



Texas Opioid Abatement Fund Council Naloxone Program Grant

RFA NO.	O AFC-24-0001	ADDENDUM NO.	3
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The purposes of this Addendum are to answer written questions regarding the Notice of Funding Availability (NOFA) and amend the NOFA as set out below, including an extension of the deadline for Grant Applications.

1. The NOFA is amended to extend the deadline to submit Grant Applications from May 7, 2024 to May 31, 2024 (see amended Schedule of Events in No. 2, below).
2. The NOFA is amended to provide for a second question-and-answer period during which parties may submit written questions regarding the NOFA. The parties may submit written questions regarding the NOFA from the date that this Addendum is posted to April 30, 2024, at 2:00 p.m. CST. Written questions must be submitted by this deadline by email to O AFC.nofa@cpa.texas.gov. O AFC expects to post answers to those questions on May 10, 2024, or as soon thereafter as practicable. Accordingly, Section 5.0 (Schedule of Events) of the NOFA is replaced with the following:

5.0 Schedule of Events

2/27/2024	NOFA Issued and first day to submit written questions.
3/6/2024	First day to submit requests for preliminary review of potential conflicts of interest (see Section 3.1.2) and first day to register
3/14/2024	Educational Webinars for potential Grant Applicants.
2:00 p.m. CST 3/18/2024	Deadline for submitting written questions regarding the NOFA.
2:00 p.m. CST 3/20/2024	Deadline for submitting requests for preliminary review of potential conflicts of interest
4/2/2024	Post and deliver responses to written questions regarding the NOFA
4/10/2024	First day to submit Grant Applications and anticipated date of responses to requests for preliminary review of potential conflicts of interest
4/23/2024	First day to submit second round of written questions.
2:00 p.m. CST 4/30/2024	Deadline for submitting second round of written questions regarding the NOFA
5/10/2024	Post responses to second round of written questions
5/31/2024	Last day to submit Grant Applications

3. To clarify the training requirements, Sections 7.2 (Providing Training and/or Materials) and 12.8 (Evaluation Criteria & Weighting) of the NOFA are amended as follows:

- a. Section 7.2 (Providing Training and/or Materials) of the NOFA is replaced with the following:

7.2 Providing Training and/or Materials

The Grant Recipient shall provide appropriate training, whether via provision of direct training or written training materials, to recipients of naloxone. The applicant should tailor training format (e.g., print, video, and in-person) and languages offered to the needs of the specific community in which it will distribute naloxone. The cost effectiveness of training will be evaluated. Generally, preference will be given for use of existing, evidence-based training; however, the evaluation will not penalize a Grant Applicant who demonstrates a need to develop new training as part of its effort to reach unserved and underserved populations. These trainings should provide guidance on and cover the administration and proper use of naloxone, including airway clearance techniques, and be available in at least English and Spanish languages. The distribution of funds, for purposes of conducting training, shall be allocated as outlined in Section 9.0.

- b. The final evaluation category (Proposed plan of execution for training and/or materials) in Section 12.8 of the NOFA has been revised. Accordingly, Section 12.8 (Evaluation Criteria & Weighting) of the NOFA is replaced with the following:

12.8 Evaluation Criteria & Weighting

Grant Applications that pass the preliminary application review will be evaluated and scored based on the following criteria:

Evaluation Category	Criteria	Weight
Grant Applicant's qualifications	Qualifications of key personnel (e.g., graduate degree and/or professional licensure in business administration, public administration, public policy, public health, mental health, medicine, nursing, pharmacy, or similar health profession). Grant Applicant must submit resumes for all key personnel. Grant Applicant's demonstrated ability to perform may be supported with additional documentation, including references or letters of support.	10
Grant Applicant's experience	Grant Applicant's experience and past successes with the following: <ul style="list-style-type: none"> • Providing opioid use disorder and/or substance use disorder abatement services; • Implementing and managing projects of a similar size and scope. Grant Applicant should describe customer service plans/service level agreements, outreach plans across different types of communities, and experience conducting prescription expiration monitoring; and • Detailing the outcomes of the applicant's past programs. Grant Applicant's demonstrated ability to perform may be	10

	supported with additional documentation, including references or letters of support.	
Estimated timeline, including distribution of product and materials	Timeline for execution of deliverables, including distribution of naloxone and training and educational materials for the administration and use of naloxone. Grant Applicant's timeline must meet the requirement of Section 11.0 (Project Timeline) to complete 80% of the regional allocations set out in Section 9.2 within two years of the effective date of the Grant Agreement, and higher scores will be given for ability and commitment to complete regional allocations, targeted interventions, training, and all other required work early.	10
Financial capacity and ability to perform	Grant Applicant has an established financial management system and a sound plan for providing adequate fiscal controls and accounting procedures to manage the grant program. Grant Applicant has reserve funds sufficient to cover program costs prior to reimbursement from grant funds without risking financial stability. Grant Applicant should include independent audit reports or audited financial statements from the last two (2) years of Grant Applicant's operations.	10
Cost effectiveness and efficiency	Cost effectiveness and efficiency, including, if applicable, Grant Applicant's ability to leverage existing resources and employ cost-saving techniques. Grant Applicant's unit price(s) for naloxone, and associated shipping costs, if any, will also be evaluated for reasonableness.	10
Geographic reach and capacity	Grant Applicant's ability to provide deliverables and services statewide, meet the regional allocation (Section 9.2) and targeted intervention (Section 9.3) requirements and, if needed, award qualified subgrantees and subcontractors to perform the work and manage and monitor subawards and subcontracts. Grant Applicant's plan will in part be evaluated for ability to manage naloxone supply and redistribute unused naloxone units to other regions or counties.	20
Proposed plan of execution for distribution of naloxone, including use of evidence-based practices	Grant Applicant's plan of execution and coordination for distributing naloxone to include methods for managing supply and expiration date monitoring, and documenting performance as described in Section 7.4, Grant Applicant's customer service plan including outreach related to distribution, needs assessment plan, plan to address serving populations currently without access to naloxone, and means to provide a web-based application as described in Section 7.6.	25
Proposed plan of execution for training and/or materials	Plan for conducting training on administering naloxone that the Grant Applicant plans to distribute. Factors on which Grant Applicant will be evaluated include	5

