DENVER
PUBLIC HEALTH & ENVIRONMENT

Denver Opioid Abatement Council (DOAC)

2026 Request for Proposal (RFP)

Prepared by the DOAC RFP Workgroup and DDPHE Opioid Abatement Funds (OAF) Program Team January – June 2026. | Approved by the DOAC July 9, 2026.

Competitive RFP Outline (Regional Share)

DENVER
PUBLIC HEALTH &
ENVIRONMENT

City RFP Outline (Local Share)

DENVER
PUBLIC HEALTH & ENVIRONMENT

Competitive Request for Proposal (Regional Share)

Introduction

The Denver Department of Public Health & Environment (DDPHE), in partnership with the Denver Opioid Abatement Council (DOAC), is seeking proposals to help reduce the harms of the opioid crisis and improve access to prevention, treatment, harm reduction, and recovery services across Denver. DOAC receives Denver's regional share of statewide Opioid Settlement Funds and is responsible for allocating these dollars to strategies that meet the requirements of the Colorado MOU and the needs identified by Denver communities.

For the 2027–2028 funding cycle, DOAC will allocate up to **$7.5 million** from the Regional Share toward projects mitigate the impacts of the opioid crisis within three priority areas (exact amounts per priority area are subject to change):

- **Priority Area 1: Coordinated Systems of Care (Approximately $3.5 million)**
  - Addressing fragmentation, strengthening care navigation, and improving real-time connections to services.
- **Priority Area 2: Harm Reduction and Overdose Prevention (Approximately $3 million)**
  - Expanding evidence-based- harm reduction supports and increasing access for marginalized populations.
- **Priority Area 3: Access to Medications for Opioid Use Disorder (MOUD) (Approximately $2 million)**
  - Reducing barriers to timely treatment and expanding wrap-around care options.

Priority consideration will be given to projects that support the following populations:

- **Priority Population 1: Justice-Involved Population**
  - Supporting people involved in the justice system by reducing care disruptions and enhancing wraparound services during incarceration and reentry.
- **Priority Population 2: Youth (Focused on Connection and Belonging)**
  - Strengthening youth connection and belonging by providing timely and culturally responsive prevention, intervention, treatment, and recovery supports to reduce substance use risk.

These priorities were shaped through a multi-year strategic planning process that included community engagement sessions, an in-depth fiscal landscape analysis, and an environmental scan of Denver's opioid response ecosystem. This process identified specific gaps in services, opportunities for system improvement, and areas where targeted investments can most effectively reduce opioid-related harms.

The priority areas and associated best practices reflect Denver's most urgent needs — including reducing fragmentation across care settings, improving access to harm reduction services, expanding MOUD availability, and addressing disparities affecting marginalized and underserved communities. Collectively, these strategies support the DOAC's overarching goals of **reducing fatal and non-fatal overdoses, improving treatment engagement and retention, and ensuring that people can access the services they need when they need them most**.

Awards will be made for projects up to **$2 million for a two year- funding period**.

DENVER
PUBLIC HEALTH & ENVIRONMENT

Only one application per priority area will be accepted from each applying organization. Eligible applicants include non-profit entities; local government agencies; college, university, or other educational institution; medical care facility; and for-profit entities.

Apply via Submittable

Tentative Schedule (all dates subject to change):

July 13, 2026 RFP released

July 20, 2026 Virtual Information Session:

https://teams.microsoft.com/meet/254636155320504?p=wdTQk11yN9r0wdq0Nt

July 21, 2026 Questions Due in by 5:00 p.m.

July 24, 2026 Q/A posted online

August 10, 2026 Proposals due by 11:59 p.m. MST

Week of August 17, 2026 Application Reviews Start

September 10, 2026 Anticipated announcement of funding

Contacts:

Contact Info for RFP Admin/Contract Admin/General inquiries:

Jason Smith, Opioid Abatement Fund Contract & Fiscal Administrator
jason.smith1@denvergov.org

All communication regarding this proposal shall only be through the designated Denver official listed above. No communication is to be directed to any other City personnel. Please be advised that only general inquiries and confirmation of receipt requests may be answered. No questions or insight into the RFP process will be answered to remain fair and compliant during the open proposal period. Any attempt to gain additional information that may be used to garner a competitive advantage may result in a rejection or disqualification of the proposal.

DENVER
PUBLIC HEALTH & ENVIRONMENT

I. Proposal Summary

1. **Project title**
   [8 words max]

2. **Which priority area does your proposal *primarily* address? You MUST select one.**
   [Link to one-pagers for applicants to review and select the priority area that most closely aligns with their project.]
   - ***Track 1: Coordinated system of care***
     i. **Which gap(s) does this project address? Select all that apply. You MUST select at least one.**
     [These gaps are pulled directly from Juniper Peak Consulting's gap analysis.]
     1. Fragmentation across programs and care coordinators
     2. Gaps in real-time data sharing that delay connections to care
     3. Underdeveloped data integration and tracking for high-risk populations
     4. Structural barriers for uninsured individuals and smaller community-based providers
     5. Unstable peer support funding
     6. Lack of sufficient intense and longitudinal care coordination
   - ***Track 2: Harm reduction and preventing overdose deaths***
     1. **Which gap(s) does this project address? Select all that apply. You MUST select at least one.**
     [These gaps are pulled directly from Juniper Peak Consulting's gap analysis.]
     1. Lack of sustainable funding sources for the state naloxone bulk purchasing fund
     2. Federal and local policies restricting harm reduction services
     3. The community experiences stigma and lack of support for harm reduction at many different points of care
     4. Lower levels of access to harm reduction resources among marginalized populations
   - ***Track 3: Access to Medications for Opioid Use Disorder (MOUD)***
     1. **Which gap(s) does this project address? Select all that apply. You MUST select at least one.**
     [These gaps are pulled directly from Juniper Peak Consulting's gap analysis.]
     1. Limitations to when and what types of MOUD can be accessed, e.g. methadone induction
     2. Lack of tailored approaches to reach traditionally marginalized individuals and those less connected to services
     3. Limited use of evidence-based interventions, including: Long-acting injectable buprenorphine; Contingency management to address polysubstance use

3. **Which additional priority area(s) does your proposal address? Check all that apply.**
   - ***N/A***
   - ***Secondary Priority Area 1: Coordinated system of care***

- **Which gap(s) does this project address? Select all that apply.**
  [These gaps are pulled directly from Juniper Peak Consulting's gap analysis.]
  1. Fragmentation across programs and care coordinators
  2. Gaps in real-time data sharing that delay connections to care
  3. Underdeveloped data integration and tracking for high-risk populations
  4. Structural barriers for uninsured individuals and smaller community-based providers
  5. Unstable peer support funding
  6. Lack of sufficient intense and longitudinal care coordination
- ***Secondary Priority Area 2: Harm reduction and preventing overdose deaths***
  - **Which gap(s) does this project address? Select all that apply.**
    [These gaps are pulled directly from Juniper Peak Consulting's gap analysis.]
    1. Lack of sustainable funding sources for the state naloxone bulk purchasing fund
    2. Federal and local policies restricting harm reduction services
    3. The community experiences stigma and lack of support for harm reduction at many different points of care
    4. Lower levels of access to harm reduction resources among marginalized populations
- ***Secondary Priority Area 3: Access to Medications for Opioid Use Disorder (MOUD)***
  - **Which gap(s) does this project address? Select all that apply.**
    [These gaps are pulled directly from Juniper Peak Consulting's gap analysis.]
    1. Limitations to when and what types of MOUD can be accessed, e.g. methadone induction
    2. Lack of tailored approaches to reach traditionally marginalized individuals and those less connected to services
    3. Limited use of evidence-based interventions, including: Long-acting injectable buprenorphine; Contingency management to address polysubstance use

4. **Does your project support one of the DOAC's priority populations? Check all that apply.**
   [Link to the one-pager(s) for priority population(s).]
   - ***N/A***
   - ***Priority Population 1: Justice-involved population***
     - **Which gap(s) does this project address for this priority population? Select all that apply. You MUST select at least one.**
       [These gaps are pulled directly from Juniper Peak Consulting's gap analysis.]
       1. Gaps in jail-based MOUD initiation, e.g. methadone, that limit reach and effectiveness
       2. Inconsistent re-entry support for individuals with co-occurring disorders.

