Notice of Funding Opportunity

Application due 07/27/2026

Federal Office of Rural Health Policy

Rural Communities Opioid Response Program (RCORP)-Technical Assistance

Opportunity Number: HRSA-26-038

Table of Contents

Before You Begin 2
Step 1: Review the Opportunity 2
Basic information 2
Funding details 3
Eligibility 3
Program description 5
Award information 13
Step 2: Get Ready to Apply 17
Get registered 17
Find the application package 17
Application writing help 17
Step 3: Build Your Application 18
Application checklist 18
Application contents and format 19
Step 4: Understand Review, Selection, and Award 28
Application review 28
Selection process 33
Award notices 34
Step 5: Submit Your Application 34
Application submission and deadlines 34
Other submissions 36
Step 6: Learn What Happens After Award 36
Post-award requirements and administration 36
Reporting 39
Contacts and Support 39
Agency contacts 39
Help with systems 40

Before You Begin

Health Resources and Services Administration

Federal Office of Rural Health Policy

Rural Strategic Initiatives Division

Rural Communities Opioid Response Program (RCORP)-Technical Assistance

HRSA-26-038

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

Step 1: Review the Opportunity

Basic information

Tagline: Providing technical assistance to community-based programs to improve access to behavioral health care across rural America

Summary

The purpose of the Rural Communities Opioid Response Program-Technical Assistance (RCORP-TA) is to connect rural communities with high-quality, comprehensive, and tailored resources and supports to implement and sustain behavioral health care, including prevention, treatment, and recovery services, to address the opioid epidemic and related substance use concerns in rural areas.

RCORP-TA supports and complements other RCORP investments to:

- address the crisis of substance use disorder, including opioid use disorder, in rural areas.
- prevent substance misuse and its effects.
- promote long-term, sustained well-being.

RCORP's focus is on opioid misuse and its impact on rural America. However, people who misuse opioids often struggle with other substance use, including alcohol, and behavioral health[1] or social needs. The complex nature of SUD, including OUD, requires comprehensive systems and lifespan approach to prevent future problems, address barriers to care, and encourage long-term recovery. This program provides TA for a range of SUD-related behavioral health needs across individual, family, organizational, and community levels.

Have questions? Go to Contacts and Support.

Key facts

Opportunity name: Rural Communities Opioid Response Program (RCORP)-Technical Assistance

Opportunity number: HRSA-26-038

Announcement version: initial

Federal assistance listing: 93.690

Key dates

NOFO issue date: 06/25/2026

Application deadline: 07/27/2026

Expected award date is by: 08/01/2026

Expected start date: 09/01/2026

See other submissions for other time frames that may apply to this NOFO.

Funding details

Application Types:
Competing continuation
New

Expected total available funding in FY:
2026: $10,000,000

Expected number and type of awards:
1 CA (Cooperative Agreement)

Funding range per award:
$0 - $10,000,000 per year

We plan to fund awards in five 12-month budget periods for a total five year period of performance from 09/01/2026 to 08/31/2031.

Eligibility

Who can apply

Types of eligible organizations
These types of *domestic organizations may apply:

State governments

County governments

City or township governments

Special district governments

Independent school districts

Public and State controlled institutions of higher education

Native American tribal governments (Federally recognized)

Public housing authorities/Indian housing authorities

Native American tribal organizations (other than Federally recognized tribal governments)

Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education

Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education

Private institutions of higher education

For profit organizations other than small businesses

Small businesses

Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

"Domestic" means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Additional information on eligibility

You can apply if you are a domestic public or private, non-profit or for-profit entity.

Individuals are not eligible applicants under this NOFO.

Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Requests funding above the award ceiling shown in the funding range.
- Is submitted after the deadline.
- Does not include a project narrative, work plan, staffing plan, budget and budget narrative.
- Does not limit TA activities exclusively to organizations serving HRSA-designated rural areas.
- Does not propose a project that is nationwide in scope.
    - This means that activities can support eligible rural areas in all 50 States, the U.S. territories and freely associated states, and tribal nations.
- Does not clearly demonstrate successful experience providing evidence-informed TA to rural grant recipients and other community-based rural organizations working to improve behavioral health care systems and services.

The application must clearly show these requirements are met throughout the project narrative and supporting attachments.

Application limits
You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing
This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. Recipients agree that once committed, cost sharing amounts are enforceable and subject to reporting and auditing requirements under 2 CFR 200.

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See Step 6: Learn What Happens After Award for information on regulations that apply, reporting, and more.

Program description

Purpose

The purpose of the Rural Communities Opioid Response Program-Technical Assistance (RCORP-TA) is to connect rural communities with high-quality, comprehensive, and tailored resources and supports to implement and sustain behavioral health care systems and services, including prevention, treatment, and recovery services, to address the opioid epidemic and related substance use concerns in rural areas.

RCORP-TA supports and complements other RCORP investments to:

- address the crisis of substance use disorder (SUD), including opioid use disorder (OUD), in rural areas.
- prevent substance misuse and its effects.
- promote long-term, sustained well-being.

RCORP's focus is on opioid misuse and its impact on rural America. However, people who misuse opioids often struggle with other substance use, including alcohol, and behavioral health[1] or social needs. The complex nature of SUD, including OUD, requires a comprehensive systems and lifespan approach to prevent future problems, address barriers to care, and encourage long-term recovery. This program provides TA for a range of SUD-related behavioral health needs, at individual, family, organizational, and community levels.

Funding Opportunity Goals

- Provide TA to RCORP grant recipients and other stakeholders seeking guidance on how to improve access to and quality of rural behavioral health care systems and services, with a focus on SUD-related needs.

- Identify or create, and promote access to and usage of, evidence-informed tools and resources focused on improving rural behavioral health care systems and services.
- Develop and enhance meaningful partnerships with relevant stakeholders at the local, state, regional, and national level to promote the exchange of information and promising practices that improve and sustain rural behavioral health care systems and services.
- Identify and strengthen capacity in rural areas to anticipate, prepare for, and respond to emerging behavioral health issues.

Background

HRSA's Federal Office of Rural Health Policy (FORHP) is the focal point for rural health activities within the U.S. Department of Health and Human Services. FORHP programs provide technical assistance and other activities, as necessary, to support improving health care in rural areas.

Program history

FORHP administers the Rural Communities Opioid Response Program (RCORP), a multi-year initiative aimed at reducing disease and death related to SUD, including OUD, in high-risk rural areas. RCORP was created in 2018 to address the public health emergency associated with rapidly rising overdose deaths involving opioids. [2]

RCORP grantees work to improve SUD-related service capacity, access, workforce, and sustainability across rural America. Since 2018, RCORP has funded over 930 grantees in 47 states and three territories, reaching over 2000 communities. HRSA also funded technical assistance (TA) at that time to support RCORP grant recipients to complete their funded activities effectively and to meet their RCORP goals and objectives.

Over time, RCORP-TA has developed a robust library of resources and expertise to support high-quality substance use disorder prevention, treatment and recovery services delivery, and helped grantees address a wider range of interrelated substance use and behavioral health topical areas. RCORP-TA-created resources also support efforts nationwide to strengthen rural behavioral health systems and services. This investment will build off resources and activities developed under the prior Notice of Funding Opportunity (HRSA-22-064).

The program has also evolved to support rural organizations' capacity to develop multi-sector networks that can effectively plan, implement, and sustain substance use-related programs. Sustainability of rural service capacity and improved behavioral health outcomes will continue to be a priority.

