SEDGWICK COUNTY - CITY OF WICHITA

Opioid Settlement Fund

RFP Response Form

Funding Strategy: Expansion of Treatment Capacity | Estimated allocation $900,000

At a Glance

This page summarizes the essentials for applicants. Full requirements appear in the sections that follow.

Who is funding this	Sedgwick County and the City of Wichita, with recommendations from the Wichita-Sedgwick County Addiction Intervention Coalition (WSCAIC).
Services Sought	Evidence-based or evidence-informed services that prevent, reduce, treat, or mitigate opioid use disorder and co-occurring substance use disorders in Sedgwick County.
Funded strategy (this RFP)	Expansion of Treatment Capacity. Estimated allocation for this strategy: $900,000. You may apply to more than one strategy by submitting a separate response form for each.
RFP number	26-0083
These funds are	The payer of last resort. If a client has Medicaid, Medicare, or private insurance, that source is billed first, and contract services may not be billed to the client.
Contract period	Through December 31, 2027, with a one-year renewal option by mutual agreement.
Proposals due	Before 1:45 p.m. CST/CDT on the due date listed in the RFP. Late or incomplete submissions will not be considered.
One point of contact	Joseph Thomas, joseph.thomas@sedgwick.gov. Do not contact other County or City staff, Coalition members, or elected officials about this RFP.

How to use this application

The application is organized as a simple story about your project. You will move from who you are, to the problem you see in the community, to who you will help, what you will do, why it will work, and how you will know it worked. If you read it straight through, it should make sense in that order.

What the application covers

Part	What it asks about
1. About your organization	Who you are and the work you already do.
2. Your project at a glance	A short snapshot: the title, the amount, the strategies it advances, and a summary.
3. The need	The problem in Wichita and Sedgwick County that your project will address.
4. Who will you serve	The people you will reach and the barriers they face.
5. What you will do	The goals you will advance, your activities, your partners, and your readiness to start.
6. Why this will work	The evidence and thinking behind your approach.
7. How you will measure success	The results you will track and report.
8. Access and lived experience	How will you make services accessible and include people with lived experience?
9. Your team	Who will run the project, and what is their experience?
10. Budget	What the money will pay for and how the work will continue later.
11. A few final questions	Short questions about licensing, readiness, and compliance.
12. Sign and attach	The documents to include and the signature page.

Gather these before you begin.

Having these on hand will speed up the application. You will attach most of them at the end.

- [ ] Your IRS determination letter, or documentation that you are a government entity
- [ ] A completed W-9
- [ ] Your most recent audit or financial statement
- [ ] A rough idea of your two-year budget by category (you will refine it here)
- [ ] The name and title of the person authorized to sign for your organization
- [ ] Letters of commitment or memoranda of understanding (MOUs) from key partners, if you have them

Two symbols you will see

> **Helpful tip**
> Practical advice to make a question easier to answer.

> **What we're asking and why**
> A short note explaining the purpose of a question so that you can answer with confidence.

How Your Application Is Scored

Reviewers score proposals on a 100-point scale. The table below shows how many points each part is worth and where in this application you address it, so you can put your strongest detail where it counts.

What reviewers score	Points	Where do you address it in this application
Project understanding, need, methodology, and approach	25	Sections 2, 3, 4, 5: your project, the need, who you serve, and what you will do.
Qualifications, capacity, and experience	20	Sections 1 and 9: your organization and your team.
Evidence-based practices	20	Section 6: Why this will work.
Performance measures	10	Section 7: How you will measure success.
Accessibility	10	Section 8: Access and lived experience.
Reasonableness of cost	15	Section 10 and the Budget Workbook. Reasonableness of cost assesses whether the budget is realistic and well-justified for the proposed work. The lowest-cost proposal is not automatically the strongest.
Total	100	

Section 1. About Your Organization

Let's start with the basics about who you are. These questions are about your organization as a whole.

1.1 Organization legal name

1.2 Doing-business-as (DBA) name, if different

1.3 Mailing address

1.4 Primary contact for this application

This is the person we will reach out to with any questions.

Name and title

Phone

Email

1.5 Executive director or CEO

Name and email

1.6 What type of organization are you?

Check the one category that best describes your organization.

