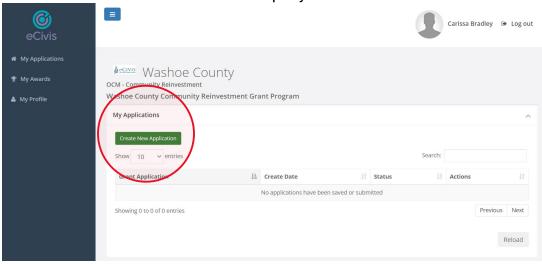


## **Step by Step eCivis Instructions**

Use this link to access the eCivis Portal for Washoe County Community Reinvestment Grant Program: <a href="https://gn.ecivis.com/GO/gn\_redir/T/1ppacq4rakprd">https://gn.ecivis.com/GO/gn\_redir/T/1ppacq4rakprd</a> Read through the solicitation information and download the necessary attachments from the Files tab.



Click "Apply". This will bring you to a sign-in page where you will be asked to create a Profile. Click Create an account and input your information.

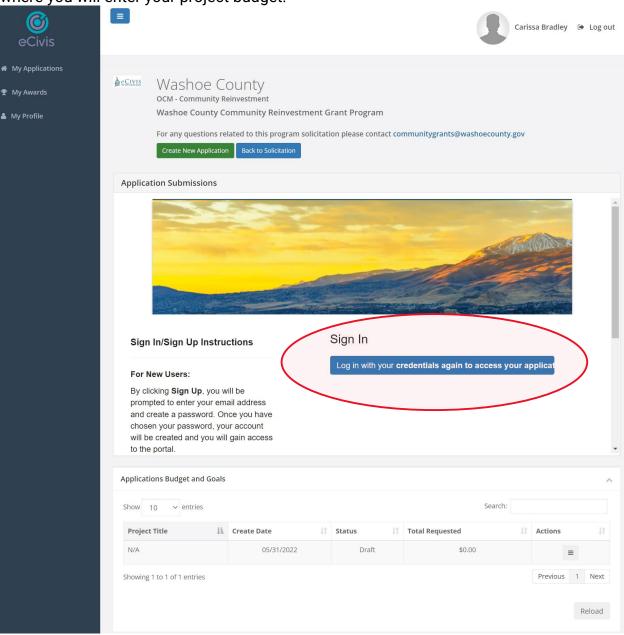


Click "Create New Application". Once again, Sign-In [Log in with your credentials again to access your application's account] using your login information. Please note that



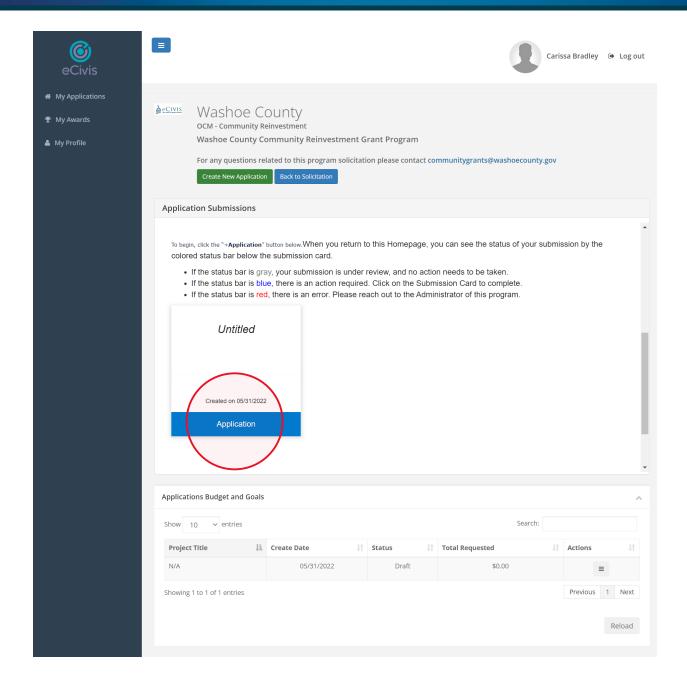
there is a scrolling section within the larger page structure. Your browser may not show the full application portal.

Also, note the Applications Budget and Goals section at the bottom of the page. This is where you will enter your project budget.



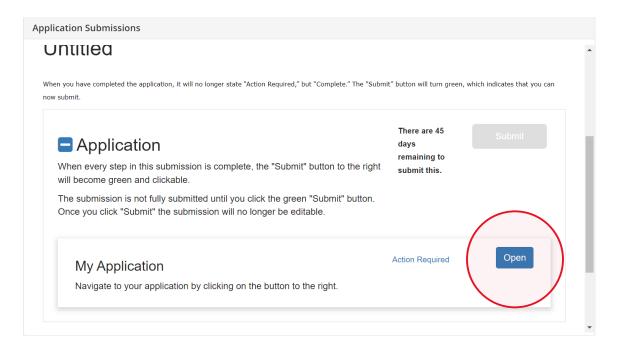
Please click the "Open" button to begin. You can save and return to this page to edit your Profile until completed. You can view your Profile by clicking "Edit". You cannot move forward until you have completed your Profile. After, you create your profile, your screen should look like this:





Click through to the Application and input your Application Information.

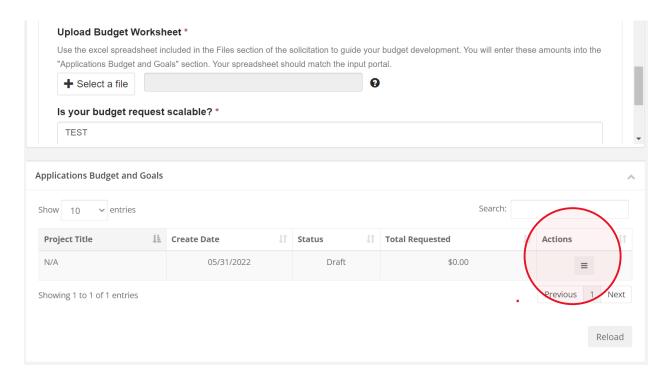




#### **Budget Application**

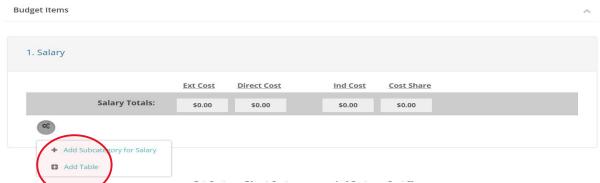
Attach your detailed budget breakdown (<u>Budget Narrative Workbook</u>) to the Application submission under the Upload Budget Worksheet section.

Then, scroll on the outside section to enter your detailed budget into the portal. Found here in the red circle.





Click each budget category to enter your specific line items by clicking the icon "Add Table"



Add all necessary budget items into the tables you create. You do not need to enter anything into the Goals section.

Once the Application and Budget have been completed, you will Submit