3. Community-based reentry programming underfunded and fragmented
4. Additional workforce training and cultural competency likely needed across the law enforcement and justice system

- ***Priority Population 2: Youth (focus on connection and belonging)***
  - **Which gap(s) does this project address? Select all that apply. You MUST select at least one.**
    [These gaps are pulled directly from Juniper Peak Consulting's gap analysis.]
    1. Capacity constraints throughout the youth care continuum, especially residential
    2. Education, interventions, and treatment targeted at youth stimulant and polysubstance use
    3. Workforce shortages, lack of training and provider reluctance to prescribe MOUD to youth
    4. Limited wrap-around services and family supports

5. **Select the categories that best describe this proposal. Select all that apply.**
   - New evidence-based program or service
   - Continuation of an existing program
   - Expansion of an existing program
   - Infrastructure or systems investment
   - Piloting an innovative approach

6. **Provide an executive summary of the project.**
   [Max 1,500 words]
   - Tell us about your organization, including what you do, who you serve (in terms of age, gender identity, housing status, race/ethnicity, and groups that are disproportionately impacted by the opioid crisis), your relevant track record, and why you are well-positioned to address these gaps and carry out this work.
   - How does the project support the priority area(s) that you selected?
   - How does this project address the gap(s) that you selected for your priority area(s)?
   - If applicable, how does the project support and address the gap(s) for the priority population(s) that you selected (justice-involved population and youth)?
   - What is the proposed approach of this project?
   - What resources (e.g., internal expertise, existing programs, external partnerships) will your organization leverage to carry out the work?
   - How will the project contribute to meaningful improvements in the community?
   - Explain if/how the project does any of the following:
     - Support activities/efforts that do not have another regular funding source
     - Expand existing services to additional populations or geographic areas
     - Strengthen organizational or system infrastructure
     - Leverage or unlock other funding sources

II. Priority Area-Specific Best Practices

7. **Which best practice(s) would this project utilize? Select all that apply.**
   *[These best practices are pulled directly from Juniper Peak Consulting's gap analysis. Branching will be set up to prompt applicants to complete this question for the **primary** priority area **and** priority population (if applicable) they selected.]*
   - ***Track 1: Coordinated system of care***
     - A "No Wrong Door" approach for system entry, screening, and appropriate placement
     - Coordinated, cross-sector, post-overdose response
     - Coordinated complex case management that is intensive and longitudinal
     - Shared data infrastructure and real-time capacity
     - Population-tailored approaches and incentivized collaboration
     - Sustainable funding models and provider infrastructure
     - N/A
   - ***Track 2: Harm reduction and preventing overdose deaths***
     - Broad naloxone distribution and overdose education
     - Syringe Services Programs that provide both sterile supplies and harm reduction/prevention services
     - Drug checking and testing services that allow people to test their drugs for fentanyl and other substances
     - Outreach and engagement that bring harm reduction efforts into the community
     - Harm reduction options offered throughout the recovery system
     - N/A
   - ***Track 3: Access to Medications for Opioid Use Disorder (MOUD)***
     - Routine screening and referrals for SUD and HRSNs
     - Easy access to all FDA-approved medications
     - Comprehensive wrap-around services and supports, including BH
     - Population-specific approaches
     - Fast access to treatment across multiple settings
     - Workforce training, esp. re: stigma
     - Performance tracking and quality improvement
     - N/A
   - ***Priority Population 1: Justice-involved population***
     - Screening processes and MOUD services inside carceral settings
     - In-reach, pre-release planning and warm hand-offs
     - Post-release care, including MOUD, peer navigation, and second chance programming
     - Provider competency and cross-sector systems coordination
     - N/A
   - ***Priority Population 2: Youth (focus on connection and belonging)***
     - Screening and prevention services in schools and youth-serving settings

- Youth-tailored treatment and recovery services
- A broad spectrum of recovery support services
- Ongoing investment in workforce capacity and provider training
- N/A

8. **Are there other evidence-based best practices that this project would utilize? Please provide specific details and citations, as applicable.**
   [Max 300 words]

9. **Does your organization already utilize these best practices, or would they be implemented over the project period?**
   [Max 300 words]
   - If your organization already utilizes these best practices, please describe how they have been incorporated into your programming, along with how you have addressed challenges to implementation.
   - If your organization has not already utilized these best practices, please describe any prior or anticipated barriers to doing so and how you will address these challenges.

III. Work Plan & Evaluation Plan

10. **Which short-term outcome(s) from the DOAC's strategic plan do you anticipate your project will have an impact on? Select all that apply. You MUST select at least one.**
    - ***Track 1: Coordinated System of Care***
        - Increased number of providers working together to support an individual's needs
        - Increased number of people engaged in harm reduction, treatment, and recovery services (linkage to care).
        - Reduced barriers for people to access harm reduction, treatment, and recovery services.
    - ***Track 2: Harm Reduction and Preventing Overdose Deaths***
        - Increased access to harm reduction services and supplies
        - Reduce barriers to harm reduction supplies and services
        - Increase knowledge about harm reduction services and safer use practices.
    - ***Track 3: Access to MOUD***
        - Increased number of people engaged in MOUD (linkage to care)
        - Reduced barriers for people to access MOUD
        - Increased number of people receiving wraparound services.
    - ***Priority Population 1: Justice-Involved Population***
        - While in the criminal justice system:
            - Reduced barriers for people to access services.
            - Increased number of people engaged in harm reduction, MOUD, and recovery services.
        - Immediately after post release:
            - Reduced barriers for people to access services
            - Increased number of people engaged in harm reduction, MOUD, and recovery services.
    - ***Priority Population 2: Youth (Focus on Connection and Belonging)***
        - Increased programming where youth are engaged as leaders and partners.
        - Increased access to behavioral health, MOUD, and recovery support in schools, communities, and by healthcare providers.
        - Increased programming where youth are engaged as leaders and partners.

11. **How will this project meaningfully contribute to the outcome(s) that you selected from the DOAC's strategic plan?**
    [Max 300 words]
    - As applicable, also describe how the project strengthens the broader continuum of care and will create lasting benefits beyond the grant period.