Public health priorities

- President Trump first declared the opioid crisis a public health emergency in October 2017. It remains an ongoing emergency. [3]
- Current drug control policy priorities include:[4]
    - Changing social norms related to drug use.
    - Ensuring access to evidence-based prevention programs.

    - Increasing early detection and intervention for drug use.
    - Expanding treatment capacity, availability, and access.
    - Strengthening community-based recovery services and infrastructure.
    - Improving overdose rescue and response, including connection to treatment.
- RCORP-TA helps advance the Making America Healthy Again (MAHA) priorities, which include:
    - Preventive health.
    - Reducing chronic disease.
    - Mental health.
    - Nutrition.
    - Access to primary and value-based care.
    - Culturally appropriate services for tribes.
    - Early childhood health.

Rural Needs

Rural areas need tailored TA to address specific behavioral health-related issues, such as:

- Rural overdose rates remain well above 2019 levels, despite recent declines from their 2021 peak.
    - Rates remain especially high in the south and west regions of the U.S.[5]
- Alcohol use is higher for rural youth than for non-rural youth.
    - Teens and young adults who use substances are at higher risk for later SUD.[6]
- Over half of rural residents have a history of adverse childhood experiences, which increases risk for SUD and other behavioral health challenges.[7]
- Rural areas have more health care access issues due to long travel distances and lack of transportation.[8]
- Rural areas are more likely to lack behavioral health providers compared to their urban counterparts, and they often rely on primary care providers for behavioral health services.[9]

Program requirements and expectations

General expectations and restrictions

- RCORP-TA activities must exclusively support entities who serve HRSA-designated rural areas.
- Activities should focus on the needs of:
    - People in HRSA-designated rural areas at-risk for, experiencing symptoms of, in treatment for, or in recovery from SUD.
    - Their families and caregivers.
    - Other community members impacted by SUD who reside in HRSA-designated rural areas.

    - Behavioral health and related service professionals and organizations.
- Activities should address a wide range of behavioral health and related social needs in rural areas. This includes:
    - Opioid misuse, OUD, and related challenges.
    - Mental, behavioral, social, and community needs associated with other substance use (including alcohol).
    - Promoting long-term recovery from substance use and comprehensive well-being.
    - Preventing substance use and other behavioral health challenges.
    - Supporting "whole person" approaches to care and access across various community-based settings.
- HRSA encourages meaningful engagement of people with lived experience with behavioral health challenges throughout program activities.
- Activities should advance one or more of the MAHA priorities. Strategies to consider include:
    - Address root causes of poor health.
    - Improve access to primary care, behavioral health, preventive care, or developmental services.
    - Expand nutrition programs or chronic disease prevention.
    - Support early childhood development and related services.
    - Prepare systems for value-based care.
    - Partner with tribal health systems.
- Major activities, including direct TA to RCORP grant recipients, must be operational promptly after award.

Goal 1: Provide TA to RCORP grant recipients and other stakeholders

HRSA expects you to provide a wide range of high-quality, customized, evidence-informed TA activities that help recipients improve behavioral health care systems and services in rural areas.

Audience

- The primary audience for TA is RCORP grant recipients, to help them achieve their program goals and objectives.
    - This consists of approximately 200-300 entities each year.
    - TA must be available to grant recipients throughout the course of their awards.
    - TA may support grant recipients' network partners within the scope of the RCORP-funded project.
- TA should be available and tailored to the specific needs of various RCORP program cohorts.

- TA should be available and tailored to the needs of various organizations with differing levels of capacity.
    - This includes tribal entities, faith-based organizations, small businesses, and first-time federal funding recipients.
- You should be prepared to provide TA to other, non-RCORP grant recipients, if requested by HRSA.
    - This may include entities funded through other FORHP or HRSA programs focused on rural behavioral health.

TA Methods

- TA offerings should cover a comprehensive range of intensity and modality. This includes, but is not limited to:
    - Regular 1:1 TA coaching calls with award recipients and ad-hoc coaching, as needed.
    - Structured learning opportunities, such as learning collaboratives, peer-to-peer networking, policy academies, webinars, focused trainings or certifications, etc.
    - In-person site visits, with options for virtual site visits as needed.
    - Facilitated in-person or virtual meetings, workgroups, town halls, etc.
    - Targeted group-based TA, specific to regional, topic, or program needs.
    - Expert consultation on specific clinical, organizational, and behavioral health issues.
    - Other innovative TA methods as recommended by HRSA, evaluation reports, and/or award recipients.
- You should ensure RCORP grant recipients have consistent access to general and specialized subject matter expertise (SME) in NOFO relevant areas, such as rural and behavioral health, clinical strategies, organizational development, health systems management and policy, workforce development, and project management.
    - This includes both ongoing TA providers and any SME consultants.
- HRSA expects you to play a central role in developing, organizing, and delivering an annual TA and networking meeting across all active RCORP grant recipients and other rural stakeholders, in collaboration with HRSA.
    - The number of attendees at the annual meeting can range from approximately 500 to 1000 participants.
    - HRSA may also recommend one or more program-specific or regional meetings each year, as needed.
- HRSA expects you to collaborate with HRSA, other RCORP cooperative agreement recipients, and other rural stakeholders in the planning, execution and assessment of TA activities. This includes:

- Identifying TA, educational, and development needs.
- Selecting TA methods and mechanisms.
- Continuously adapting TA approaches and offerings based on current priorities and grantee needs, data, and feedback.
- Ensuring grantee access to learning opportunities that reflect the most current behavioral health care issues, considerations, trends, and available resources related to their projects.
- Collaborating with HRSA and the RCORP-Evaluation recipient to provide grantees guidance on data collection best practices and to use RCORP performance data to inform TA approaches and offerings.

Goal 2: Identify or create, and promote access to and usage of, evidence-informed tools and resources focused on improving rural behavioral health care systems and services
In addition to providing direct TA, HRSA expects you to create, curate, maintain, and disseminate a broad library of resources that help improve and sustain access to behavioral health systems and services, with a focus on rural contexts. The resources, tools, and trainings you identify or create should rely on evidence-based strategies or theoretically sound promising practices, when a strong evidence base does not exist.

These resources and tools will serve an integral role in direct TA activities under Goal 1. TA will support effective usage and tailored application of relevant resources.

Topics should include, but are not limited to:

- Substance use disorder prevention, treatment, and recovery.
- Substance-related overdose rescue and response.
- Comprehensive mental health and supportive social services.
- Effective engagement and transitions across a cascade of care.
- Behavioral health care service delivery approaches and policies.
- Sustainability of services, including effective reimbursement strategies.
- Behavioral health, allied professional, and peer workforce development and well-being.
- Developing, strengthening, and sustaining rural behavioral health networks and other cross-sector partnerships.
- Innovative service delivery, coordination, and access models and examples.
- Preventing substance use, engaging communities, and addressing stigma.
- Behavioral health integration with primary care or other service settings.
- Other emerging behavioral health needs in rural communities;

HRSA also expects you to disseminate resources and other relevant information widely to RCORP grant recipients and other rural stakeholders through multiple mediums and platforms.

- This includes making resources easily accessible on a publicly available website.

HRSA expects you to develop and implement a communications strategy that ensures resources, program updates, and other information can be easily shared between HRSA, RCORP grant recipients, and other relevant stakeholders, including other federally funded TA centers.