	<p>identification of the kinds of training practices that will be employed (including training on airway clearance techniques), whether training plan includes evidence-based practices, various formats in which educational materials and/or training will be provided (e.g., print, video, and in-person), and Grant Applicant’s plan for tracking all conducted trainings. The applicant should tailor training format (e.g., print, video, and in-person) and languages offered to the needs of the specific community in which it will distribute naloxone. The cost effectiveness of training will be evaluated. Generally, higher scores will be given for use of existing, evidence-based training materials; however, the evaluation will not penalize a Grant Applicant who demonstrates a need to develop new training materials as part of its effort to reach unserved and underserved populations.</p>	
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4. Section 9.2 (Naloxone Distribution Funding for Regional Healthcare Partnership Regions) of the NOFA is amended to include a list of counties located in each of the 20 regions identified in the Regional Healthcare Partnership Regions Allocations Table and depicted in the Map of Regional Healthcare Partnership Regions. This list is incorporated herein as Exhibit A of this Addendum.
5. Section 9.3 (Naloxone Distribution Funding for Targeted Interventions) of the NOFA is amended to (1) clarify that 214 Texas counties are eligible for funding under Section 9.3 by virtue of having a population of fewer than 100,000 residents and (2) include the list of those 214 eligible counties. This list is incorporated herein as Exhibit B of this Addendum.
6. Written questions and answers regarding the NOFA are incorporated herein as Exhibit C of this Addendum.

THIS ADDENDUM SHALL BE ATTACHED TO AND FORM A PART OF THE NOFA AND THE GRANT AGREEMENT. APPLICANT MUST ACKNOWLEDGE RECEIPT OF THIS ADDENDUM BY SIGNING AND RETURNING WITH ITS APPLICATION.

APPLICANT ENTITY NAME

AUTHORIZED REPRESENTATIVE SIGNATURE

AUTHORIZED REPRESENTATIVE PRINTED NAME

EXHIBIT A

COUNTIES IN REGIONAL HEALTHCARE PARTNERSHIP (RHP) REGIONS

RHP Region 1	Anderson	Bowie	Camp	Cass	Cherokee	Delta	Fannin	Franklin	Freestone	Gregg
	Harrison	Henderson	Hopkins	Houston	Hunt	Lamar	Marion	Morris	Panola	Rains
	Red River	Rusk	Smith	Titus	Trinity	Upshur	Van Zandt	Wood		
RHP Region 2	Angelina	Brazoria	Galveston	Hardin	Jasper	Jefferson	Liberty	Nacogdoches	Newton	Orange
	Polk	Sabine	San Augustine	San Jacinto	Shelby	Tyler				
RHP Region 3	Austin	Calhoun	Chambers	Colorado	Fort Bend	Harris	Matagorda	Waller	Wharton	
RHP Region 4	Aransas	Bee	Brooks	DeWitt	Duval	Goliad	Gonzales	Jackson	Jim Wells	Karnes
	Kenedy	Kleberg	Lavaca	Live Oak	Nueces	Refugio	San Patricio	Victoria		
RHP Region 5	Cameron	Hidalgo	Starr	Willacy						
RHP Region 6	Atascosa	Bandera	Bexar	Comal	Dimmit	Edwards	Frio	Gillespie	Guadalupe	Kendall
	Kerr	Kinney	La Salle	McMullen	Medina	Real	Uvalde	Val Verde	Wilson	Zavala
RHP Region 7	Bastrop	Caldwell	Fayette	Hays	Lee	Travis				
RHP Region 8	Bell	Blanco	Burnet	Lampasas	Llano	Milam	Mills	San Saba	Williamson	
RHP Region 9	Dallas	Denton	Kaufman							
RHP Region 10	Ellis	Erath	Hood	Johnson	Navarro	Parker	Somervell	Tarrant	Wise	
RHP Region 11	Brown	Callahan	Comanche	Eastland	Fisher	Haskell	Jones	Knox	Mitchell	Nolan
	Palo Pinto	Shackelford	Stephens	Stonewall	Taylor					
RHP Region 12	Armstrong	Bailey	Borden	Briscoe	Carson	Castro	Childress	Cochran	Collingsworth	Cottle
	Crosby	Dallam	Dawson	Deaf Smith	Dickens	Donley	Floyd	Gaines	Garza	Gray
	Hale	Hall	Hansford	Hartley	Hemphill	Hockley	Hutchinson	Kent	King	Lamb
	Lipscomb	Lubbock	Lynn	Moore	Motley	Ochiltree	Oldham	Parmer	Potter	Randall
	Roberts	Scurry	Sherman	Swisher	Terry	Wheeler	Yoakum			
RHP Region 13	Coke	Coleman	Concho	Crockett	Irion	Kimble	Mason	McCulloch	Menard	Pecos
	Reagan	Runnels	Schleicher	Sterling	Sutton	Terrell	Tom Green			
RHP Region 14	Andrews	Brewster	Crane	Culberson	Ector	Glasscock	Howard	Jeff Davis	Loving	Martin
	Midland	Presidio	Reeves	Upton	Ward	Winkler				
RHP Region 15	El Paso	Hudspeth								
RHP Region 16	Bosque	Coryell	Falls	Hamilton	Hill	Limestone	McLennan			
RHP Region 17	Brazos	Burleson	Grimes	Leon	Madison	Montgomery	Robertson	Walker	Washington	
RHP Region 18	Collin	Grayson	Rockwall							
RHP Region 19	Archer	Baylor	Clay	Cooke	Foard	Hardeman	Jack	Montague	Throckmorton	Wichita
	Wilbarger	Young								
RHP Region 20	Jim Hogg	Maverick	Webb	Zapata						