12. **Complete and upload the Work Plan & Evaluation Plan Template (Appendix A), which will include the following details about your project:**
    1. Project objectives [5 objectives max]
        - Activities/milestones
        - Timeline for completion
        - Metrics/deliverables
    2. Evaluation of short-, intermediate- & long-term outcomes
        - Evaluation questions
        - Evaluation measures
        - How project objectives link to intended short, intermediate, and long-term outcomes

IV. Organizational Capacity, Population Focus, & Services

13. **Describe current or recent work and partnerships related to the priority area(s) you selected.**
    [Max 500 words]
    - Describe previous projects related to the proposed work.
    - Describe how your organization has previously coordinated and collaborated across various sectors and stakeholders in the community and how those efforts will strengthen your proposed project.
        i. As applicable, describe how these partnerships will support project implementation, referrals and care coordination, data sharing and evaluation, sustainability planning, and other relevant activities
    - Describe any challenges or barriers that your entity has previously experienced, or anticipates experiencing, in making progress that may impact your proposed objectives or other considerations that have affected current capacity, as applicable.

14. **Describe your organization's "reach".**
    [Max 500 words]
    - What is considered a "touchpoint" for this project? While multiple touchpoints may apply, please specify the primary metric your organization will use to gauge the current versus intended reach based on this funding. *(Examples: Client contacts, referrals, type of services provided, populations reached, provider connections, event/training attendees, events/trainings held, geographic footprint, etc.)*
    - Specify how touchpoints are documented and tracked.
        i. Do you distinguish between unique individual touchpoints and recurring interactions with the same individual or entity?
    - Specify your organization's **current** reach (i.e., current number of touchpoints) without this funding.
    - Estimate your organization's **anticipated** reach (i.e., anticipated number of touchpoints) during each year of the two-year project period with this funding.

15. **Please describe your current data management system(s), including the procedures and policies in place to ensure confidentiality, security, and HIPAA compliance, as applicable.**
    [Max 300 words]

16. **Describe the on-going training that will be available to staff and the project team to ensure adherence to appropriate regulations, data collection, and best practices.**
    [Max 300 words]

17. **What other data are you collecting that are not already outlined in your workplan?**
[Max 300 words]

18. **Describe your organization's capacity and methodology to access and engage with people most impacted by the opioid crisis, including people who use drugs, in a respectful, trauma-informed, and culturally responsive manner.**
[Max 300 words]
    - Describe how this project helps advance health and racial equity, if applicable.
    - Describe how this project incorporates the voices of people with lived and living experiences to inform decision making about implementation and programming, if applicable.

19. **Describe your organization's capacity to deliver services and access translation services in languages other than English, specifically Spanish.**
[Max 300 words]
    - What services do you currently provide in languages other than English?
    - Through this project, what services would you deliver in languages other than English?
    - How will you address barriers to delivering services in languages other than English?

V. Budget

20. Complete and upload the Budget Template (Appendix B).

VI. Fiscal Considerations

21. Describe the project's funding strategy, including:
[Max 500 words]

- Why Opioid Settlement Funds are an appropriate funding source for this project
- Any ways that these funds will fill unmet funding needs, and/or complement or leverage other funding sources to amplify impact (i.e., braided funding).
- How your project will avoid supplantation.
    - The Colorado Opioid Abatement Council has defined supplantation in the context of opioid settlement funds as: *To deliberately replace or reduce existing federal, state, or locally allocated funds with Opioid Settlement Funds. Opioid Settlement Funds are to be used to create, maintain, and/or expand program activities. Opioid Settlement Funds are not to be used to replace or reduce existing federal, state, or local funds that have already been appropriated or allocated for the same purpose.*
- Description of other funds secured for this project (include dollar amounts and funding sources).
- The project's funding sustainability plan, including if/how the project will be able to continue beyond this award.
- If your organization provides direct health services (including behavioral health and/or substance use treatment), please describe your financing approach.
    - Include your payer mix and fee schedule (if applicable), if/how you serve uninsured and underinsured individuals, and, if applicable, your approach to billing Medicaid and other insurers.
        - If your organization does not bill insurers, briefly explain why this approach is appropriate for the services you provide.

22. If applicable, how is your organization preparing to address the upcoming changes to Medicaid eligibility requirements beginning in January 2027?
[Max 300 words]

23. Are you currently receiving settlement funds from another regional opioid abatement council (ROAC)?

- If so, which ROAC, how much were you awarded, and what is the scope of that project?
- Does the scope of that project overlap with this proposal?

DENVER
PUBLIC HEALTH & ENVIRONMENT

Scoring Rubric

Rating or Score	Description
Excellent or 5	Outstanding level of quality; significantly exceeds all aspects of the minimum requirements, high probability of success, no significant weaknesses.
Very Good or 4	Substantial response; meets in all aspects and in some cases exceeds the minimum requirements, good probability of success, no significant weaknesses.
Good or 3	Generally meets minimum requirements, probability of success, some weaknesses, but correctable.
Marginal or 2	Lack of essential information, low probability for success, significant weaknesses.
Unsatisfactory or 1	Fails to meet minimum requirements, little likelihood of success, needs major revisions to make it acceptable.
Did Not Answer or 0	Did not respond to the question

Reviewer Scoresheet Template

Section	Weighted Max. Score (out of 100)	Reviewer's Score (0-5)	Comments (Pros & Cons)
I. Proposal Summary	**25 / 100**		

[Questions 1, 2, 3, & 6]
 	
The executive summary provides a clear description of the following:
• What the organization does
• Who they serve
• Relevant track record
• Why they are well-positioned to carry out this work
• The proposed approach of the project
• Resources the organization will leverage to carry out the work
• How the project will contribute to meaningful improvements in the community
• If/how the project does any of the following:
  • Support activities/efforts that do not have another regular funding source
  • Expand existing services to additional populations or geographic areas
  • Strengthen organizational or system infrastructure
  • Leverage or unlock other funding sources
 	
The applicant provides a strong justification for how the project is aligned with at least one of the DOAC's priority areas and addresses a known gap.
	20		

[Questions 4 & 6] The project supports at least one of the DOAC's priority populations and an associated gap (justice-involved & youth populations). The executive summary includes a clear description of how the project supports the priority population and addresses the gap(s) they selected. *(Score "0" if they are not supporting a priority population).*	5		
II. Priority Area-Specific Best Practices	**10 / 100**		
[Question 7] The project clearly aligns with at least one best practice from the one-pager for the priority area and priority population (if applicable) they selected.	5		

(Score "0" if they are not utilizing one of the pre-filled best practices for their priority area)			
[Questions 8 & 9] If the proposal includes other evidence-based best practices that the project would utilize, details and citations are clear and relevant. The proposal demonstrates that the organization has the capacity, understanding, and strategy to implement or continue utilizing best practices and effectively address challenges.	5		
III. Work Plan & Evaluation Plan	**15 / 100**		
[Questions 10 & 11] The proposal aligns with at least one of the short-term outcomes from the DOAC's strategic plan for the priority area and priority population (if applicable) they selected. The project will meaningfully contribute to the outcome(s) they selected.	5		
[Question 12] The applicant's workplan successfully outlines up to 5 relevant project objectives related to the priority area(s) they selected. Activities, milestones, timelines, and metrics/deliverables are clear and realistic and demonstrate how the applicant will fulfill their objectives during the project period. The evaluation plan is clear, realistic, and demonstrates how the applicant will measure progress toward short-, intermediate-, and long-term outcomes.	10		
IV. Organizational Capacity, Population Focus, & Services	**25 / 100**		
[Question 13] The applicant indicates current and/or historical success with work related to the objectives in their workplan.	5		