Goal 3: Develop and enhance meaningful partnerships with relevant stakeholders at the local, state, regional, and national level

HRSA expects you to leverage a robust network of partners to exchange information and share promising practices that foster strong rural behavioral health care systems and services. This includes:

- Helping to connect rural communities with local/state/national experts, organizations, and resources to build their behavioral health capacity and infrastructure.
- Establish referral systems with stakeholders and entities who can help strengthen rural communities' capacity to deliver behavioral care services.
- Sharing information about RCORP programs and RCORP-TA activities with relevant stakeholders.
- Maintaining awareness of other relevant activities, to incorporate in RCORP-TA offerings and avoid duplication of effort.
- Identifying joint projects of mutual benefit, in collaboration with HRSA, to maximize impact for rural communities.

Potential partners include, but are not limited to:

- RCORP-Rural Centers of Excellence on Substance Use Disorders cooperative agreement recipients.
- RCORP-Evaluation cooperative agreement recipient.
- Other FORHP-funded TA or resource centers.
- State Offices of Rural Health.
- Rural Health Information Hub.
- Tribal-serving organizations.
- Telehealth Resource Centers.
- Other entities focused on rural health, behavioral health, and/or health workforce development, including HRSA- and other HHS-funded programs.

In addition, HRSA expects you to serve as a resource for HRSA/FORHP to maintain strong connections to rural behavioral health stakeholders. This includes:

- Serving as a central organizing body for TA-related partnership convenings, educational activities, and/or workgroups.
- Guiding and assisting with engagement of key organizations and stakeholders with which to share information on behavioral health care activities, resources, and emerging needs and trends.
- Participating and providing input to HRSA and related stakeholder meetings, as requested.

Goal 4: Identify and strengthen capacity in rural areas to anticipate, prepare for, and respond to emerging behavioral health issues.
HRSA expects you to serve as a trusted partner to both RCORP grant recipients and HRSA, to ensure readiness to respond to rural behavioral health trends and emerging needs. This includes:

- Provide input to HRSA on the future direction of rural behavioral health care programs based on identified needs of rural communities.
- Collaborate with HRSA to ensure that TA provided and resources developed are responsive to shifts in HRSA priorities and the behavioral health needs of rural communities.
    - This includes helping RCORP grant recipients identify and access new funding and partnership opportunities, such as those associated with the Rural Health Transformation program and state or local opioid abatement or settlement funds.
- Collaborate with the RCORP-Evaluation recipient to monitor local, regional, and national data trends and support data-driven decision-making.

Staffing
You should propose sufficient staffing to execute the four goals and your responsibilities described under the cooperative agreement terms. You should have enough staff to cover both the technical content and necessary operations of TA delivery and resource development. This includes the capacity to work with approximately 200 to 300 RCORP grant recipients each year. The staffing must fulfill:

- Direct TA provision and delivery across multiple platforms and modalities.
- Resource curation, development, and dissemination.
- Relationship development and management, including with required partners and external subject matter experts
- Logistics management and operations, including:
    - Maintaining effective project management of multiple, intersecting workstreams and timelines.
    - Timely and responsive coordination with HRSA, including review of materials prior to dissemination.
    - Identifying, managing, and enabling access to appropriate platforms for virtual TA delivery and resource dissemination, such as 1:1 coaching calls, virtual site visits, webinars, and a public-facing website.
    - Planning and managing multiple in-person site visits and meetings each year, including an annual TA and networking meeting across all RCORP grant recipients and relevant stakeholders.

You must have at least two key personnel dedicated to overseeing this project. They will attend regular check-in calls with HRSA program staff. Changes in key personnel after award require HRSA prior approval.

- Project Director: Serves as the primary point of contact and leadership for the award.
    - Responsible for directing and overseeing all project activities and achieving project outcomes.

    - Facilitates collaborative input and engagement with HRSA, other partner organizations, and rural communities to complete the proposed work plan.
    - Holds significant experience in areas such as rural health and behavioral health, collaborating with partners, and program management.
    - Must be employed by the applicant organization.
    - At least 0.5 FTE required.

- Project Manager: Serves as the lead for project logistics and operations.
    - At least 0.5 FTE required.
    - Holds significant experience in areas such as project management, data collection and analysis, and reporting.

Statutory authority

42 U.S.C. 912(b)(5) (§ 711(b)(5) of the Social Security Act)

Award information

Cooperative agreement terms

Our responsibilities

Aside from monitoring and technical assistance, we also get involved in these ways:

- Monitor and provide ongoing support to individual RCORP grant recipients to ensure that they adhere to program requirements and advance their project goals and objectives.
- Collaborate with you on refining RCORP-TA objectives and activities in your project work plan to support emerging needs or priorities, such as changes in the behavioral health landscape or prioritizing methods or delivery of TA.
- Provide support for identifying and selecting:
    - Effective methods for delivering TA.
    - Focus areas and methods for developing evidence-informed resources, tools, and program-specific deliverables.

- Review and advise on TA approach, including any changes to the approach during the period of performance.
- Review and advise on TA materials and resources developed for format, tone, and expected impact.
    - Review and advise on TA products, including presentations and online resources, before they are printed, disseminated, or implemented.

- Participate, as appropriate, in the planning of any meetings, educational activities, or work groups held during the period of performance, including, but not limited to:
    - Selecting dates.
    - Developing the agenda.
    - Inviting speakers.

- Identify opportunities and provide guidance on strategies to share information about programs, activities, and resources, including key organizations and channels for dissemination.

- Identify and suggest special projects, products, resources, or TA focused on improving behavioral health in rural communities.
    - This includes helping identify emerging behavioral and public health trends and emerging issues that affect rural SUD-related needs.

- Provide guidance and help in identifying key organizations to partner and collaborate with.
    - This includes facilitating collaboration with other HRSA/federal partners.

Your responsibilities

You must follow all relevant laws and policies. Your other responsibilities will include:

- Collaborate with HRSA and other relevant federal, national, and regional partners to provide TA nationwide to current and future RCORP Program grant recipients. This includes:
    - Connecting RCORP grant recipients, their networks, and similar entities with local/state/national resources and organizations to build capacity and infrastructure for behavioral health care systems and services in rural areas.
    - Serving a central planning and organizing role in TA-related meetings, educational activities, and/or workgroups across multiple RCORP grant recipients and other partners.

- Collaborate with HRSA for the planning, execution, and assessment of RCORP-TA activities. This includes:
    - Identifying TA and educational/ developmental needs and implementation strategies.
    - Ensuring continued work plan alignment with administration, HHS and HRSA priorities and changes in the behavioral health landscape.
    - Developing and disseminating TA tools and resources to TA recipients and the broader public, such as through publications and webinars.
    - Effectively tracking and assessing the impact of TA activities.

- Coordinate with national, federal, state and local organizations to develop and carry out your workplan, assess the impact of TA activities, and ensure no duplication of effort. This includes:
    - Other FORHP-funded cooperative agreement recipients, including the RCORP-Evaluation, RCORP-Rural Centers of Excellence on Substance Use Disorders, and similar entities.
    - Any immediately prior or subsequent recipient of an RCORP-TA award, to support a smooth transition across periods of performance.

- Use a data-driven approach to tailor and continuously improve TA strategies.
    - This includes collaboration with the RCORP-Evaluation recipient to review and analyze RCORP grant recipient performance metrics, national and local trends, and assessments of TA activities.