EXHIBIT B

COUNTIES WITH FEWER THAN 100,000 RESIDENTS

1. Anderson County, Texas
2. Andrews County, Texas
3. Angelina County, Texas
4. Aransas County, Texas
5. Archer County, Texas
6. Armstrong County, Texas
7. Atascosa County, Texas
8. Austin County, Texas
9. Bailey County, Texas
10. Bandera County, Texas
11. Bastrop County, Texas
12. Baylor County, Texas
13. Bee County, Texas
14. Blanco County, Texas
15. Borden County, Texas
16. Bosque County, Texas
17. Bowie County, Texas
18. Brewster County, Texas
19. Briscoe County, Texas
20. Brooks County, Texas
21. Brown County, Texas
22. Burleson County, Texas
23. Burnet County, Texas
24. Caldwell County, Texas
25. Calhoun County, Texas
26. Callahan County, Texas
27. Camp County, Texas
28. Carson County, Texas
29. Cass County, Texas
30. Castro County, Texas
31. Chambers County, Texas
32. Cherokee County, Texas
33. Childress County, Texas
34. Clay County, Texas
35. Cochran County, Texas
36. Coke County, Texas
37. Coleman County, Texas
38. Collingsworth County, Texas
39. Colorado County, Texas
40. Comanche County, Texas
41. Concho County, Texas
42. Cooke County, Texas
43. Coryell County, Texas

44. Cottle County, Texas
45. Crane County, Texas
46. Crockett County, Texas
47. Crosby County, Texas
48. Culberson County, Texas
49. Dallam County, Texas
50. Dawson County, Texas
51. Deaf Smith County, Texas
52. Delta County, Texas
53. DeWitt County, Texas
54. Dickens County, Texas
55. Dimmit County, Texas
56. Donley County, Texas
57. Duval County, Texas
58. Eastland County, Texas
59. Edwards County, Texas
60. Erath County, Texas
61. Falls County, Texas
62. Fannin County, Texas
63. Fayette County, Texas
64. Fisher County, Texas
65. Floyd County, Texas
66. Foard County, Texas
67. Franklin County, Texas
68. Freestone County, Texas
69. Frio County, Texas
70. Gaines County, Texas
71. Garza County, Texas
72. Gillespie County, Texas
73. Glasscock County, Texas
74. Goliad County, Texas
75. Gonzales County, Texas
76. Gray County, Texas
77. Grimes County, Texas
78. Hale County, Texas
79. Hall County, Texas
80. Hamilton County, Texas
81. Hansford County, Texas
82. Hardeman County, Texas
83. Hardin County, Texas
84. Harrison County, Texas
85. Hartley County, Texas
86. Haskell County, Texas
87. Hemphill County, Texas
88. Henderson County, Texas
89. Hill County, Texas
90. Hockley County, Texas

91. Hood County, Texas
92. Hopkins County, Texas
93. Houston County, Texas
94. Howard County, Texas
95. Hudspeth County, Texas
96. Hunt County, Texas
97. Hutchinson County, Texas
98. Irion County, Texas
99. Jack County, Texas
100. Jackson County, Texas
101. Jasper County, Texas
102. Jeff Davis County, Texas
103. Jim Hogg County, Texas
104. Jim Wells County, Texas
105. Jones County, Texas
106. Karnes County, Texas
107. Kendall County, Texas
108. Kenedy County, Texas
109. Kent County, Texas
110. Kerr County, Texas
111. Kimble County, Texas
112. King County, Texas
113. Kinney County, Texas
114. Kleberg County, Texas
115. Knox County, Texas
116. La Salle County, Texas
117. Lamar County, Texas
118. Lamb County, Texas
119. Lampasas County, Texas
120. Lavaca County, Texas
121. Lee County, Texas
122. Leon County, Texas
123. Liberty County, Texas
124. Limestone County, Texas
125. Lipscomb County, Texas
126. Live Oak County, Texas
127. Llano County, Texas
128. Loving County, Texas
129. Lynn County, Texas
130. Madison County, Texas
131. Marion County, Texas
132. Martin County, Texas
133. Mason County, Texas
134. Matagorda County, Texas
135. Maverick County, Texas
136. McCulloch County, Texas
137. McMullen County, Texas

138. Medina County, Texas
139. Menard County, Texas
140. Milam County, Texas
141. Mills County, Texas
142. Mitchell County, Texas
143. Montague County, Texas
144. Moore County, Texas
145. Morris County, Texas
146. Motley County, Texas
147. Nacogdoches County, Texas
148. Navarro County, Texas
149. Newton County, Texas
150. Nolan County, Texas
151. Ochiltree County, Texas
152. Oldham County, Texas
153. Orange County, Texas
154. Palo Pinto County, Texas
155. Panola County, Texas
156. Parmer County, Texas
157. Pecos County, Texas
158. Polk County, Texas
159. Presidio County, Texas
160. Rains County, Texas
161. Reagan County, Texas
162. Real County, Texas
163. Red River County, Texas
164. Reeves County, Texas
165. Refugio County, Texas
166. Roberts County, Texas
167. Robertson County, Texas
168. Runnels County, Texas
169. Rusk County, Texas
170. Sabine County, Texas
171. San Augustine County, Texas
172. San Jacinto County, Texas
173. San Patricio County, Texas
174. San Saba County, Texas
175. Schleicher County, Texas
176. Scurry County, Texas
177. Shackelford County, Texas
178. Shelby County, Texas
179. Sherman County, Texas
180. Somervell County, Texas
181. Starr County, Texas
182. Stephens County, Texas
183. Sterling County, Texas
184. Stonewall County, Texas