- ◯ Nonprofit organization
- ◯ Government agency or department
- ◯ Healthcare provider
- ◯ Behavioral health or substance use treatment provider
- ◯ School, school district, or education partner
- ◯ Tribal organization
- ◯ Faith-based organization
- ◯ Grassroots or peer-led organization
- ◯ For-profit provider
- ◯ Other:

1.7 How long has your organization been operating?

Count the years your organization has existed in any form.

- ◯ Under 1 year
- ◯ 1 to 3 years
- ◯ 4 to 10 years
- ◯ More than 10 years

1.8 What services does your organization provide today?

Check everything you currently do, even if it is not part of this project.

- [ ] Medication-assisted treatment/medication for opioid use disorder (MAT/MOUD)
- [ ] Withdrawal management or detox
- [ ] Residential treatment
- [ ] Outpatient treatment
- [ ] Mental health treatment
- [ ] Peer support
- [ ] Re-entry services
- [ ] Youth prevention
- [ ] School-based services
- [ ] Harm reduction
- [ ] Recovery housing
- [ ] Case management
- [ ] Transportation assistance
- [ ] Other:

1.9 In a few sentences, what does your organization do and who does it serve?

About 150 words. A short, plain description is all we need.

> **What we're asking and why**
> This gives reviewers quick context for everything that follows. You do not need to describe the project yet, just your organization.

Section 2. Your Project at a Glance

Now tell us about the project you want funded. This is the snapshot. You will fill in the details in later sections.

2.1 Project title

2.2 Total amount you are requesting

Enter the total for the full two-year project, not the amount per year.

$

2.3 Proposed project period

For planning purposes, anticipate funds will be available as early as January 2, 2027.

Start date: End date:

2.4 What type of project is this?

Check all that describe how your project works. These describe the delivery approach, which can apply across any of the strategies and goals above.

- [ ] Direct service. You provide services straight to participants.
- [ ] Prevention. You work to stop substance use problems before they start.
- [ ] Treatment expansion. You add treatment capacity, such as more slots, hours, sites, or providers.
- [ ] Capacity building. You strengthen an organization or system so it can do more, such as training, infrastructure, or staffing.
- [ ] Pilot project. You are testing a new idea on a small scale before expanding.
- [ ] Partnership model. Two or more organizations deliver the project together.
- [ ] Navigation or care coordination. You help people find, connect to, and move between services.
- [ ] Training and education. You teach skills or share knowledge with staff, providers, or the community.
- [ ] Other:

2.5 Describe your project in a paragraph

About 250-500 words. Please tell us what you will do, who you will help, where it will happen, and what results you expect.

> **Helpful tip**
> A good way to start: “We will provide [what] to [who] in [where] so that [result].” If you can answer that one sentence, you have the heart of your project.

Section 3. The Need

Help us understand the problem in our communities that your project will address.

3.1 What problem(s) are you trying to solve?

About 500 words. Describe the specific community need this project will address. Plain language is best.

> **What we're asking and why**
>
> Reviewers want to understand the gap or problem first, before the solution. If you can point to local numbers or what you see day to day, even better.

Section 4. Who You Will Serve

Tell us about the people your project is designed to reach and the barriers they face.

4.1 Where will the people you serve live (are there specific communities you are prioritizing, or are you serving all residents)?

4.2 Who is this project designed to serve?

First, check the main group your project is built around. Then check any specific groups within it that your project focuses on. If your project serves the entire community, select "All populations."

Main group (check the one that best fits)

- ◯ All populations or the general community
- ◯ Children (under 13)
- ◯ Youth (ages 13 to 24)
- ◯ Adults
- ◯ Older adults
- ◯ Other:

Specific groups within that population (check any that apply)

- ☐ Uninsured or underinsured individuals
- ☐ People with co-occurring mental health and substance use disorders
- ☐ People leaving jail or detention
- ☐ Unhoused individuals
- ☐ Pregnant or parenting people
- ☐ Children or families impacted by substance use
- ☐ Non-English speakers
- ☐ People with a substance use or overdose history
- ☐ Other:

4.3 Who will you serve first, and why?

Of the groups above, which one is your highest priority at launch, and why? About 500 words.

> **Helpful tip**
>
> It is okay to focus. Naming one priority group does not mean you will turn others away. It tells reviewers where you will start.