- Maintain and use platforms that provide RCORP grant recipients and similar rural communities access to regularly updated information, resources, and examples of promising or innovative practices.
    - This includes a publicly accessible website.
- Identify and provide access to subject matter experts (SMEs) with experience improving behavioral health care systems and services and implementing community-based projects in rural areas.
- Guide and assist HRSA in:
    - Identifying key organizations and stakeholders with which to share information on behavioral health care activities, resources, and emerging needs and trends.
    - Identifying key trends, emerging issues, and promising practices to inform future behavioral health care programs for rural areas.
- Participate and provide input in HRSA and related stakeholder meetings.

Changes in HHS regulations

As of October 1, 2025, HHS has adopted 2 CFR Part 200, with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

Policies

- To make an award, funding must be available and allocated for this program and purpose, at which point we will move forward with the review and award process.
- Have clear policies and good financial practices to avoid spending HRSA funds on unallowable activities. Like other award rules, we may audit your policies, procedures, and controls.
- Support beyond the first budget year will depend on:
    - Appropriation of funds.
    - Your satisfactory progress in meeting the project's objectives.
    - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
    - Fund more applicants from the rank order list.
    - Extend the period of performance.
    - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see
    - 2 CFR Part 200 Subpart E - General Provisions for Selected Items of Cost.
    - Allowable and Unallowable Costs and Activities in the HHS Grants Policy Statement.
- All costs must be reasonable, necessary, allocable to the award, and adequately documented (2 CFR 200.403).
- You cannot earn profit from the federal award. See 2 CFR § 200.400(g).

- Current appropriations law includes a salary limit of $228,000 as of January 2026 that applies to this program. You may pay salaries at a higher rate if the rate beyond the salary rate limit (Executive Level II) is paid with non-HHS funds. For help calculating salaries under this limit, read more at "salary rate limitation" in Step 1 of the How to Apply – Application Guide.

Program-specific statutory or regulatory limitations

You cannot use funds under this notice for the following:

- To pay for activities that do not directly or indirectly support HRSA-designated rural counties and rural census tracts, as defined by the Rural Health Grants Eligibility Analyzer.
- To acquire real property.
- For construction or improvement of real property.
- To purchase, distribute, or otherwise promote use of drug paraphernalia or supplies that facilitate illegal drug use, including:
    - Pipes or other supplies for safer smoking kits.
    - Syringes or needles used to inject illicit drugs.
    - Sterile water, saline, ascorbic acid (vitamin c).
- To pay for any equipment costs not directly related to the purposes for which this grant is awarded.

See Manage Your Grant for other information on costs and financial management.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects.

To incur indirect costs, you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

Method 2 – *De minimis* rate. Per 2 CFR § 200.414(f), if you do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is up to 15% of modified total direct costs (MTDC). See 2 CFR § 200.1 for the definition of MTDC. You can use this rate indefinitely for all your federal awards or until you choose to receive a negotiated rate.

Consider your indirect costs when developing your budget.

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at 2 CFR 200.307.

Step 2: Get Ready to Apply

Get registered

SAM.gov
You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to SAM.gov Entity Registration and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the financial assistance general certifications and representations specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

Grants.gov
You must also have an active account with Grants.gov. You can see step-by-step instructions at the Grants.gov Quick Start Guide for Applicants and How to Apply for Grants.

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number HRSA-26-038.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

If you need additional information about getting registered or finding the application package, see Step 2 in the How to Apply – Application Guide.

Application writing help

Visit HHS Tips for Preparing Grant Proposals.

Visit HRSA's How to Prepare Your Application page for more guidance.

See Apply for a Grant for other help and resources.

FAQs will be posted on Grants.gov Related Documents tab.

Have questions? Go to Contacts and Support.

Step 3: Build Your Application

Application checklist

There are two types of forms in Grants.gov.

- Some forms allow you to upload components of your application to the form. These include components like your project narrative, budget and budget narrative, and attachments, as applicable.
- Other forms are more typical, fill-in-the-blank forms.

Make sure that you have everything you need to apply.

Narratives

Component	Grants.gov form	**Included in page limit*?**
☐ **Project narrative** Use the Project Narrative Attachment form.	Project Narrative Attachment form.	Yes
☐ **Budget narrative** Use the Budget Narrative Attachment form.	Budget Narrative Attachment form.	Yes

Attachments

Insert each in the Attachments Form in this order.

Component	**Included in page limit*?**
☐ 1. Work plan	Yes
☐ 2. Project organizational chart	Yes
☐ 3. Staffing plan and job descriptions	Yes
☐ 4. Biographical sketches	Yes
☐ 5. Letters of commitment	Yes
☐ 6. Multi-year budgets, fifth year budget	No
☐ 7. Progress report for competing continuation applications (optional)	No
☐ 8-15. Other relevant documents (optional)	Yes

Other required forms
Upload using each required form in Grants.gov.

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project/Performance Site Location(s)	With application.
Project Abstract Summary Form	With application.
Budget Information for Non-Construction Programs (SF-424A)	With Application
Grants.gov Lobbying Form	With application.
Key Contacts	With application.

*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.

Application contents and format

This section includes guidance on each component found in the application checklist.

Application page limit: 75

Submit your information in English and express whole number budget figures using U.S. dollars.

Required format
You can find technical guidance for formatting your application documents in Step 5 of the NOFO and in Step 5 of the How to Apply - Application Guide.

Project narrative
Introduction
See merit review criterion 1: Need

- Briefly describe how you will advance the goals of RCORP-TA.
- Provide an overview of your experience and expertise connecting community-based organizations that serve rural areas with high-quality, comprehensive, and tailored resources and supports to implement and sustain behavioral health care systems and services, on a national scale.
- Briefly describe any partners you will work with to implement this project (if applicable).

Need
See merit review criterion 1: Need

- Provide an overview of behavioral health needs in rural areas that you will address under this award. Consider:
    - Prevalence and scope of substance use, behavioral health disorders, and related health impacts.

    - Availability and accessibility of behavioral health prevention, treatment, and recovery services.
    - Behavioral health workforce, including mental and behavioral health care providers, allied professionals, and peer supports.
    - Service system capacities and challenges.
    - Behavioral health policy context.
    - Behavioral health needs at individual, family, organizational, and community levels.

- Describe rural-specific factors that affect the quality and accessibility of behavioral health care systems, services, and related supports.
    - Consider variations in assets and needs across different areas that qualify as rural.

- Give an overview of current or past efforts to provide TA to rural stakeholders seeking to improve access to and quality of rural behavioral health care systems and services.
    - Discuss what has been successful so far to build their capacity and help them achieve better outcomes.
    - Discuss what remaining needs you plan to address in this project.

- Describe the importance of collaborating with other rural health stakeholders, constituents, and SMEs to support the needs of community-based organizations and other relevant rural health stakeholders serving rural populations.
- Use and cite supporting information from appropriate data sources, such as local, tribal, state, or federal data, whenever possible. You may also use proxy measures or composite indexes of community risk or need.

Approach

See merit review criteria 2: Response and 4: Impact

- Attest that your project is nationwide in scope.
    - Describe how you will ensure RCORP-TA activities can support eligible rural areas in all 50 States, the U.S. territories and freely associated states, and tribal nations.

- Outline your overall approach to providing high-quality, comprehensive, and tailored resources and supports that address the opioid epidemic and related substance use and behavioral health concerns in rural areas.
    - Describe how you will provide TA that addresses the SUD-related behavioral health needs of individuals, families, communities, and organizations in rural areas.
    - Describe how you will ensure that RCORP-TA activities are evidence-informed, address a wide range of behavioral health and related social needs, and are appropriate to rural contexts.
        - This includes working with organizations that have not historically received federal funding, including but not limited to tribal entities, faith-based organizations, and small businesses.