185. Sutton County, Texas
186. Swisher County, Texas
187. Terrell County, Texas
188. Terry County, Texas
189. Throckmorton County, Texas
190. Titus County, Texas
191. Trinity County, Texas
192. Tyler County, Texas
193. Upshur County, Texas
194. Upton County, Texas
195. Uvalde County, Texas
196. Val Verde County, Texas
197. Van Zandt County, Texas
198. Victoria County, Texas
199. Walker County, Texas
200. Waller County, Texas
201. Ward County, Texas
202. Washington County, Texas
203. Wharton County, Texas
204. Wheeler County, Texas
205. Wilbarger County, Texas
206. Willacy County, Texas
207. Wilson County, Texas
208. Winkler County, Texas
209. Wise County, Texas
210. Wood County, Texas
211. Yoakum County, Texas
212. Young County, Texas
213. Zapata County, Texas
214. Zavala County, Texas

EXHIBIT C

WRITTEN QUESTIONS AND ANSWERS

1. For those who get funding to obtain naloxone, is the funding "agnostic" as to which brand of naloxone is purchased and distributed? Can it be used for Revive, Teva and other non-Narcan brands? If so, it would be very helpful to let applicants know that they don't need to buy the most expensive naloxone out there, and that there are other options.

Answer: Thank you for your questions. The Notice of Funding Availability defines "naloxone" as an overdose reversal medication that has been approved by the federal (U.S.) Food and Drug Administration. See Appendix B of the Notice of Funding Availability. Any overdose reversal medication that meets this requirement is thus eligible, and there is no requirement for a grant applicant to provide a specific brand.

Also, see Section 12.9 of the Notice of Funding Availability, which provides that one tiebreaker in the evaluation process (if applicable) is the application of a preference in favor of a grant application that does not propose utilizing as a subcontractor a named party in past or ongoing opioid abatement settlement litigation involving the state of Texas and/or Texas local governmental entities.

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2. Good morning, this email is regarding the OAFc and the need for Naloxone and the distribution of grant money. As a supplier of Naloxone, and other harm reduction items, how, when, and where do I offer my services? Is there a bid to provide Naloxone coming up that I should be aware of? Thank you for any information that you can provide for me.

Answer: Thank you for your interest in this grant opportunity. The Naloxone Program Grant Notice of Funding Availability was released Feb. 27. The first day that grant applications could be submitted was April 10, and the deadline to submit applications is May 31. To apply, you must register for an account in the OAFc Grant Management System. More information is available on the Texas Comptroller's of Public Accounts website:

<https://comptroller.texas.gov/programs/opioid-council/grants/naloxone-grant-opp.php>

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3. Dear Madame / Sirs, as part of future grant opportunities, beyond the Naloxone Distribution, we have a few questions 1) Do you see the opportunity and benefit in also pursuing grant opportunities that are more scientific and research based? 2) If so, would there be any requirement on state of research? 3) Do you see the opportunity to target more biological prevention and detection solutions, rather than reactive medical and / or community-based education / informative approaches? 3) When approximately would next grant opportunity open? 4) How many grant opportunities do you estimate would be available for 2024? 5) Approximately how long from a grant application deadline to approval and release of funds? 6) Are Texas-based universities and institutes preferred in any way, over commercial businesses, in or out of state?

Answer: Thank you for your questions regarding future grant opportunities. Future grant opportunities are beyond the scope of this Naloxone Program Grant Notice of Funding

Availability. If you have questions about opportunities beyond the naloxone distribution, we encourage you to contact O AFC.Public@cpa.texas.gov.

More generally, the O AFC has adopted a grant issuance plan as required by rule. The plan includes three funding opportunities: Naloxone Distribution and Training (Spring 2024), K-12 Prevention and Awareness (Summer 2024), and Peer-to-Peer Workforce Development (Fall 2024). The O AFC operates under open meetings rules and the public may submit input regarding topics and approaches for future grant opportunities. Information regarding upcoming meetings and how to submit comments to the Council are available on the O AFC website.

Regarding your other questions, the O AFC is unable to provide an estimate of the award date at this time. The Notice of Funding Availability does not contain a preference in favor of Texas-based universities and institutes. See the eligibility requirements (and bases for disqualification) in Section 3.0 of the Notice of Funding Availability, as modified by Addendum No. 1 to the Notice of Funding Availability. Eligible grant applicants include any Texas governmental entity, as defined by Texas Government Code, Section 2252.001(2), nonprofit organizations, and any other entity that engages in business in the state of Texas by (a) maintaining employees in the state of Texas, (b) having a fixed place of business in the state of Texas, or (c) providing any service in the state of Texas, whether or not individuals performing the service are residents of the state. Grant applicants may be located outside the state of Texas when the grant application is submitted but the grant applicant must demonstrate that it engages in business in the state of Texas as a condition of the grant award.

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4. Good morning, I'm emailing regarding the O AFC Naloxone Distribution Grant Opportunity. While not interested in implementing a statewide program, our department is interested in signaling our willingness to be a subgrantee, should the awarded party need a partner in Houston. Is there any formal venue to signal interest? Thank you for your assistance.

Answer: Thank you for your question and interest in this grant program. There is no formal way to express interest in serving as a subgrantee at this time as the method of performing the work under any grant award, including the utilization of subgrantees, if any, will be determined by the grantee. However, we encourage you to work with the grantee to participate in performance of these grant activities.

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5. Good morning, we are interested in submitting to the Naloxone Distribution Grant Opportunity offered by the O AFC. As we prepare our application, we have several questions that we hope you can clarify for us. Please see the list of questions below.
- Is there any guidance or templates for the preparation of our proposal documents (required headings or sections of the proposal narrative, formatting requirements like acceptable fonts, margin size, page limits, etc.? If so, where is this guidance located?)

Answer: Thank you for your questions and interest in this grant opportunity. Grant applicants

must access O AFC's electronic Grant Management System to register and apply for funding. Grant applicants should submit fully developed and detailed proposals and budgets in the application. For more information regarding the application process, see Section 12 of the Notice of Funding Availability, as well as the O AFC's public website for instructions and additional guidance as it becomes available. Grant applications and other associated forms will be available on the O AFC website and O AFC Grant Management System. Forms include the proposed budget, distribution plan and other related materials. Aside from these forms, there are no formatting requirements for documents submitted with application.