The proposal promotes coordination and collaboration across multiple sectors and stakeholders within the community that will strengthen the proposed project, including (as applicable): • Project implementation • Referrals and care coordination • Data sharing and evaluation • Sustainability planning • Other relevant activities The proposal describes challenges or barriers the applicant has experienced in making progress toward their objectives or other considerations that affected their capacity.			
[Question 14] The organization clearly describes their "reach", including: • Definition of a "touchpoint" • How touchpoints are documented and tracked (including contacts with unique individuals and recurring contacts with the same individual, as applicable) • Current reach without the funding • Anticipated reach with the funding As applicable, the organization would be able to expand their anticipated reach with this funding. *(Note for reviewers: Score this based on whether/how capacity would be **expanded** with this funding, not whether it seems like a large number of touchpoints.)*	5		
[Questions 15 & 16] The proposal clearly describes a data management system that has clear policies and procedures and ensures confidentiality, security, and HIPAA compliance, as applicable.	5		

The proposal capacity and ability to oversee on-going training that is available to staff and the project team, which indicates adherence to appropriate regulations and best practices.			
[Questions 18 & 19] The proposal demonstrates clear capacity and methodology to access and engage with people most impacted by the opioid crisis, including people who use drugs, in a respectful, trauma-informed, and culturally responsive manner. The project includes interventions that will advance health and racial equity and incorporates the voices of people with lived and living experience to inform decision-making and implementation. The proposal demonstrates the capacity and ability to deliver services and access translation services in languages other than English, specifically Spanish. The organization describes a successful track record of providing services in languages other than English, and/or a plan for addressing potential barriers.	10		
V. Budget	**10 / 100**		
[Question 20] The budget included in the proposal is detailed, realistic, and clearly aligns with the intended objectives and approved uses of settlement funds. The budget demonstrates the financial viability of the proposed activities and services and incorporates sustainability into their spending plans.	10		
VI. Fiscal Considerations	**15 / 100**		
[Questions 21, 22, & 23] The proposal has a clear, realistic, and descriptive funding strategy that includes: • Why opioid settlements are an appropriate funding source for this project • How the funds will fill unmet funding needs and/or complement or leverage other funding sources to amplify impact (i.e., braided funding) • How the project is avoiding supplantation (inappropriate replacement of existing funds)	15		

• Other funds secured for this project, including dollar amounts and funding sources, as applicable
• Realistic and strategic sustainability plan for how the project will continue after this award
• If applicable, a clear financing approach to providing direct health services that includes:
  • Payer mix and fee schedule
  • If/how they serve uninsured and underinsured individuals
  • Approach to billing Medicaid and other insurers OR why they use a different approach for the services they provide.
 	
If applicable, the applicant demonstrates that they are preparing to address the upcoming changes to Medicaid eligibility requirements beginning in January 2027.			

TOTAL SCORE	**100**		
Funding Recommendation:	• **Fund Partial Project** • **Fund Full Request** • **Do Not Fund** • **Need More Information to Decide**		
Explain Your Recommendation:			

DENVER
PUBLIC HEALTH & ENVIRONMENT

City Request for Proposal (Local Share)

Introduction

The Denver Opioid Abatement Council (DOAC) will review a coordinated, consolidated proposal from the City and County of Denver (CCD) to allocate the Local Share of settlement funds for City projects. In alignment with the Colorado Opioid Settlement Memorandum of Understanding, the allocation of Denver's Local Share of settlement funds can be determined by CCD. The DOAC's by-laws dictate that the DOAC and Denver Department of Public Health & Environment (DDPHE) Opioid Abatement Funds (OAF) Program team will oversee the distribution, administration, and reporting for the Local Share of funds.

Payments from the Local Share of settlement funds are deposited annually in a Special Revenue Fund managed by the CCD Department of Finance and the OAF program team. With current funds available from the local share plus payments anticipated through 2028, CCD has $7.4 million available to allocate for the next two-year funding cycle. Allowable uses of settlement funds are governed by the terms of the national settlement agreements and the Colorado Opioid Settlements Memorandum of Understanding. The Colorado Opioid Abatement Council has determined that supplantation (inappropriate replacement of existing funds) is **NOT** an allowable use of settlement funds.

The DOAC adopted a funding framework that follows a bi-annual funding cycle for both the Regional and Local shares to fund initiatives that align with the DOAC's strategic plan. For the 2027–2028 funding cycle, CCD can submit a proposal to the DOAC for up to $7.4 million in projects and initiatives that mitigate the impacts of the opioid crisis within the DOAC's 5 priority areas:

- **Priority Area 1: Coordinated Systems of Care**
  - Addressing fragmentation, strengthening care navigation, and improving real-time connections to services.
- **Priority Area 2: Harm Reduction and Overdose Prevention**
  - Expanding evidence-based- harm reduction supports and increasing access for marginalized populations.
- **Priority Area 3: Access to Medications for Opioid Use Disorder (MOUD)**
  - Reducing barriers to timely treatment and expanding wrap-around care options.
- **Priority Population 1: Justice-Involved Population**
  - Supporting people involved in the justice system by reducing care disruptions and enhancing wraparound services during incarceration and reentry.
- **Priority Population 2: Youth (Focused on Connection and Belonging)**
  - Strengthening youth connection and belonging by providing timely and culturally responsive prevention, intervention, treatment, and recovery supports to reduce substance use risk.

These priorities were shaped through a multi-year strategic planning process that included community engagement sessions, an in-depth fiscal landscape analysis, and an environmental scan of Denver's opioid response ecosystem. This process identified specific gaps in services, opportunities for system improvement, and areas where targeted investments can most effectively reduce opioid-related harms.

The priority areas and associated best practices reflect Denver's most urgent needs — including reducing fragmentation across care settings, improving access to harm reduction services, expanding MOUD availability, and addressing disparities affecting marginalized and underserved communities. Collectively, these strategies support the DOAC's overarching goals of **reducing fatal and non-fatal overdoses, improving treatment engagement and retention, and ensuring that people can access the services they need when they need them most**.

NOTE for the DOAC

This is the proposed decision-making process once CCD has submitted a comprehensive proposal to the DOAC:

- *OAF program team will review the budget and workplan submitted with the proposal to ensure compliance with state MOU and programmatic requirements.*
- *DOAC members without conflicts of interest will review the proposal to ensure the activities and initiatives align with the DOAC's strategic plan.*
- *The DOAC will vote to release the Local Share of funds to the relevant CCD agencies for projects that fulfill the screening criteria.*
  - *Voting members will recuse themselves from voting to release funds to their own agencies.*
  - *The DOAC can include recommendations or suggested modifications for CCD's consideration, based on DOAC members' expertise.*

Apply via Submittable

Tentative Schedule (all dates subject to change):

July 13, 2026 CCD RFP released

July 2026 Virtual Information Session: Date TBD

August 10, 2026 Proposals due by 11:59 p.m. MST

Week of August 17, 2026 Application Reviews Start

September 10, 2026 Anticipated announcement of funding

Contacts:

Contact Info for RFP Admin/Contract Admin/General inquiries:

Jason Smith, Opioid Abatement Fund Contract & Fiscal Administrator
jason.smith1@denvergov.org

All communication regarding this proposal shall only be through the designated Denver official listed above. No communication is to be directed to any other City personnel. Please be advised that only general inquiries and confirmation of receipt requests may be answered. No questions or insight into the RFP process will be answered to remain fair and compliant during the open proposal period. Any attempt to gain additional information that may be used to garner a competitive advantage may result in a rejection or disqualification of the proposal.