- Describe how you will meaningfully engage people with lived experience with behavioral health challenges in your project.
- Describe how your activities will advance one or more MAHA priorities.
- Describe how you will collaborate and communicate with HRSA and other relevant partners to implement activities and meet project goals.

- Detail your methods and approach to meet all listed requirements and expectations for each program goal.
  - Organize your response using subheadings for each program goal.
  - Include details for how you will:
    - Effectively serve the full range of RCORP grant recipients throughout their periods of performance, across varying geographic context, community context, and level of capacity.
    - Tailor TA and resources to cover a wide range of relevant program focus or topic areas, modalities, and level of intensity.
    - Create and curate reliable, evidence-informed, and rural-focused resources that are easily accessible and widely available.
    - Effectively engage and coordinate across multiple partners and stakeholders to ensure high-quality, responsive offerings that complement, but do not duplicate, other federal investments.
    - Monitor, share information, and provide guidance to HRSA and RCORP grant recipients about relevant behavioral health trends and emerging issues.

High-level work plan
See merit review criteria 2: Response and 4: Impact

- Give an overview of the specific activities or processes you will implement to achieve each of the four goals during the period of performance.
  - Provide high-level timing for when each area of activity will occur.
  - Identify how activities will inform or build on each other and can adapt to changes over time.
  - Include cross-cutting management and coordination activities.

- Identify which organization(s) or project role will lead each activity.
- Describe how you will ensure that major activities, including direct TA to RCORP grant recipients and a public-facing resource website, are operational promptly after award.
  - This includes supporting a smooth and timely transition from past RCORP-TA recipients, if applicable.

- You will include a more detailed work plan in Attachment 1.

Resolving challenges
See merit review criterion 2: Response

- Discuss possible challenges you may face in designing and carrying out the activities in the work plan. Consider:
    - Internal operational or management challenges.
    - Challenges in working with HRSA, other relevant partners, and rural communities.
    - State or regional-specific issues.

- Explain how you will manage or resolve possible challenges.
    - Describe resources you have in place to overcome potential barriers.
    - Include how you will adapt to changes and new information you gather during the project.

Performance management
See merit review criteria 3: Performance reporting and evaluation and 5: Resources and capabilities

- Describe the expected outcomes (desired results) of the funded activities.
- Describe how you will collect, review, and act on process and performance data to promote continuous quality improvement.
- Describe how you will work with the RCORP-Evaluation recipient to ensure TA and resources are effectively supporting rural stakeholders. Consider:
    - Monitoring and assessment of TA activities.
    - Review and usage of RCORP grant recipient performance data.
    - Monitoring nationwide and regional trends in behavioral health needs and responses.

- Describe how evaluation results and lessons learned will be communicated to HRSA, RCORP grant recipients, and other relevant stakeholders.
    - Include examples of mediums/platforms for disseminating this information and experience using such platforms.

- Describe how you will manage and securely store data, including how you will protect data against cybersecurity threats, breaches, or other loss of data integrity.

Sustainability
See merit review criterion 4: Impact

- Describe how RCORP-TA activities will help RCORP grant recipients meet their program goals and objectives and improve their program outcomes.
    - Include how you will help RCORP grant recipients and their networks sustain behavioral health care systems and services over the long-term.

- Describe how your RCORP-TA activities will continue to have an impact after federal funding ends. Include how you will support:

- Broad dissemination of program data and lessons learned about effective strategies for improving rural behavioral health systems and services.
- The continued availability of project-funded public resources and tools after the period of performance.
- A smooth transition to any subsequent RCORP-TA period of performance.

Organizational information
See merit review criterion 5: Resources and capabilities

Applicant organization

- Provide a brief overview of your organization that includes the following information. Explain how these details relate to your capacity to lead the proposed project.
  - Current mission.
  - Structure, leadership, size of organization, and staffing.
  - Scope of current activities and relevant past activities.
  - Connection to and ability to engage community-based organizations and other entities serving rural areas.
  - Ability to manage the project and personnel.
  - Financial practices and systems in place to ensure your organization can properly account for and manage federal funds.

- Describe the activities and contributions of your organization to the proposed project.
  - Include a project organizational chart in Attachment 2.

- Describe the experience, capacity, and relationships your organization will use to:
  - Provide a wide range of high-quality, customized, evidence-informed TA activities to RCORP grant recipients and other rural stakeholders.
  - Create, curate, maintain, and disseminate a broad library of resources for rural stakeholders.
    - This includes technical resources to host large amounts of information online, as well as human resources and experience with website design and editing.
  - Develop and enhance meaningful partnerships to exchange information and share promising practices.
  - Identify and strengthen capacity in rural areas to anticipate, prepare for, and respond to emerging behavioral health issues.
  - Engage effectively with a variety of rural stakeholders nationwide and begin implementing project activities promptly after award to meet their behavioral health care systems and service TA needs.

Key personnel and staffing

- Describe your plan to staff the project and how you will make sure all required roles and functions described in the program requirements and expectations are fulfilled.
  - Include details of each position in Attachment 3.

    - For each key personnel position in the staffing plan, provide a brief biographical sketch in Attachment 4 that clearly demonstrates the staff member has appropriate and applicable experience for their role(s) on the project.

- Briefly describe how you will manage the project team and ensure work is done effectively and efficiently.
    - Describe how you will limit staff turnover and manage any vacancies that occur during the period of performance, to avoid delays in implementing the work plan.
    - For positions that are currently vacant, describe how you will quickly fill the position(s) if awarded.

Partners

- Give an overview of any partner organizations with whom you will formally collaborate to deliver this project.
    - Include each organization's roles and responsibilities on the project.

- Provide a signed and dated letter of commitment from each formal partner organization in Attachment 5 that includes:
    - Their commitment to working with you on the project.
    - Anticipated time commitment and duration of involvement on the project.
    - An overview of relevant experience, qualifications, and/or expertise to fulfill proposed responsibilities.

- Describe your current relationships and any experience working with key national, federal, state and regional organizations, such as:
    - RCORP-Rural Centers of Excellence on Substance Use Disorders cooperative agreement recipients.
    - RCORP-Evaluation cooperative agreement recipient.
    - State Offices of Rural Health and public health agencies.
    - Rural Health Information Hub.
    - Telehealth Resource Centers.
    - Primary Care Associations.
    - Tribal-serving organizations.
    - Other entities focused on rural health, behavioral health, and/or health workforce development, including HRSA- and other HHS-funded programs.

Budget and budget narrative
See merit review criterion 6: Support requested

Your **budget** should follow the instructions in budget narrative: detailed instructions section of the Application Guide and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for equipment and supply in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or $10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in Standard Form 424-A. It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable, allowable and allocable, and consistent with your project's purpose and activities.
- The restrictions on spending funds. See funding policies and limitations.
- How RCORP-TA funds will support effective engagement of formal partners, people with lived experience, and other rural stakeholders in the project.

To create your budget narrative, see budget narrative detailed instructions in Step 3 section of the How to Apply – Application Guide.

Attachments

Place your attachments in this order in the Attachments Form. See application checklist to determine if they count toward the page limit.

Unless the instructions below require it, do not submit organizational brochures or other promotional materials (for example, slides, films, clips).

Attachment 1: Work plan

Attach the project's work plan that includes the specific activities that you will take to implement your project. Make sure it aligns with your project narrative.