- Are letters of support allowed? If so, will there be a place to upload them in the application portal?

Answer: Yes, letters of support are allowed. A grant applicant is encouraged to provide any additional information or documentation that demonstrates that it meets the evaluation criteria set out in the Notice of Funding Availability. The Grant Management System will include a submission field where grant applicants can upload all required and other documents, including letters of support.

- Are Bio sketches/CVs allowed? If so, from whom should we include bio sketches/CVs (senior personnel only?), and in what format (NIH style, NSF style, or other?)?

Answer: Resumes for all key personnel must be submitted, and there is no required format. No other resumes are necessary or required.

- Is this considered a non-research (service-related) project?

Answer: This is a non-research project.

- Is there a salary cap for personnel? If so, what is the salary cap (for instance, NIH's salary cap is \$221,900)?

Answer: There is no salary cap for personnel but the administrative funding allocation of \$3.125 million is intended to cover all personnel costs under the award. See Section 9.1 of the Notice of Funding Availability for an explanation of the costs covered by this administrative funding allocation. Further, as part of the evaluation of cost effectiveness (see the evaluation criteria in Section 12.8 of the Notice of Funding Availability), reasonableness of cost may be considered. In addition, O AFC may negotiate the project budget with a grant applicant.

- We understand the allotted monies will cover the cost of Naloxone, but is there a centralized source for Naloxone that awardees should be using when creating our budget? If so, has the price for Naloxone already been negotiated (including shipping rates)? If so, what are these entities/prices/rates?

Answer: There is no centralized source for obtaining naloxone (and accordingly, no negotiated price for same). Instead, the grant applicant is required to directly purchase and obtain the naloxone that it will distribute under any grant award. Naloxone expenditures will be reimbursed at a set price reimbursement or the actual cost of the product, whichever is lower. Cost effectiveness will further be considered in the evaluation of applications (see Section 12.8 of the Notice of Funding Availability). In addition, see Section 12.9, which provides that one tiebreaker in the evaluation process (if applicable) is the application of a preference in favor of a grant application that does not propose utilizing as a subcontractor a named party in past or ongoing opioid abatement settlement litigation involving the state of Texas and/or Texas local governmental entities.

6. Good morning, in addition to the questions we sent yesterday (email copied below), we have a few other questions as well. Please see the list below.
- Are entities currently receiving funds through TTOR (or any other state-supported funding specifically for Naloxone distribution) eligible to apply?

Answer: Thank you for your questions. Any entity that meets the eligibility criteria in the Notice of Funding Availability is eligible for award regardless of whether it receives funding through TTOR or other state-supported funding. See the eligibility requirements (and bases for disqualification) in Section 3.0 of the Notice of Funding Availability, as modified by Addendum No. 1 to the Notice of Funding Availability. (The eligibility requirements are also restated in part in response to Question No. 3, above.)

- Will any weight be given to letters of support from partners and/or government officials?

Answer: A grant applicant is encouraged to and may provide additional information or documentation in support of its application and to demonstrate that it meets the evaluation criteria set out in the Notice of Funding Availability.

- In reference to the allocations table under Section 9.2, who are the eligible recipients within a region? Is there a priority list of recipients?

Answer: OAFc does not have a priority list of recipients, but the distribution of naloxone should reach populations not currently being served by systems already in place or existing resources (see Sections 9.2 and 9.3 of the Notice of Funding Availability). Each grant applicant will in part be evaluated on whether it will serve populations currently without access to naloxone (see the evaluation criteria in Section 12.8 of the Notice of Funding Availability).

- For the training portion of the project, is there an opportunity to provide broader prevention of opioid misuse?

Answer: Providing education on broader prevention of opioid misuse could be included if it is part of overall training on the administration of naloxone, but solely providing prevention education or use of naloxone grant funds to provide prevention education is beyond the scope of the current grant opportunity. See Section 7.2 of the Notice of Funding Availability, which states training materials should “provide guidance on and cover the administration and proper use of naloxone, including airway clearance techniques, and be available in at least English and Spanish languages.”

- Are there any other wholesale manufacturing companies besides EBSI that are eligible for purchasing Naloxone (for instance, TEVA, Sandoz, Harm Reduction Therapeutics, Hikma, Padagis)?

Answer: See Appendix B of the Notice of Funding Availability for the definition of “naloxone,” which is an overdose reversal medication that has been approved by the federal (U.S.) Food and Drug Administration. Any overdose reversal medication that meets this requirement is thus eligible, and there is no requirement for a grant applicant to provide a specific brand.

In addition, see Section 12.9 of the Notice of Funding Availability, which provides that one tiebreaker in the evaluation process (if applicable) is the application of a preference in favor of a grant application that does not propose utilizing as a subcontractor a named party in past or ongoing opioid abatement settlement litigation involving the state of Texas and/or Texas local governmental entities.

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7. Hi, I am the Grants Director for 3 OTP providers in Texas. I am currently seeking funding to assist patients with affording treatment for Opioid Use Disorder. According to Samhsa’s website, Texas was awarded SOR funding. Can you tell me how I can apply for our clinics to become SOR providers in the state? Your help is greatly appreciated.

Answer: Thank you for your question. The Texas Health and Human Services Commission (HHSC) Texas Targeted Opioid Response (TTOR) program administers Texas’ allocation of State Opioid Response (SOR) grants. As such, your question is best directed to HHSC’s TTOR program. Additional information on HHSC’s TTOR program is available at <https://txopioidresponse.org>.

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8. Dear OAFC, please see below for the section of the RFA in question with our questions underlined in bold:
- Pg. 5 / 7.1 Distributing Naloxone Schedule “Eligible products for distribution must be approved overdose reversal medications by the federal food and drug administration, which may include: injectable brands of naloxone, prepackaged nasal spray brands of naloxone and prepackaged nasal spray kit of naloxone. “What milligram (mg) of naloxone nasal spray do you need? 4mg or 8mg?”