4.4 Why is this group a priority in Wichita and Sedgwick County?

About 500 words. Connect the need you described earlier to this specific group.

4.5 How will people find or be referred to your project?

Check all the ways participants will enter the project.

- [ ] Self-referral
- [ ] School referral
- [ ] Emergency medical services
- [ ] Emergency department or hospital referral
- [ ] Court or jail referral
- [ ] Law enforcement referral
- [ ] Treatment provider referral
- [ ] Outreach team referral
- [ ] Peer referral
- [ ] Other:

4.6 What barriers does this group face?

Check the main barriers your project is built to address.

- [ ] No insurance
- [ ] Transportation
- [ ] Housing instability
- [ ] Stigma
- [ ] Childcare
- [ ] Language access
- [ ] Workforce shortages
- [ ] Rural access barriers
- [ ] Lack of detox
- [ ] Lack of medication-assisted treatment
- [ ] Lack of follow-up care
- [ ] Mental health needs
- [ ] Other:

4.7 How will your project reduce those barriers?

About 500 words. Describe the practical steps you will take so people can take part and stay engaged.

Section 5. What You Will Do

This is the core of your project: the goals you will advance, the activities you will run, the partners you will rely on, and how ready you are to begin.

5.1 Which strategies will your project advance?

Each strategy in question 2.4 has specific activities, shown below, grouped under its strategy. Check only the activities that clearly connect to your proposed project. It is better to check a few you can speak to than many you cannot.

Strategy 4: Expansion of Treatment Capacity

- [ ] Medical detox. Establishing and sustaining medical detox resources accessible to uninsured or underinsured people.
- [ ] MAT/MOUD resources. Establishing and sustaining easily accessible MAT/MOUD.
- [ ] Diversion. Expanding diversion from jails and courts into treatment and recovery services.
- [ ] MAT/MOUD in jails. Starting MAT/MOUD for people with opioid or substance use disorder inside county jails.
- [ ] Post-overdose support services. Co-responder support for people, and their families or friends, in the period right after a non-fatal overdose.

OTHER STRATEGIES AS ALLOWED UNDER EXHIBIT E OF THE OPIOID SETTLEMENT AGREEMENT

Skip this if your project is already identified above.

5.2 If you will provide MAT/MOUD as a part of your project, which forms will you offer?

Check all the medications you will make available. Skip this question if your project does not include MAT/MOUD.

- [ ] Methadone
- [ ] Buprenorphine, daily (for example, Suboxone or Subutex)
- [ ] Buprenorphine, injectable or long-acting (for example, Sublocade or Brixadi)
- [ ] Naltrexone, oral
- [ ] Naltrexone, injectable or long-acting (for example, Vivitrol)
- [ ] Other:

5.3 List your main activities

Fill in the activities the opioid settlement funds will support. Add only as many rows as you need.

> **Helpful tip**
> Think of a typical week or month. What will your staff actually be doing? Each row is one repeating activity.

Activity	Who does it	Where	Who receives it	How often

5.4 Is this a new program or an existing one?

- ◯ New program
- ◯ Expansion of an existing program
- ◯ Continuation of an existing program

5.5 If this expands an existing program, what is your current and projected capacity? How will you ensure you do not supplant existing funds?

Supplanting occurs when opioid settlement funds pay for something the agency was already funding, freeing up the original dollars for other uses. You can supplement existing funds to add something new or expand a service. You cannot swap out existing spending. Skip this if your project is brand new.

> **Example**
> If your agency already pays a counselor from its general budget and uses these funds to cover that same position, that is supplanting. Using these funds to add a second counselor who expands capacity, or to serve clients you cannot serve today, is allowed.

5.6 How soon could services begin after the contract is signed?

- ◯ Within 60 days
- ◯ Within 90 days
- ◯ More than 90 days

5.7 What needs to happen before you can fully launch?

Check everything that must be done first.

- ☐ Hiring staff
- ☐ Contract execution
- ☐ Staff training
- ☐ Equipment purchase
- ☐ Space preparation
- ☐ Partner agreements
- ☐ Licensing or certification
- ☐ School approvals
- ☐ Clinical protocols
- ☐ Other:

5.8 Who are your key partners?

List up to five partners essential to this project and what each one will do.

Partner organization	Role in the project

Section 6. Why This Will Work

Tell us about the thinking and evidence behind your approach. You do not need to be a researcher to answer these well.