Provide your work plan in a well-formatted, easy-to-read table.

The work plan must:

- Reflect a five-year period of performance.
- Include activities that address all four goals and the cooperative agreement recipient responsibilities.
- Include the roles or names of the people or organization(s) who will lead each activity.
- Include specific timeframes for each activity.

Attachment 2: Project organizational chart

Provide a one-page diagram that shows the full project's organizational structure. Include both the content and the operations aspects of TA, as explained under Staffing. Include expected relationships with partner organizations, if known.

Attachment 3: Staffing Plan

Provide a staffing plan that includes the information below for each project staff member. We strongly recommend that you provide this information in a table format. Be sure to include all the staff as described in Staffing, including the two required roles.

- Name (if not yet hired, state "TBH").
- Job title (e.g., project director, project manager, TA specialist).
- Organizational affiliation.
- Full-time equivalent (FTE) devoted to the project and justification for the amount of time you request.
    - You cannot bill more than 1.0 FTE for the same person across federal awards.
- List of roles and responsibilities on the project.
- If the staff is TBH, include the timeline and process for hiring and onboarding.

Attachment 4: Biographical sketches

Provide a brief biographical sketch for the two required roles, as well as any other positions you consider key personnel from the staffing plan you provide in Attachment 3. Clearly demonstrate that the staff member has relevant experience and expertise for their role on the project.

- Demonstrating this experience may include, but is not limited to, time in the field, breadth and depth of relevant experience, or a history of successfully completed projects related to behavioral health TA for rural communities.

If anyone is filling more than one role on the proposed project, you may use a single biographical sketch to address all required qualifications. The names in the staffing plan must align with biographical sketches you provide.

Attachment 5: Letter(s) of commitment

Provide a scanned, signed, and dated copy of letter(s) of commitment from any partner organizations formally collaborating (i.e., through a sub-contractual agreement) on this project.

- Letter(s) of commitment must include the following:
    - A commitment to work with you on this project.
    - The organization's expected role(s) and responsibilities on the project.
    - The organization's expected time commitment and duration of involvement on the project.
    - The organization's relevant experience, qualifications, and/or expertise that align with their roles and responsibilities on the project.
    - A commitment to share data about project activities and their impact with the applicant organization and HRSA.

Attachment 6: Multi-year budgets, fifth year budget

For the fifth budget year, submit a copy of Section B of the SF-424A as an attachment. We do not count this in the page limit; however, any related budget narrative does count. See the Application Guide.

Attachment 7: Progress report for competing continuation applications (optional)
If your application is to request continued funding for a project that is in the final budget period of a period of performance (competing continuation), you can include your progress report as an attachment. If you do not receive an award under this NOFO, you will need to submit the final progress report through the usual processes.

Provide a summary of your accomplishments and progress related to the program goals and objectives during the current period of performance (9/1/2022 – 8/31/2026). Use a narrative format and organize information by project goal. Include:

- The period covered.
- Specific project objectives.
- The program activities conducted for each objective.
- Positive or negative results or technical problems.

Limit this attachment to no more than 20 pages. If included, it will not count toward the rest of the application's page limit.

HRSA staff will review this attachment during the selection process. Reviewers will not consider this information during merit review.

Attachment 8-15: Other relevant documents (optional)
You may use attachments 8 through 15 to add other relevant documents. If included, these will count toward the page limit.

Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO application package or review them and any available instructions at Grants.gov Forms.

Forms	Submission requirement
Application for Federal Assistance (SF-424)	With application.
Project/Performance Site Location(s)	With application.
Project Abstract Summary Form	With application.
Budget Information for Non-Construction Programs (SF-424A)	With Application
Grants.gov Lobbying Form	With application.
Key Contacts	With application.

Form instructions
The Step 3 section of the How to Apply – Application Guide has detailed instructions for:

- The Application for Federal Assistance (SF-424).
- The Budget Information for Non-Construction Programs (SF-424A).

Project abstract summary form instructions
Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include:

- The needs you plan to address.
- The population groups you plan to serve.
- Major activities and desired outcomes.
- Any formal partners or other key collaborators you plan to work with.

When writing your summary:

- Use 4,000 characters or fewer.
- Make sure it's clear, accurate, short.
- Do not refer to other parts of the application.
- Do not include personally identifiable information (PII) in abstract form.
- If you receive an award, we'll put your project abstract on public websites and databases, including USAspending.gov.

Important: Public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with USAspending. This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

See instructions and examples.

Step 4: Understand Review, Selection, and Award

Application review

Initial review
We will review your application to make sure that it meets eligibility criteria, and the requirements in this NOFO. If your application does not meet eligibility criteria, it will not be funded.

Merit review
A panel reviews all applications that pass the initial review. You can find more about the merit review process in Step 4 of the How to Apply – Application Guide. The members use these criteria.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	35 points
3. Performance management	10 points
4. Impact	10 points
5. Resources and capabilities	30 points
6. Support requested	5 points

Criterion 1: Need (10 points)
See the project narrative Introduction and Need sections.

The panel will review your application for how well it shows a clear and comprehensive understanding of:

- Behavioral health needs, systems, and services in rural areas.
- Rural-specific factors and variations that affect behavioral health care systems, services, and related supports.
- Rural stakeholders' TA needs and opportunities to help them improve access to and quality of rural behavioral health care systems and services.
- Relevant, appropriate, and timely data about rural behavioral health trends.
- The importance of collaborating with other rural health stakeholders, constituents, and SMEs to support the needs of community-based organizations and other relevant rural health stakeholders serving rural populations.
- How the current project can address identified and emerging needs.

Criterion 2: Response (35 points)
See the project narrative Approach, High-level work plan, and Resolving Challenges.

The panel will review your application for how well it:

Overall Approach and Resolution of Challenges (5 points)

- Describes an effective and feasible approach to meeting all program goals, with a nationwide scope.
- Ensures that RCORP-TA activities are high-quality, comprehensive, evidence-informed, and responsive to the varying needs of rural community-based organizations and contexts.
    - This includes tribal entities, faith-based organizations, small businesses, and first-time federal funding recipients.
- Effectively engages and coordinates with HRSA, key partners, and other rural stakeholders, including people with lived experience, throughout the project.
- Realistically identifies possible obstacles and challenges during the period of performance, and describes strong plans and readiness to deal with them.

- Describes how the project will adapt and respond to changes and new information throughout the period of performance.

Goal-Specific Methodology (20 points)

Describes a specific and high-quality plan to:

- Meet all listed requirements and expectations for each program goal.
- Effectively serve the full number and range of RCORP grant recipients with evidence-informed TA throughout their periods of performance, across varying program focus, geographic context, community context, and level of capacity.
- Tailor TA and resources and ensure access to customized and relevant SME to cover a wide range of relevant program focus or topic areas, modalities, and level of intensity, as described in program requirements and expectations.
- Plan and deliver an annual TA and networking meeting of over 500 participants, as well as other focused meetings, educational activities, and/or workgroups addressing various rural behavioral health needs.
- Create and curate reliable, evidence-informed, and rural-focused behavioral health resources that are easily accessible and widely available, including via a publicly available website.
- Effectively engage with and coordinate across multiple partners and stakeholders, including HRSA and other cooperative agreement recipients, to ensure high-quality offerings that respond to emerging priorities and trends and complement, but do not duplicate, other federal investments.
- Monitor and advise HRSA on behavioral health data, trends, and emerging issues and support HRSA's engagement with key rural behavioral health organizations and stakeholders.
- Share information and provide guidance to RCORP grant recipients to promote data-driven decision-making, help them access new partnerships and funding opportunities, and strengthen long-term impact.