Answer: Thank you for your questions. The Notice of Funding Availability defines products eligible for the distribution as an overdose reversal medication approved by the federal (U.S.) Food and Drug Administration, including:

- *Injectable brands of naloxone*
- *Prepackaged nasal spray brands of naloxone and*
- *Prepackaged nasal spray kit of naloxone.*

The grantee may use of any type or types of naloxone eligible under the definition, and must determine the type of eligible medication, dosages, and method/s of administration.

- Will you need multiple types of naloxone offerings (example: vial, pre-filled syringe, and/or nasal spray)?

Answer: See answer to Question No. 8.1.

- Pg. 7/ 9.2 Naloxone Distribution Funding for Regional Healthcare Partnership Region. “A single recipient may not receive 100 percent of the value of the funds (via naloxone and training) allocated to a respective region unless there is only one eligible recipient in that region.” Please clarify. Does this mean that if a region has at least one eligible recipient, they qualify for 100% of the value of funds? Thank you.

Answer: This means that if after conducting a thorough search for potential recipients, the awarded grantee determines that in a given region, only one entity or party is in need of naloxone or related training, that entity or party (i.e., “recipient”) may receive up to 100 percent of the value of the funds (to be provided in the form of naloxone and/or training) allocated to that region. However, if more than one entity or party in a region is in need of naloxone or related training, no single entity in that region may receive 100 percent of the value of the funds allocated to that region.

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9. Hello, I was unable to attend the Educational Webinar on Thursday March 14th, so I don’t know if these questions were addressed. Is there an estimated quantity of Naloxone Nasal Sprays expected to be provided? Is in-person training preferred? If so, is training in each region preferred/expected? If in-person training is conducted, will it be required in both English and Spanish? Thank you.

Answer: Thank you for your question. The training requirements in the Notice of Funding Availability have been amended by Addendum No. 3 (see Section 3 of Addendum No. 3) to clarify that (1) the cost effectiveness of training will be evaluated; (2) preference will generally be given for use of existing, evidence-based training but a grant applicant will not be penalized for demonstrating a need to develop new training as part of its effort to reach unserved and underserved populations; and (3) applicants should tailor training formats (in person, virtual, or written training) and languages offered to the needs of the specific community in which it will distribute naloxone. There is no preferred format of training except to the extent existing,

evidence-based, and cost-effective training can be utilized. Finally, training is expected to be provided in each region and should be made available in at least English and Spanish languages.

10. Looking at the various materials from the Comptroller’s office -for example “‘FY 2024: Naloxone Distribution Grant Opportunity’”. On the other hand, the Exhibit E List of Opioid Remediation Uses does mention ‘or other FDA -approved drug’. Is there an opportunity going forward to have the grant materials say something like – ‘any FDA approved Opioid Reversal drugs? Thanks so much.

Answer: Thank you for your question. The Notice of Funding Availability defines products eligible for the distribution as any overdose reversal medication approved by the federal (U.S.) Food and Drug Administration (see Section 7.1 and Appendix B of the Notice of Funding Availability), including:

- *Injectable brands of naloxone*
- *Prepackaged nasal spray brands of naloxone and*
- *Prepackaged nasal spray kit of naloxone.*

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11. Can OAFc clarify who the recipient will be within the State (E.g., health departments, emergency worker/departments, non-profits, or direct patients/residents affected by opioid use?

Answer: Thank you for your question. The grant applicant is expected to identify targeted recipients of naloxone. The distribution of naloxone should reach populations not currently being served by systems already in place or existing resources (see Sections 9.2 and 9.3 of the Notice of Funding Availability). Each grant applicant will in part be evaluated on whether it will serve populations currently without access to naloxone (see the evaluation criteria in Section 12.8 of the Notice of Funding Availability).

12. Can OAFc clarify who the recipient will be within for the training (E.g., health departments, emergency worker/departments, non-profits, or direct patients/residents affected by opioid use?

Answer: Thank you for your question. The grant applicant is expected to identify targeted recipients of training. Training is generally expected to be provided in conjunction with naloxone distribution (via provision of in-person or virtual training and/or written training materials), and thus should be provided to recipients of naloxone under the grant (see Sections 7.2, 9.2 and 9.3 of the Notice of Funding Availability).

13. Can OAFc provide examples of traditional verse non-traditional geographical areas to distribute naloxone?

Answer: Thank you for your question. The required areas for distribution of naloxone and provision of training are described in Sections 9.2 (Regional Healthcare Partnership Regions, including the allocations for and a map showing each region) and 9.3 (Targeted Interventions) of

the Notice of Funding Availability. Funding for targeted interventions may only be allocated to the 214 counties with a population of fewer than 100,000 residents. Within these parameters, the grant applicant is expected to identify targeted recipients of naloxone. The distribution of naloxone should reach populations not currently being served by systems already in place or existing resources, as described in Sections 9.2 and 9.3 of the Notice of Funding Availability. Each grant applicant will in part be evaluated on whether it will serve populations currently without access to naloxone (see the evaluation criteria in Section 12.8 of the Notice of Funding Availability).

14. Can OAFc identify who the Regional Healthcare partners are?

Answer: Thank you for your question. A map of the 20 Regional Healthcare Partnerships, and the counties within each region, is shown in Section 9.2 of the Notice of Funding Availability. Further, a list of the counties located in each of the 20 regions is included as Exhibit A of this Addendum.

15. Does the OAFc currently have a system/URL/Database/Domain for the Grantee to utilize or will the Grantee need to have that solution to propose with its application?

Answer: Thank you for your question. OAFc does not have a web-based system or website for this purpose. The grantee is expected to provide a self-funded website or web-based application as described in Section 7.6 of the Notice of Funding Availability.