DENVER
PUBLIC HEALTH & ENVIRONMENT

I. Proposal Summary

1. **City and County of Denver (CCD) Agencies Requesting Funds.**
   [List all CCD agencies that would be directly receiving funding from the DOAC.]

2. **Which priority areas does this proposal address? You MUST select at least one.**
   [Link to one-pagers for applicants to review and select the priority area that most closely aligns with their project.]
   - ***Track 1: Coordinated system of care***
     - **Which gap(s) does this project address? Select all that apply. You MUST select at least one.**
       [These gaps are pulled directly from Juniper Peak Consulting's gap analysis.]
       - Fragmentation across programs and care coordinators
       - Gaps in real-time data sharing that delay connections to care
       - Underdeveloped data integration and tracking for high-risk populations
       - Structural barriers for uninsured individuals and smaller community-based providers
       - Unstable peer support funding
       - Lack of sufficient intense and longitudinal care coordination
   - ***Track 2: Harm reduction and preventing overdose deaths***
     - **Which gap(s) does this project address? Select all that apply. You MUST select at least one.**
       [These gaps are pulled directly from Juniper Peak Consulting's gap analysis.]
       - Lack of sustainable funding sources for the state naloxone bulk purchasing fund
       - Federal and local policies restricting harm reduction services
       - The community experiences stigma and lack of support for harm reduction at many different points of care
       - Lower levels of access to harm reduction resources among marginalized populations
   - ***Track 3: Access to Medications for Opioid Use Disorder (MOUD)***
     - **Which gap(s) does this project address? Select all that apply. You MUST select at least one.**
       [These gaps are pulled directly from Juniper Peak Consulting's gap analysis.]
       - Limitations to when and what types of MOUD can be accessed, e.g. methadone induction
       - Lack of tailored approaches to reach traditionally marginalized individuals and those less connected to services
       - Limited use of evidence-based interventions, including: Long-acting injectable buprenorphine; Contingency management to address polysubstance use
   - ***Priority Population 1: Justice-involved population***
     - **Which gap(s) does this project address for this priority population? Select all that apply. You MUST select at least one.**

[These gaps are pulled directly from Juniper Peak Consulting's gap analysis.]

- Gaps in jail-based MOUD initiation, e.g. methadone, that limit reach and effectiveness
- Inconsistent re-entry support for individuals with co-occurring disorders.
- Community-based reentry programming underfunded and fragmented
- Additional workforce training and cultural competency likely needed across the law enforcement and justice system

- ***Priority Population 2: Youth (focus on connection and belonging)***
  - **Which gap(s) does this project address? Select all that apply. You MUST select at least one.**
    [These gaps are pulled directly from Juniper Peak Consulting's gap analysis.]
    1. Capacity constraints throughout the youth care continuum, especially residential
    2. Education, interventions, and treatment targeted at youth stimulant and polysubstance use
    3. Workforce shortages, lack of training and provider reluctance to prescribe MOUD to youth
    4. Limited wrap-around services and family supports

3.Select the categories that best describe this proposal. Select all that apply.

- New evidence-based program or service
- Continuation of an existing program
- Expansion of an existing program
- Infrastructure or systems investment
- Piloting an innovative approach

4. Provide an executive summary of the project(s).
[Max 1,500 words]

- Tell us about your programming, including what you do, who you serve (in terms of age, gender identity, housing status, race/ethnicity, and groups that are disproportionately impacted by the opioid crisis), your relevant track record, and why you are well-positioned to address these gaps and carry out this work.
- How does the project(s) support the priority area(s) that you selected?
- How does this project(s) address the gap(s) for the priority area(s) you selected?
- What is the proposed approach of the project(s)?
- What resources (e.g., internal expertise, existing programs, external partnerships) will your organization leverage to carry out the work?
- How will the project(s) contribute to meaningful improvements in the community?
- Explain if/how the project(s) does any of the following:
  - Support activities/efforts that do not have another regular funding source
  - Expand existing services to additional populations or geographic areas
  - Strengthen organizational or system infrastructure

- Leverage or unlock other funding sources

II. Priority Area-Specific Best Practices

5. **Which best practice(s) would this project utilize? Select all that apply.**
   *[These best practices are pulled directly from Juniper Peak Consulting's gap analysis. Branching will be set up to prompt applicants to complete this question for the **primary** priority area **and** priority population (if applicable) they selected.]*
   - ***Track 1: Coordinated system of care***
     - A "No Wrong Door" approach for system entry, screening, and appropriate placement
     - Coordinated, cross-sector, post-overdose response
     - Coordinated complex case management that is intensive and longitudinal
     - Shared data infrastructure and real-time capacity
     - Population-tailored approaches and incentivized collaboration
     - Sustainable funding models and provider infrastructure
     - N/A
   - ***Track 2: Harm reduction and preventing overdose deaths***
     - Broad naloxone distribution and overdose education
     - Syringe Services Programs that provide both sterile supplies and harm reduction/prevention services
     - Drug checking and testing services that allow people to test their drugs for fentanyl and other substances
     - Outreach and engagement that bring harm reduction efforts into the community
     - Harm reduction options offered throughout the recovery system
     - N/A
   - ***Track 3: Access to Medications for Opioid Use Disorder (MOUD)***
     - Routine screening and referrals for SUD and HRSNs
     - Easy access to all FDA-approved medications
     - Comprehensive wrap-around services and supports, including BH
     - Population-specific approaches
     - Fast access to treatment across multiple settings
     - Workforce training, esp. re: stigma
     - Performance tracking and quality improvement
     - N/A
   - ***Priority Population 1: Justice-involved population***
     - Screening processes and MOUD services inside carceral settings
     - In-reach, pre-release planning and warm hand-offs
     - Post-release care, including MOUD, peer navigation, and second chance programming
     - Provider competency and cross-sector systems coordination
     - N/A
   - ***Priority Population 2: Youth (focus on connection and belonging)***
     - Screening and prevention services in schools and youth-serving settings

- Youth-tailored treatment and recovery services
- A broad spectrum of recovery support services
- Ongoing investment in workforce capacity and provider training
- N/A

6. **Are there other evidence-based best practices that this project would utilize? Please provide specific details and citations, as applicable.**
   [Max 300 words]

7. **Does your organization already utilize these best practices, or would they be implemented over the project period?**
   [Max 300 words]
   - If your organization already utilizes these best practices, please describe how they have been incorporated into your programming, along with how you have addressed challenges to implementation.
   - If your organization has not already utilized these best practices, please describe any prior or anticipated barriers to doing so and how you will address these challenges.

III. Work Plan & Evaluation Plan

8. **Which short-term outcome(s) from the DOAC's strategic plan do you anticipate your project will have an impact on? Select all that apply. You MUST select at least one.**
    - ***Track 1: Coordinated System of Care***
        - Increased number of providers working together to support an individual's needs
        - Increased number of people engaged in harm reduction, treatment, and recovery services (linkage to care).
        - Reduced barriers for people to access harm reduction, treatment, and recovery services.
    - ***Track 2: Harm Reduction and Preventing Overdose Deaths***
        - Increased access to harm reduction services and supplies
        - Reduce barriers to harm reduction supplies and services
        - Increase knowledge about harm reduction services and safer use practices.
    - ***Track 3: Access to MOUD***
        - Increased number of people engaged in MOUD (linkage to care)
        - Reduced barriers for people to access MOUD
        - Increased number of people receiving wraparound services.
    - ***Priority Population 1: Justice-Involved Population***
        - While in the criminal justice system:
            - Reduced barriers for people to access services.
            - Increased number of people engaged in harm reduction, MOUD, and recovery services.
        - Immediately after post release:
            - Reduced barriers for people to access services
            - Increased number of people engaged in harm reduction, MOUD, and recovery services.
    - ***Priority Population 2: Youth (Focus on Connection and Belonging)***
        - Increased programming where youth are engaged as leaders and partners.
        - Increased access to behavioral health, MOUD, and recovery support in schools, communities, and by healthcare providers.
        - Increased programming where youth are engaged as leaders and partners.