Work Plan (10 points)

- Provides a detailed and realistic work plan that is complete, clear, aligned with proposed project goals and activities, and includes well-defined timelines.
- Documents how the applicant organization and partners will work together to plan, design, and carry out activities.
- Identifies how activities will inform or build on each other and can adapt to changes over time.
- Demonstrates that major activities will be operational promptly after award and support a smooth transition from past RCORP-TA recipients, if applicable.

Criterion 3: Performance management (10 points)
See the project narrative Performance management section.

The panel will review your application for:

- How well the expected outcomes align with the program purpose and objectives.

- The strength of your plan and capacity to collect, review, and act on process and performance data to promote continuous quality improvement.
- The strength of your plan to work with HRSA and specified partners to:
    - Review and respond to RCORP grant recipient needs and progress.
    - Monitor relevant behavioral health trends.
    - Share information with relevant stakeholders.

Criterion 4: Impact (10 points)
See the project narrative Approach, High-level work plan, and Sustainability sections.

The panel will review your application for how likely it is that:

- The project will effectively help RCORP grant recipients meet their program goals and objectives and improve their program outcomes.
- The project will effectively help RCORP grant recipients and similar stakeholders build and sustain behavioral health care systems and services over the long-term.
- Program data, lessons learned, and project-funded resources and tools about effective strategies for improving rural behavioral health systems and services will be broadly available, including after the period of performance.

Criterion 5: Resources and capabilities (30 points)
See the project narrative Organizational information and Performance management sections.

The panel will review your application for:

Applicant Organization Capacity (10 points)

- Your capacity and demonstrated experience to serve as the project lead, including effectively fulfilling all aspects of the cooperative agreement expectations, managing staff and partners, and serving as the fiscal agent.
- Your capacity and demonstrated experience forming effective relationships with and providing behavioral health TA to community-based organizations and other entities serving rural areas nationwide.
- Your capacity and demonstrated experience effectively disseminating resources widely to rural stakeholders through multiple mediums and platforms, including a publicly available website.
- Your capacity and demonstrated experience hosting TA and networking meetings, including meetings that comprise over 500 attendees.
- How well the organizational chart (Attachment 2) clearly shows the internal hierarchy among project staff at your organization, as well as your relationship to any partner organizations involved in delivering the project.
- Your resources and readiness to begin project implementation promptly after award.

Staffing Plan (10 points)

- How well the proposed staffing plan fulfills all required roles and functions described in the program expectations and requirements.

- How well proposed staff demonstrate the skills, expertise, experience, and time needed to carry out all required activities.
- How well staffing and any consultants reflect the general and specialized subject matter expertise in topics relevant to this NOFO, such as rural and behavioral health, organizational development, project management, etc.
- The quality of your plan to manage the project team and limit delays or disruptions associated with any vacancies.

Partnerships (10 points)

- How well it describes any partners, including sub-recipients, with whom you will formally collaborate to deliver this project, and each partner's roles and responsibilities.
- How well any letters of commitment describe relevant and effective partner contributions to the project.
- The strength of your relationships and experience working with HRSA or other HHS agencies, and other key partners, including:
    - FORHP-funded cooperative agreement recipients.
    - State Offices of Rural Health.
    - Telehealth Resource Centers.
    - Other HRSA- and HHS-funded programs.
- The strength of your experience working with rural health organizations and stakeholders, such as:
    - State Offices of Rural Health.
    - State and national rural health associations.
    - Primary Care Associations and public health departments.
    - Universities and rural health research organizations.
    - Federally qualified health centers (FQHCs), rural health clinics, and community behavioral health clinics.
    - Faith-based and community-based social service organizations.
    - Tribal-serving organizations.

Criterion 6: Support requested (5 points)
See the Budget and budget narrative section.

The panel will review your application for:

- How reasonable the proposed budget is for each year of the period of performance.
- How reasonable costs are and how well they align with the project's scope.
- How sufficient the time is for key staff to spend on the project to achieve project objectives.
- How likely the budget plan is to support effective partner and stakeholder engagement.

We do not consider **voluntary** cost sharing during merit review.

Risk review
Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information Responsibility/Qualification to check your history for all awards likely to be more than $250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see 2 CFR 200.206.

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- The results of reviewing the progress report submitted with a competing continuation application that seeks to a new period of performance.
- Alignment with HRSA Mission and Strategic Priorities.
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including project type and geographic distribution.
- The funding priorities, funding preferences, or special considerations listed.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Additionally, we may not make an award if you are delinquent on two or more Single Audit Reports.

You cannot appeal a denial, or the amount of funds awarded.

Funding priorities
This program includes a funding priority, based on HRSA's priority to promote continuity of resources for RCORP grant recipients and other entities advancing behavioral health systems and services in rural areas. A funding priority adds points to merit review scores if we determine that the application meets the listed criteria. Qualifying for a funding priority does not guarantee that your application will be successful.

Priority 1: Competing continuation progress report (3 Points)

We will give you a funding priority if:

You are a competing continuation applicant and submit a progress report in Attachment 7 that demonstrates successful completion of required activities and achievement of program goals in the most recent period of performance.

HRSA staff, not the merit review panel, will determine the funding priority.

Award notices

We issue Notices of Award (NOA) on or around the start date listed in the NOFO. See "how we make awards" in Step 4 of the How to Apply – Application Guide for more information.

By drawing down funds, you accept the terms and conditions of the award.

Step 5: Submit Your Application

Application submission and deadlines

Your organization's authorized official must certify your application. Make sure you have everything you need. See Step 5 in the How to Apply – Application Guide for more detailed information on submitting your application.

Font: A readable font like Arial, Courier, CG Times, or Times New Roman

File format: We only accept the following document formats:

- .PDF - Adobe Portable Document Format
- .DOC/.DOCX - Microsoft Word
- .RTF - Rich Text Format o .TXT - Text
- .WPD - Word Perfect Document
- .XLS/.XLSX - Microsoft Excel
- .VSD - Microsoft Visio

Size: 12-point font
Footnotes, charts, graphics, and budget tables may be 10-point or higher.

Ink color: Black

Spacing: Single-spaced, including all text and tables

Alignment: Left

Headings: Bold all headings and align left.

Size: 8.5 x 11 (Make sure the print area is set and allows printing to 8.5 x 11.)

Margins: 1-inch on all sides

Footer: On each page as the footer, include your organization's name and page numbers. If a competing continuation or competing supplement, also include your 10-digit award number.

Page numbering:

- Do not number the standard OMB-approved forms.
- Number each attachment page sequentially (that is, 1, 2, 3).
- Reset the numbering for each attachment.
- Treat each attachment as a separate section.

File names: You can find guidance for naming your files in the How to Apply – Application Guide.

Application deadline
You must submit your application by 07/27/2026**, at 11:59 p.m. ET.**

Grants.gov creates a date and time record when it receives applications.

If you need a deadline extension, see "requesting a deadline waiver" in Step 5 of the How to Apply – Application Guide.

Submission method
Grants.gov
You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see Applicant System-to-System.

For instructions on how to submit in Grants.gov, see the Quick Start Guide for Applicants. Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

If Grants.gov rejects your application due to errors, you must correct and resubmit before the deadline.

If you want to know more about correcting errors or tracking your application, you can refer to Step 5 in the How to Apply in the Application Guide.