16. Can the OAFc provide examples of intervention sites within a Region?

Answer: Thank you for your question. OAFc cannot provide examples. Funding for targeted interventions may only be allocated to the 214 counties with a population of fewer than 100,000 residents. Within these parameters, the grant applicant is expected to identify targeted recipients of naloxone. The distribution of naloxone should reach populations not currently being served by systems already in place or existing resources, as described in Section 9.3 of the Notice of Funding Availability. Each grant applicant will in part be evaluated on whether it will serve populations currently without access to naloxone (see the evaluation criteria in Section 12.8 of the Notice of Funding Availability).

17. Question: I'm interested in any information concerning the abatement grants.

*Answer: Thank you for your interest in the OAFc grant opportunities. The Naloxone Program Grant Notice of Funding Availability was released Feb. 27. The first day that grant applications could be submitted was April 10, and the deadline to submit applications is May 31. To apply, you must register for an account in the OAFc Grant Management System. More information is available on the Texas Comptroller's of Public Accounts website:
<https://comptroller.texas.gov/programs/opioid-council/grants/naloxone-grant-opp.php> .*

If you have questions about opportunities beyond the naloxone distribution, we encourage you to contact O AFC.Public@cpa.texas.gov.

18. Question: "To whom it may concern, we have been informed by a supporting organization (previous customer) about a recent abatement fund that has become available to multiple states. We have worked with numerous organizations to supply harm reduction/ Narcan machines to help combat the opioid epidemic in America. The machines have been designed primarily for dispensing Narcan but have also been customized to supply products such as care packages, socks, condoms, and fentanyl test strip kits. If there is any assistance that we can provide to you, please let me know. We would be more than happy to assist you.

Answer: Thank you for your interest in this grant opportunity. See answer to Question No. 2.

19. Question: Good morning! I have a PI who is interested in an upcoming funding opportunity that would use O AFC as the submitting portal. I need some information about this new system - how do we register, does the Grants office have to submit it or can the PIs have their own login so they can prepare/submit, do we register and give the PIs access or do we just need to review/give permission outside of the system, plus I'm sure many other questions.

Answer: Thank you for your interest in this grant opportunity. See answer to Question No. 2 for general information about this grant opportunity, including how to apply and deadlines for submission. Further, see Section 12 of the Notice of Funding Availability for application requirements, including Section 12.3 (Authorized Official and Resolution from Grant Applicant's Governing Body).

20. Question: Hope your day is going well. As you know the attached SAMHSA document, dated January 4, 2024, clarifies a Notice of Funding Opportunity allows for the use of SAMHSA grant funds to support the purchase and distribution of naloxone, SAMHSA will allow the use of grant funds to support the range of FDA-approved naloxone and other opioid overdose reversal medications. OPVEE® is for immediate treatment of known/suspected opioid overdose (natural or synthetic) in those 12 years and older with respiratory and/or central nervous system depression. It is not a substitute for emergency medical care. As quoted in the letter, SAMHSA "supports the range of FDA-approved opioid overdose reversal medications, and recommends that grantees fully assess specific community characteristics, available resources, and interest in different products and delivery routes, when determining the FDA-approved opioid overdose reversal medications to purchase and distribute." Lastly, if you are involved in, or are speaking to anyone involved in, the writing of the next iteration of the SOR grant application, please consider using product agnostic opioid overdose reversal medication language, such as "all FDA-approved overdose reversal medications," to leave flexibility to use all tools in the toolbox. Click on the OPVEE icon below for full product presentation. If your time allows, I would you like to discuss via a virtual meeting.

Answer: Thank you for your question. The Opioid Abatement Fund Council does not administer federal State Opioid Response (SOR) grants. The Texas Health and Human Services Commission (HHSC) Texas Targeted Opioid Response (TTOR) program administers Texas' allocation of SOR grants. As such, your question is best directed to HHSC's TTOR program. Additional information on HHSC's TTOR program is available at <https://txopioidresponse.org>.

21. Question: We serve a rural community with an even more rural population that drives in from up to 2 hours one-way, each way. My patients specifically struggle with paying for medication in addition to transportation, housing, wi-fi, privacy, employment, childcare, other medical care, and dentistry. I receive a few funded slots on the Be Well, Texas TTOR program for Buprenorphine. However, I am even extending that opportunity to patients beyond my allocation simply because I don't want to turn down someone who wants help. I still have not received a paycheck or ROI, but I am invested in the best care I can provide to patients. There is another clinic in town, which was established first, and receives block funding to assist patients with Methadone. I am interested in any type of funding or assistance I can get to provide better care for my patients and the ones we haven't been able to serve yet. I am very active in the community and do a lot of out-reach. We partner with the community and all the non-profits. We go into the fields to get our patients. We truly care, and, as such, we have been blessed to assist patients from the other clinic who could receive care for free but pay us. It has been a difficult road with some patients \$4000+ in arrears, but I refuse to turn them away. We have been approved for Medicare and Medicaid, but I am struggling to get insurance credentialing, and we have 0 patients on straight M/M. I am working with a non-profit organization to try to establish an in-patient, outpatient, and transitional housing opportunity for people with OUD on MAT treatment. My first priority is to get insurance and funding for MTD. Then, I want to establish the inpatient expansion with non-profit. Finally, I would like to reach out to rural communities with pods to dispense medication for common ER visit Rexes and OUD meds. Any assistance or guidance you or your office could provide would be greatly appreciated. I look forward to hearing from you.

Answer: Thank you for your interest in this grant opportunity. See answer to Question No. 2 for general information about this grant opportunity, including how to apply and deadlines for submission. This grant opportunity is available to an entity that will perform the grant activities on a statewide basis. Separately, the Notice of Funding Availability is structured to ensure that regional and local entities ultimately receive these grants funds directly or in-kind, whether as a subgrantee or subcontractor who directly receives funds to perform naloxone distribution and training for the benefit of recipients in a given region or county (the utilization of subgrantees or subcontractors, if any, will be determined by the grantee), or as a recipient of naloxone and training provided by the grantee or its subgrantees or subcontractors. In either case, we encourage you to work with the grantee to participate in performance of these grant activities and further the purposes of the program.