9. **How will this project meaningfully contribute to the outcome(s) that you selected from the DOAC's strategic plan?**
   [Max 300 words]
    - As applicable, also describe how the project strengthens the broader continuum of care and will create lasting benefits beyond the grant period.

10. **Complete and upload the Work Plan & Evaluation Plan Template (Appendix A), which will include the following details about your project:**
    1. Project objectives [5 objectives max]
        - Activities/milestones
        - Timeline for completion
        - Metrics/deliverables
    3. Evaluation of short-, intermediate- & long-term outcomes
        - Evaluation questions
        - Evaluation measures
        - How project objectives link to intended short, intermediate, and long-term outcomes

IV. Organizational Capacity, Population Focus, & Services

11. **Describe current or recent work and partnerships related to the priority area(s) you selected.**
    [Max 500 words]
    - Describe previous projects related to the proposed work.
    - Describe how your organization has previously coordinated and collaborated across various sectors and stakeholders in the community and how those efforts will strengthen your proposed project.
        - As applicable, describe how these partnerships will support project implementation, referrals and care coordination, data sharing and evaluation, sustainability planning, and other relevant activities
    - Describe any challenges or barriers that your entity has previously experienced, or anticipates experiencing, in making progress that may impact your proposed objectives or other considerations that have affected current capacity, as applicable.

12. **Describe your organization's "reach".**
    [Max 500 words]
    - What is considered a "touchpoint" for this project? While multiple touchpoints may apply, please specify the primary metric your organization will use to gauge the current versus intended reach based on this funding. *(Examples: Client contacts, referrals, type of services provided, populations reached, provider connections, event/training attendees, events/trainings held, geographic footprint, etc.)*
    - Specify how touchpoints are documented and tracked.
        - Do you distinguish between unique individual touchpoints and recurring interactions with the same individual or entity?
    - Specify your organization's **current** reach (i.e., current number of touchpoints) without this funding.
    - Estimate your organization's **anticipated** reach (i.e., anticipated number of touchpoints) during each year of the two-year project period with this funding.

13. **Please describe your current data management system(s), including the procedures and policies in place to ensure confidentiality, security, and HIPAA compliance, as applicable.**
    [Max 300 words]

14. **Describe the on-going training that will be available to staff and the project team to ensure adherence to appropriate regulations, data collection, and best practices.**
    [Max 300 words]

15. **What other data are you collecting that are not already outlined in your workplan?**
[Max 300 words]

16. **Describe your organization's capacity and methodology to access and engage with people most impacted by the opioid crisis, including people who use drugs, in a respectful, trauma-informed, and culturally responsive manner.**
[Max 300 words]
    - Describe how this project helps advance health and racial equity, if applicable.
    - Describe how this project incorporates the voices of people with lived and living experiences to inform decision making about implementation and programming, if applicable.

17. **Describe your organization's capacity to deliver services and access translation services in languages other than English, specifically Spanish.**
[Max 300 words]
    - What services do you currently provide in languages other than English?
    - Through this project, what services would you deliver in languages other than English?
    - How will you address barriers to delivering services in languages other than English?

V. Budget

18. Complete and upload the Budget Template (Appendix B).

VI. Fiscal Considerations

19. Describe the project's funding strategy, including:
[Max 500 words]

- Why Opioid Settlement Funds are an appropriate funding source for this project
- Any ways that these funds will fill unmet funding needs, and/or complement or leverage other funding sources to amplify impact (i.e., braided funding).
- How your project will avoid supplantation.
    - The Colorado Opioid Abatement Council has defined supplantation in the context of opioid settlement funds as: *To deliberately replace or reduce existing federal, state, or locally allocated funds with Opioid Settlement Funds. Opioid Settlement Funds are to be used to create, maintain, and/or expand program activities. Opioid Settlement Funds are not to be used to replace or reduce existing federal, state, or local funds that have already been appropriated or allocated for the same purpose.*
- Description of other funds secured for this project (include dollar amounts and funding sources).
- The project's funding sustainability plan, including if/how the project will be able to continue beyond this award.
- If your organization provides direct health services (including behavioral health and/or substance use treatment), please describe your financing approach.
    - Include your payer mix and fee schedule (if applicable), if/how you serve uninsured and underinsured individuals, and, if applicable, your approach to billing Medicaid and other insurers.
        - If your organization does not bill insurers, briefly explain why this approach is appropriate for the services you provide.

20. If applicable, how is your organization preparing to address the upcoming changes to Medicaid eligibility requirements beginning in January 2027?
[Max 300 words]

DENVER
PUBLIC HEALTH & ENVIRONMENT

Screening Criteria

Rating or Score	Description
Satisfactory or 5	Meets DOAC's basic criteria for Local Share projects; no revisions or additional information needed,
Revision Needed or 3	Possibility of meeting DOAC's basic criteria, but additional information or revisions are needed prior to approval.
Unsatisfactory or 0	Fails to meet minimum requirements, needs major revisions to make it acceptable.

Reviewer Screening Template

Section	Reviewer's Score (0-3-5)	Comments (Specify reason for score)
I. Proposal Summary		
[Questions 1, 2, 3, & 4] The executive summary provides a clear description of the following: • The City agencies that are part of the funding request • Who they serve • Relevant track record • Why they are well-positioned to carry out this work • The proposed approach of the project • Resources the organization will leverage to carry out the work • How the project will contribute to meaningful improvements in the community • If/how the project does any of the following:		

• Support activities/efforts that do not have another regular funding source • Expand existing services to additional populations or geographic areas • Strengthen organizational or system infrastructure • Leverage or unlock other funding sources The applicant provides a strong justification for how the project is aligned with at least one of the DOAC's priority areas and addresses a known gap.		
III. Priority Area-Specific Best Practices		
[Questions 5, 6, & 7] The project is utilizing evidence-based best practices, either from the gap analysis (see one-pagers) or from other relevant citations that are clear and relevant. The proposal includes a description of the applicant's capacity, understanding, and strategy to implement or continue utilizing best practices and effectively address challenges.		
IV. Work Plan & Evaluation Plan		
[Questions 8 & 9] The proposal aligns with at least one of the short-term outcomes from the DOAC's strategic plan for the priority area and priority population (if applicable) they selected. The project will meaningfully contribute to the outcome(s) they selected.		
[Question 10] The applicant's workplan successfully outlines up to 5 relevant project objectives related to the priority area(s) they selected. Activities, milestones, timelines, and metrics/deliverables are clear and realistic and demonstrate how the applicant will fulfill their objectives during the project period.		