Have questions? Go to Contacts and Support.

Other submissions

Intergovernmental review
If your state has a process, you will need to submit application information for intergovernmental review under Executive Order 12372. Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the list of state single points of contact. If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

Step 6: Learn What Happens After Award

Post-award requirements and administration

Administrative and national policy requirements
There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, modifications at 2 CFR Part 300, and any superseding regulations.
- The HHS Grants Policy Statement. Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements.
- The requirements for performance management in 2 CFR 200.301.
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, you certify compliance with all federal antidiscrimination laws and these requirements. Complying with those laws is a material condition of receiving federal funding streams. You are responsible for ensuring subrecipients, contractors, and partners also comply.

Required Alignment with HRSA Mission and Strategic Priorities
Recipients must use funds awarded under this NOFO to implement program goals or agency priorities in accordance with the HRSA vision, mission, core values, and strategic priorities, where authorized by law.

In administering programs under this and all funding announcements, HRSA prioritizes:

- **Evidence-based healthcare:** Funding activities supported by rigorous scientific evidence, particularly for programs serving children and adolescents, where HRSA is committed to approaches that reflect the highest standards of clinical care and child safety.

- **Biological and physiological integrity:** Recognizing the relevance of biological sex to health outcomes, HRSA encourages applicants to account for sex-based health factors in program design, data collection, and service delivery where scientifically appropriate.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and all required administrative procedures. Applicants are encouraged to describe how their proposed programs align with these priorities in their project narratives.

Funded activities must advance HRSA's vision of protecting and improving the health and well-being of Americans. The particular focus is on those who are medically vulnerable, or live in areas with limited access to care. HRSA's duty is to serve wisely, effectively, and with measurable results that justify every taxpayer dollar invested.

Consistent with HRSA's priorities, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles, where they are consistent with the authority and scope of the award and its activities:

- **Gold standard science:** Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.
- **Program integrity and fiscal stewardship:** Recipients must:
    - Administer funds in accordance with all applicable federal statutes, regulations, and award conditions.
    - Maintain strong internal controls.
    - Prevent waste, fraud, and abuse.
- **Partnership and local leadership:** Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Recipients must manage any project awarded under this NOFO in accordance with the following objectives in programs authorized to advance them:

Make America Healthy Again (MAHA): HRSA prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.

Child protections, biological integrity, parental rights, and lawful use of funds: HRSA prioritizes safeguarding children's health and safety by:

- Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
- Applying sex-based definitions grounded in biological reality.
- Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.

- Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.

Advancing evidence-based, merit-driven, and ethically grounded health care: HRSA will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:

- Conflicts of interest.
- "Harm reduction" models.
- Housing-first approaches.
- Activities that facilitate illegal drug use or unsafe medical practices.

Promoting public safety, lawful use of federal funds, and national health priorities: To the extent permitted by law, HRSA will align funding with administration priorities by:

- Supporting ending the HIV epidemic through authorized, evidence-based care.
- Reserving benefits for eligible individuals.
- Discouraging illegal immigration and unsafe community practices.
- Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under awards, HRSA will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HRSA will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations at 2 CFR Part 200 and the terms and conditions of this award. This includes termination under 2 CFR § 200.340(a)(4) if an award no longer effectuates the program goals or agency priorities.

Cybersecurity

- If awarded, you must develop plans and procedures, modeled after the NIST Cybersecurity framework, to protect HHS systems and data. See details here.

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities funded by any entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR 170, Subpart B, if such standards and implementation specifications can support the activity. Visit to 45 CFR 170, Subpart B learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in 45 CFR part 170, Subpart B cannot support the activity, recipients and subrecipients are encouraged to use health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isp/.

Reporting

If you are funded, you will have to follow the reporting requirements in Step 6 of the How to Apply – Application Guide. The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Progress report(s) each year
- Quarterly progress update reports.
    - You will submit quarterly progress updates three times per year, in quarters when the annual progress report is not due.
    - We will provide specific guidance after award.
- Summary report(s) after multi-grantee meetings.
    - We will provide specific guidance after award.

Contacts and Support

Agency contacts

Program and eligibility
Lea Carroll

Public Health Analyst Federal Office of Rural Health Policy (FORHP)

Attn: Rural Communities Opioid Response Program (RCORP)-Technical Assistance
Health Resources and Services Administration
ruralopioidresponse@hrsa.gov

301-443-3799

Financial and budget
Beverly Smith

Grants Management Specialist Division of Grants Management Operations Office of Financial Assistance and Acquisition Management (OFAAM) Health Resources and Services Administration
Bsmith@HRSA.gov

3014437065

HRSA contact center
Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910

Electronic Handbooks Contact Center

Help with systems

Grants.gov
Grants.gov provides 24/7 support. You can call 800-518-4726, search the Grants.gov Knowledge Base, or email Grants.gov for support. Hold on to your ticket number.

SAM.gov
If you need help, you can call 866-606-8220 or live chat with the Federal Service Desk.

Helpful websites

- How to Apply – Application Guide
- HRSA Grants page
- HHS Tips for Preparing Grant Proposals
- Frequently Asked Questions
- Applicant Training
- SAMHSA's Evidence-Based Practices Resource Center
- Rural SUD Info Center
- RCORP-Technical Assistance Portal
- Rural Health Information Hub

Footnotes

1. In this NOFO, we use behavioral health to mean mental, emotional, and social well-being or behaviors and actions that affect wellness. This includes mental health or distress, suicidal thoughts or actions, and substance use. See SAMHSA's behavioral health webpage at https://www.cdc.gov/mental-health/about/about-behavioral-health.html. ↑

2. Centers for Disease Control and Prevention (2025). Understanding the Opioid Overdose Epidemic. Accessed February 5, 2026 at https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html. ↑

3. U.S. Department of Health and Human Services. (2025). Renewal of determination that a public health emergency exists. ↑

4. The White House Executive Office of the President, Office of National Drug Control Policy (2026). National Drug Control Strategy. https://www.whitehouse.gov/wp-content/uploads/2026/05/National-Drug-Control-Strategy-2026-1.pdf. ↑

5. Garcia, Macarena (2025). Personal communication, September 9th, 2025, based on CDC internal analysis of National Center for Health Statistics Mortality Data. https://www.cdc.gov/nchs/nvss/deaths.htm.↑

6. Miech, R. A., Patrick, M. E., O'Malley, P. M., Jager, J. O., & Jang, J. B.(2026). Monitoring the Future national survey results on drug use, 1975–2025: Overview and key findings for secondary school students. Monitoring the Future Monograph Series. Ann Arbor, MI: Institute for Social Research, University of Michigan. Available at: https://monitoringthefuture.org/results/annual-reports/.↑

7. Talbot JA, Szlocek D, Ziller EC. Adverse Childhood Experiences in Rural and Urban Contexts. Portland, ME: University of Southern Maine, Muskie School of Public Service, Maine Rural Health Research Center; April, 2016. PB-64. https://digitalcommons.usm.maine.edu/behavioral_health/31/ ↑

8. National Association of State Mental Health Program Directors Research Institute (2020). Strategies for the Delivery of Behavioral Health Crisis Services in Rural and Frontier Areas of the U.S. https://nri-inc.org/media/1679/2020paper10.pdf. ↑

9. National Center for Health Workforce Analysis (2025). State of the Behavioral Health Workforce, 2025. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/Behavioral-Health-Workforce-Brief-2025.pdf ↑