6.1 How well-established is your approach?

Check the option that best fits. All four are welcome. New ideas are not penalized.

> **What we're asking and why**
> "Evidence-based" means studied and shown to work. "Evidence-informed" means built on practices that research supports. "Promising practice" means early but encouraging results. "Innovative pilot" means a new idea you want to test.

- ◯ Evidence-based
- ◯ Evidence-informed
- ◯ Promising practice
- ◯ Innovative pilot

6.2 Why do you believe this approach will work in our communities?

About 500 words. Describe your approach and why it fits Wichita and Sedgwick County.

Section 7. How You Will Measure Success

What we're asking and why

If you are awarded funding, the outcomes and targets you list here may become part of your regular reporting. Choose measures you can realistically track. It is better to commit to a few you will report well than many you cannot.

7.1 Choose the outcomes you will report each quarter

Pick the rows that fit your project and fill in the numbers. A target is what you expect to reach. Estimates are expected.

Outcome measure	Year 1 target	Year 2 target
People served (unduplicated)		
Connected to behavioral health treatment (MOUD, counseling, or mental health)		
Connected to recovery housing		
Connected to peer support		
Connected to recovery-capital resources (childcare, education/ job training, employment)		
Recovery-housing beds added or bed-nights provided		
Providers recruited, trained, or retained		
Partner organizations with active referral agreements		
Warm handoffs / navigation contacts completed		
Other:		

7.2 Estimate your targets for the first year

Fill in only the rows that apply to your project.

Output	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Participants enrolled				
Service encounters				
Referrals made				
Referrals completed				
Individuals trained				

7.3 How will you collect and track your data?

Check the main system you will use.

- ◯ Electronic health record
- ◯ Spreadsheet
- ◯ School data system
- ◯ Case management platform
- ◯ Paper forms entered electronically
- ◯ Other:

7.4 Can you report participant data broken out by group?

For each item below, check whether you can report participant data that way.

Data element	Yes	No
Age	◯	◯
Race or ethnicity	◯	◯
Gender	◯	◯
ZIP (postal) code	◯	◯
Insurance status	◯	◯
Referral source	◯	◯

7.5 Does your organization have the capacity to track receipts, time cards, and other documentation necessary to support your invoicing and reporting?

- ◯ Yes
- ◯ No

7.6 How will you know participants are benefiting?

About 150 words. Describe what success looks like for the people you serve.

If You Are Funded: What Reporting Looks Like

The outcomes you choose in 7.1 and the targets you set in 7.2 become the basis for your reporting. If funded, your organization will:

- Report on your performance outcomes every quarter through an online reporting tool.
- Keep a tracking system that produces accurate, complete data with minimal ongoing help from Coalition staff.
- Take part in any additional outcome studies the Coalition directs for the populations you serve.

> **What we're asking and why**
> Because these are public funds, quarterly performance reports may be posted on the City of Wichita's website. Providers that cannot meet, or cannot reliably report on, agreed-upon outcomes may receive funding proportional to their reporting. Choosing measures you can realistically track matters as much as choosing ambitious ones.

Section 8. Access and Lived Experience

These questions ask how you will make services reachable for everyone who needs them, and how people with personal experience shape your work.

8.1 How will you make services accessible and responsive to the community(s) you are serving?

Check all the strategies you will use.

- ☐ Bilingual staff
- ☐ Interpretation services
- ☐ Translated materials
- ☐ Tailored curriculum or outreach aligned with the needs of the target population
- ☐ Flexible hours
- ☐ Neighborhood-based services
- ☐ Telehealth
- ☐ Other:

8.2 How are people with lived experience involved in this project?

Lived experience means personal experience with addiction, recovery, or the systems your project touches. Check all that apply.

- [ ] Paid staff
- [ ] Advisory board or committee
- [ ] Program design
- [ ] Outreach and engagement
- [ ] Peer support services
- [ ] Evaluation feedback
- [ ] Not currently included

8.3 If not currently included, how do you plan to include them?

Skip this if you checked one or more of the boxes above.

8.4 What practical supports will participants receive?

Check all the support participants may get through your project or through a referral you actively make.