22. Question: Good morning! I'm emailing you again as I haven't heard back from you to ask you some questions about the new OAFIC grants portal. Now I do see the link to it on your website to

get me to the login page. However, I do still have some follow-up questions – do you have any kind of additional guidelines available on how to use the portal? With these proposals, is the intention that the Grants Office at the institution be the only ones to register in the portal and to submit proposals or does the sponsor prefer that the Principal Investigators each have their own logins and they submit themselves? This is a very important question for us as a university as we may have several different faculty members who would like to submit their own proposals but if our office (Grants Office) needs to be the only ones with the registration, we need to know this, that we have to submit on their behalf. If you can please provide additional information on the preferred methods of registration, etc., that would be fantastic. Thanks!

Answer: Thank you for your question. There is no requirement for a specific office to submit the application on behalf of a grant applicant. However, Section 12.3 of the Notice of Funding Availability requires a grant applicant to designate an authorized official and submit with its application a resolution from the grant applicant's governing body that, at minimum, designates an authorized official to act on the grant applicant's behalf and authorizes the authorized official to submit the application. See Section 12.3 of the Notice of Funding Availability for additional requirements regarding an authorized official's submission of the application on behalf of a grant applicant.

23. Question: Our mission statement includes two things, taking my knowledge and experience of battling OUD for 45 years into our schools and communities. We are also totally committed to providing free Narcan to Galveston County and any other county that would be interested. In the last year we have expanded to 25 locations with our free Narcan vending machines. Last month, February, we had 642 boxes of Narcan accessed in Galveston County alone. That means close to 642 people got up and went to a location to get a box of Narcan and most people are getting it because friends or family are using street drugs. We had a significant downturn in Fentanyl deaths through the month of September of 2023. I have self-funded the program with hope of securing money from the Abatement Council Grant, but it appears that no money will come to small but effective organizations like ours. Please verify this before I forward it to our community leaders. 25 million and 0 goes to Non-profit organizations like ours. This was very disheartening for those of us who have invested our lives and savings to save lives. Please clarify this one way or another so I can pass the information on. Thank You

Answer: Thank you for your question. OAFAC determined the award of a grant on a statewide basis was in the best interest of the state, and any entity that meets the eligibility requirements set out in the Notice of Funding Availability and applies for the grant will be considered for award. Separately, the Notice of Funding Availability is structured to ensure that regional and local entities ultimately receive these grants funds directly or in-kind, whether as a subgrantee or subcontractor who directly receives funds from the grantee to perform naloxone distribution and training for the benefit of recipients in a given region or county (the utilization of subgrantees or subcontractors, if any, will be determined by the grantee), or as a recipient of naloxone and training provided by the grantee or its subgrantees or subcontractors. In either case, we encourage you to work with the grantee to participate in performance of these grant activities and

further the purposes of the program.

24. Question: Can you provide a clear answer on whether a federally negotiated indirect cost rate is acceptable? At least twice on the budget template it states 10% is **encouraged** but the funding announcement and budget template also mention using a NICRA. Can we use our NICRA or is the 10% required? If the 10% is to be used is that 10% of **modified total direct costs** or 10% of **total direct costs** or **total project costs**?

Answer: The grantee may use its federally negotiated indirect cost rate, including the indirect cost base (e.g., modified total direct costs, total direct costs, salary/fringe, etc.) specified in its negotiated rate agreement. However, administrative costs, including indirect costs of the grantee and any subgrantees, are capped at \$3,125,000.00 for the term of the grant agreement. See Section 9.1 (Administrative Funding) of the Notice of Funding Availability for requirements related to administrative costs. Further, no specific indirect cost base is required, but Section 13.5 of the Notice of Funding Availability (Indirect Costs) expressly excludes the cost of purchasing naloxone from the definition of supplies and provides that these costs may not be included in the grantee's or any subgrantee's indirect cost base. This means, for example, that modified total direct costs is a permissible indirect cost base but the cost of purchasing naloxone will not be included in the calculation of modified total direct costs under the grant award.

25. Question: The NOFA refers on page 6, section 7.6 to a website or web-based application. Could we include the costs of the website in the budget?

Answer: Thank you for your question. Costs for a website should not be included in the budget as the grantee is expected to provide a self-funded website or web-based application as described in Section 7.6 of the Notice of Funding Availability.

26. Question: On first lines of page 10 and part of section 11, states that 'Within 2 years of the effective date of the agreement, ... Grant recipient must complete at least 80% of the regional allocation outlined in section 9'. The allocations are shown in dollars for up to \$18,75MM. Does that mean that:

- we will have 2 years to spend 80% of those allocations? That would account about \$14,4MM.
- we will have extensions to spend the remaining \$4MM?

Answer: Thank you for your question. The Notice of Funding Availability and grant agreement require the grantee to complete at least 80% of the regional allocations (\$15 million), described in Section 9.2 of the Notice of Funding Availability within two years of the effective date of the grant agreement. OAFIC does not guarantee that it will exercise any of the three renewal options (providing for a total project length of 8 years) but generally intends to exercise the renewal options as needed to allow for full completion of the grant activities. Any unused funds may be expended during renewal or extension periods.

27. Question: The Naloxone grant opportunity states the NOFO is “to solicit Grant Applications and award grant funds to **one** Grant Applicant”. I attended a meeting in Houston today where we were informed *numerous* awards would be made in the various regions. We were also told award amounts would be \$25,000 per applicant. There is nothing on the website that indicates any of that. Could you provide any clarification on this matter?

Answer: Thank you for your question. As stated in the Notice of Funding Availability for the Naloxone grant opportunity, O AFC intends to award a single grant (up to \$25 million allocated for this grant opportunity) to one grant applicant to perform the grant activities statewide. Please visit the O AFC website for information on other funding opportunities.