The evaluation plan is clear, realistic, and demonstrates how the applicant will measure progress toward short-, intermediate-, and long-term outcomes.		
V. Organizational Capacity, Population Focus, & Services		
[Question 11] The applicant describes current and/or historical success with work related to the objectives in their workplan. The applicant describes how they coordinate and collaborate across multiple sectors and stakeholders within the community that will strengthen the proposed project, including (as applicable): • Project implementation • Referrals and care coordination • Data sharing and evaluation • Sustainability planning • Other relevant activities The proposal describes challenges or barriers the applicant has experienced in making progress toward their objectives or other considerations that affected their capacity.		
[Question 12] The organization clearly describes their “reach”, including: • Definition of a “touchpoint” • How touchpoints are documented and tracked (including contacts with unique individuals and recurring contacts with the same individual, as applicable) • Current reach without the funding • Anticipated reach with the funding As applicable, the organization describes how they would be able to expand their anticipated reach with this funding.		

[Questions 13 & 14] The proposal clearly describes a data management system that has clear policies and procedures and ensures confidentiality, security, and HIPAA compliance, as applicable. The proposal capacity and ability to oversee on-going training that is available to staff and the project team, which indicates adherence to appropriate regulations and best practices.		
[Questions 16 & 17] The proposal describes the organization's capacity and methodology to access and engage with people most impacted by the opioid crisis, including people who use drugs, in a respectful, trauma-informed, and culturally responsive manner. The proposal describes if/how includes interventions that will advance health and racial equity and incorporates the voices of people with lived and living experience to inform decision-making and implementation. The proposal describes the organization's capacity and ability to deliver services and access translation services in languages other than English, specifically Spanish. The organization describes a their track record of providing services in languages other than English, and/or a plan for addressing potential barriers.		
VI. Budget		
[Question 18] The budget included in the proposal is detailed, realistic, and clearly aligns with the intended objectives and approved uses of settlement funds. The budget demonstrates the financial viability of the proposed activities and services and incorporates sustainability into their spending plans.		
VII. Fiscal Considerations		
[Questions 19 & 20]		

The proposal has a clear, realistic, and descriptive funding strategy that includes:
• Why opioid settlements are an appropriate funding source for this project
• How the funds will fill unmet funding needs and/or complement or leverage other funding sources to amplify impact (i.e., braided funding)
• How the project is avoiding supplantation (inappropriate replacement of existing funds)
• Other funds secured for this project, including dollar amounts and funding sources, as applicable
• Realistic and strategic sustainability plan for how the project will continue after this award
• If applicable, a clear financing approach to providing direct health services that includes:
  • Payer mix and fee schedule
  • If/how they serve uninsured and underinsured individuals
  • Approach to billing Medicaid and other insurers OR why they use a different approach for the services they provide.
 	
If applicable, the applicant demonstrates that they are preparing to address the upcoming changes to Medicaid eligibility requirements beginning in January 2027.		

TOTAL SCORE		
Funding Recommendation:		
Explain Your Recommendation:		

DENVER
PUBLIC HEALTH & ENVIRONMENT

Appendix A: Work Plan & Evaluation Plan Template

WORKPLAN INSTRUCTIONS			
OBJECTIVES			
Your objectives should describe the overall purpose of your project, and what you intend to do if you receive an award.			
ACTIVITIES & MILESTONES			
	ACTIVITY/MILESTONE DESCRIPTION	**TIMELINE FOR COMPLETION**	**METRICS & DELIVERABLES**
ACTIVITIES & MILESTONES	These are the specific activities/milestones you will complete to work toward your objectives. Each objective must have a minimum of one activity. You may add or remove activity/milestone rows to this spreadsheet, as needed. Think about the question: What steps do we need to take to achieve our objectives?	This is the timeline in which you expect to complete each activity. Indicate "On-going" if the activity will be conducted throughout the entire project period without an end date. Think about the question: What is a	This is how you will determine that this activity/milestone has been reached. This can be a measurable indicator of completion (# of clients served, # of trainings, etc.) or a deliverable (materials, trainings, dashboards, policies, etc.). Think about the question: How can we show that we completed this activity?
EVALUATION Provide specific and measurable questions that connect your objective to your intended outcomes that can be reasonably attributed to your program.			
Key Question(s) (what will you measure to show your objective is working?)	**Intended Outcome(s)**		**Data Source & Methods** (how and when will you get the data)
	Short-Term (change within 1 year)	**Intermediate** (change within 2 years)	**Long-Term** (change by the end of the project 2 years)
EVALUATION QUESTION Provide a specific and measurable question that connects your objectives to your intended outcomes.	What are your intended short-term outcomes from this objective? These should be changes that you can measure within the first year of the project period.	What are your intended intermediate-term outcomes from this objective? These should be changes that you can measure within the second year of the project period.	What are your intended long-term outcomes from this objective? These should be changes that you can measure after the project period.	How will you evaluate whether you have achieved your intended outcomes and what data will you use to measure this change? Please include specific baseline data and measurable targets where available.

DENVER
PUBLIC HEALTH & ENVIRONMENT

EXAMPLE WORKPLAN

EXAMPLE OBJECTIVE

Make the program accessible to both English and Spanish speakers.

ACTIVITIES & MILESTONES

	ACTIVITY/MILESTONE DESCRIPTION	TIMELINE FOR COMPLETION	METRICS & DELIVERABLES
ACTIVITY/MILESTONE 1	*Conduct start of year survey with all participants to assess language*	*2025 Q4*	*Start of year survey results*
ACTIVITY/MILESTONE 2	*Translate 5 primary program documents into Spanish.*	*2025 Q3*	*Five translated documents*
ACTIVITY/MILESTONE 3	*Post translated documents on program website.*	*2025 Q3*	*Translated documents are available on the program website.*
ACTIVITY/MILESTONE 4	*Send monthly program newsletter in both Spanish and English.*	*On-going*	*12 monthly newsletters in 2025 distributed in Spanish and*
ACTIVITY/MILESTONE 5	*Conduct end of year survey with all participants to assess language accessibility*	*2025 Q4*	*End of year survey results*

EVALUATION

Provide specific and measurable questions that connect your objective to your intended outcomes that can be reasonably attributed to your program.

Key Question(s) (what will you measure to show your objective is working?)	Intended Outcome(s) (changes may be in knowledge, skills, awareness, actions, behaviors, or health indicators)			Data Source & Methods (how and when will you get the data)
	Short-Term (change within 1 year)	Intermediate-Term (change within 2 years)	Long-Term (change after the project period)	
Did the implementation of Spanish-language materials effectively remove language barriers to program participation?	*Spanish speaking participants have access to the same program materials and resources as English speaking participants.*	*Spanish speaking participants actively utilize the translated resources and report increased engagement and comfort participating in program activities.*	*Spanish speakers are able to access culturally and linguistically relevant services in Denver.*	***Annual Program Survey**: Administered annually to assess language translation outcomes and measure if Spanish-speaking participants are accessing services at the same rate as English speakers. Survey will track progress toward increasing Spanish-speaker program access from 10% to a target of 50%.* ***Behavioral Health Needs Assessment**: Utilized periodically to gauge long-term community outcomes and verify that Spanish speakers are not experiencing systemic barriers to culturally and linguistically relevant services*