- [ ] Transportation help
- [ ] Bus passes
- [ ] Childcare support
- [ ] Food assistance
- [ ] Hygiene supplies
- [ ] Phone or technology access
- [ ] Housing navigation
- [ ] Benefits navigation
- [ ] Employment support
- [ ] Legal support
- [ ] Other:

Section 9. Your Team

Tell us who will run the project and the experience they bring.

9.1 Project lead

Name and title

9.2 How many full-time-equivalent (FTE) staff will opioid settlement funding pay for?

Include staff paid in whole or in part by opioid settlement funds. For example, two half-time staff equal 1.0 FTE.

9.3 What positions will the opioid settlement funds support?

Position title	New or existing	FTE	Primary role

9.4 What experience does your team bring?

About 250 words. Describe your team's experience delivering this kind of program.

9.5 What staffing risks could affect your project?

Check any that apply. It is fine to say there are none.

- [ ] Hiring delays
- [ ] Staff turnover
- [ ] Licensure shortages
- [ ] Supervision capacity
- [ ] No major staffing risks identified
- [ ] Other:

9.6 If staffing changes, how will the project keep going?

A short answer is fine.

Section 10. Budget

What these funds will not pay for

- Construction, building repairs, building depreciation, or buying land or buildings.
- Fundraising activities.
- Any cost billed to a client, or billed to these funds before Medicaid, Medicare, or private insurance is billed first (these funds are the payer of last resort).
- Existing costs the funds would replace. You may supplement or expand existing work, but you may not swap out current spending (supplanting).

Tell us what the money will pay for and how the work will continue after this funding ends.

10.1 Budget summary

Your full budget is submitted on the Budget Workbook, a separate file. You do not need to repeat budget line items here. The questions below cover the parts of your budget story that are not in the workbook.

You can download the budget form from the RFP or from the purchasing page where the RFP is linked.

10.2 About what percent of your budget goes directly to services for participants?

An estimate is fine.

_____ %

10.3 What other funding supports this same project?

List any other funds going toward this work. If none, write "None."

Funding source	Amount	Confirmed or pending	Purpose

10.4 Is the project likely to continue after settlement funding ends?

- ◯ Yes, the project is likely to continue
- ◯ Partially, some parts may continue
- ◯ No, the project is unlikely to continue without this funding

10.5 How will you sustain the project, or its benefits, after the funding period ends?

About 500 words. Even a partial plan is helpful. Reviewers know sustainability is hard.

10.6 If additional funding were available, what expanded or enhanced services could you provide?

About 500 words. This question is optional and will not count against you. It helps the Consortium understand what more your project could do with greater investment.

> **What we're asking and why**
>
> Please tell us what you would add or strengthen, roughly what it would cost, and how many more people it would reach. Think of it as the version of your project you would build if funding were not the limit.

Section 11. Sign and Attach

You are almost done. Attach the documents below, then sign.

11.1 Required attachments

Please include all of the items listed here. Anything else is optional unless we ask for it.

- IRS determination letter, or government entity documentation
- W-9
- Most recent audit or financial statement
- Detailed line-item budget form
- Letters of commitment or MOUs, if you have them

Applicant certification

By signing below, I certify that the information in this application is true and complete to the best of my knowledge. If funded, our organization will use the awarded opioid settlement funds for the purposes described here and will follow all contract requirements.

Authorized representative name

Title

Signature

Date

> **Thank you**
> Thank you for the work you do for the City of Wichita and Sedgwick County, and for taking the time to apply. If you were unsure about any answer, that is normal. Reach out using the contact information on the first page if you have questions before you submit.

Common Questions

1. Can we apply for more than one strategy? Yes. You may apply to one or more of the four strategies. Submit the materials required for each.

2. Are letters of support required? No. They are optional and may be included if you have them.

3. What if we do not have a financial audit? Submit a 990 Form plus a financial statement from a certified accounting firm showing your ability to support the program, along with a Kansas Certificate of Tax Clearance.

4. What does the payer of last resort mean? If a client has Medicaid, Medicare, or private insurance, that source is billed first. These funds cover only the remaining gap, and contract services may not be billed to the client.

5. Can these funds pay for construction or the purchase of a building? No. Construction, building repairs, depreciation, and the purchase of land or buildings are not allowable.

6. What is supplanting, and why does it matter? Using these funds to replace money you already spend on an existing service is not allowed. You may supplement or expand existing work.