DENVER
PUBLIC HEALTH & ENVIRONMENT

DENVER OPIOID ABATEMENT FUNDS (OAF) PROGRAM

PROJECT WORKPLAN

ORGANIZATION: _____

PROJECT TITLE: _____

PROJECT PERIOD: _____

WORKPLAN			
OBJECTIVE #1			
Type objective here.			
ACTIVITIES & MILESTONES			
	ACTIVITY/MILESTONE DESCRIPTION	**TIMELINE FOR COMPLETION**	**METRICS & DELIVERABLES**
ACTIVITY/MILESTONE 1			
ACTIVITY/MILESTONE 2			
ACTIVITY/MILESTONE 3			
ACTIVITY/MILESTONE 4			
ACTIVITY/MILESTONE 5			
ACTIVITY/MILESTONE 6			
ACTIVITY/MILESTONE 7			
ACTIVITY/MILESTONE 8			
ACTIVITY/MILESTONE 9			
ACTIVITY/MILESTONE 10			

EVALUATION Provide specific and measurable questions that connect your objective to your intended outcomes that can be reasonably attributed to your program.				
Key Question(s) (what will you measure to show your objective is working?)	**Intended Outcome(s)** (changes may be in knowledge, skills, awareness, actions, behaviors, or health indicators)			**Data Source & Methods** (how and when will you get the data)
	Short-Term (change within 1 year)	**Intermediate-Term** (change within 2 years)	**Long-Term** (change after project period)	
Question 1				
Question 2				
Question 3				

DENVER
PUBLIC HEALTH & ENVIRONMENT

Instructions: Use this Budget Worksheet Template to explain how your organization plans to use funds consistently with the proposed work plan. Align budget requests and associated deliverables to provide a consistent, logical picture of what you will accomplish, by whom, and the associated costs. The information in each expenditure category helps the Review Panel understand your request. Please provide narrative for each category in the "Description of Work/Item" section. You may add more lines to each section, please ensure they are included in the total sum.

ALL budget line items must align with approved uses of settlement funds, as outlined in Exhibit E- List of Opioid Remediation Uses.

If your budget does not show alignment, DDPHE may contact you with requests for clarifications and/or modifications.

OAF Program Budget

Organization Name	
Project Title	
Term	1/1/2027 - 12/31/2028

Budget Categories

Supplies

Item	Description of Item	How does this budget item support the Scope of Work?	Quantity	Per Item Cost	Total Amount Requested from OAF
					$0.00
				Total Food and Supplies	$0.00

Program Operating Expenses

Item	Description of Item	How does this budget item support the Scope of Work?	Quantity	Per Item Cost	Total Amount Requested from OAF
					$0.00
				Total Operating Expenses	$0.00

Personnel and Administrative Services

Salary Employees

Position Title	Description of Work	How does this budget item support the Scope of Work?	Percent of Time	Salary + Fringe Benefits	Total Amount Requested from OAF
					$0.00

DENVER
PUBLIC HEALTH & ENVIRONMENT

Hourly Employees					
Position Title	Description of Work	How does this budget item support the Scope of Work?	Hours	Hourly Rate	Total Amount Requested from OAF
					$0.00
				Total Personnel Services	$0.00
Other / Miscellaneous					
Item	Description	How does this budget item support the Scope of Work?	Quantity	Per Item Cost	Total Amount Requested from OAF
					$0.00
				Total Other	$0.00
				TOTAL DIRECT COSTS (Supplies & Operating, Personnel, Other)	$0.00
Indirect					
Item	Description				Total Amount Requested from OAF
Indirect rate (if applicable):	Indirect Costs: DDPHE policy places a ten percent (10%) cap on reimbursement for indirect costs, based on the total contract budget.				$0.00
				TOTAL INDIRECT COSTS	$0.00
				TOTAL AMOUNT REQUESTED FROM OAF	$0.00

Other Funding Sources for this Program

Name of Organization Providing Funding	Total Funding Amount Provided	Percent of Funding of Total Program Costs	Funding Beginning & End Dates (month/year, continous, etc.)
TOTAL PROGRAM COST (This Funding Request + Other Funding Sources)			0

DENVER
PUBLIC HEALTH & ENVIRONMENT

Appendix C: Question & Answer

Q1. Org wants to submit a proposal to continue currently funded position plus an expansion for an additional FTE. Would it be best to submit one proposal with position plus the expansion or submit two separate proposals (one with current position alone and one with current position plus the expanded position)? We'd like to avoid the idea that approval of continued funding for our current program is contingent on approval of funding for the expansion, so not sure the best way to go about our submissions from that lens.

A1. We are only allowing orgs to submit one application per priority area, so on question 15 you should select expansion if you want to go the route of requesting an additional FTE. You could also select both continuation and expansion and make a note in question 31 that you would also accept a smaller amount if available to continue at current levels of funding.

Q2. Are letters of recommendation / support accepted?

A2. No, we are not accepting letters of recommendation / support for this RFP.

Q3. What is the cap on indirect costs?

A3. 10%

Q4. Does “one application per priority area” mean an organization may submit up to three applications total, one under each priority area?

A4. One application can be submitted under each, a total of three.

Q5. Can the same organization participate as the lead applicant on one proposal and a subcontractor or partner on another proposal within the same priority area?

A5. Yes

Q6. Is there a minimum request amount, or only the maximum of $2 million over two years?

A6. There is no minimum request amount.

Q7. Is the $2 million maximum per application, per priority area, or per organization across all applications?

A7. Per application and priority area.

Q8. Are awards expected to begin January 1, 2027, or on another date? Is the two-year period fixed?

A8. All contracts will have a start date of 1/1/2027.

Q9. Are applicants required to serve only Denver residents, or can funds support individuals who are incarcerated, housed, or receiving services outside Denver but are returning to Denver?

A9. The organization will need to demonstrate that they serve primarily Denver residents.

Q10. How should applicants document Denver residency for people experiencing homelessness, leaving incarceration, or lacking identification?

A10. You are not required to document Denver residency in your application. The organization will need to demonstrate that they serve primarily Denver residents.

Q11. Does the justice-involved priority include people on probation, parole, diversion, pretrial supervision, recently released individuals, and people at risk of incarceration?

A11. Please refer to the one-pager for more information on this priority population.

Q12. Must a justice-involved project provide services inside jails, or may it focus entirely on release planning, community reentry, and continuity of care after release?

A12. Please refer to the one-pager for more information on the types of activities the DOAC is looking to fund.

Q13. Can an organization apply under Coordinated Systems of Care with a project that includes MOUD navigation and harm reduction, or must every activity remain exclusively within the selected priority area?

A13. The applicant will be required to select a primary priority area but will have the opportunity to identify work being done under other priority areas as well.

Q14. Are capital expenses, vehicles, renovations, technology systems, data integration, and equipment eligible? Are there dollar limits or prior-approval requirements?

A14. The expenses noted above are allowable. There are no limits outside of the $2 million dollar cap on individual application requests.

Q15. Is there a required match, leveraged-funding commitment, or sustainability plan?

A15. There is not a required match or leveraged-funding commitment. There are financial consideration questions in the application that ask about a sustainability plan.

Q16. What indirect-cost rate is allowed? May organizations use a federally negotiated indirect cost rate or the de minimis rate?

A16. The indirect rate allowed is up to 10%.

Q17. What happens if the requested project crosses multiple priority areas? Should the applicant select one primary area, divide the project into separate applications, or limit the scope?

A17. The applicant will be required to select a primary priority area but will have the opportunity to identify work being done under other priority areas as well.

Q18. Can current programs be expanded, or must the proposal create a new service or materially different approach?

A18. Current programs can be expanded