

**North Carolina Department of Health and Human Services**

**Division of Public Health**

**Section/Branch:** Chronic Disease and Injury Section, Injury and Violence Prevention Branch

**RFA Questions and Answers**

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**RFA#** A-381

**RFA Title:** Expanding the Grassroots Response (EGR): Building Capacity for Community-Driven Harm Reduction and Overdose Prevention

**Addendum #1**

**Date:** March 5, 2021

**1. Will the Bidder's Conference be recorded and available for review?**

Yes, the recording of the Bidder's Conference is posted online at <https://injuryfreenc.ncdhhs.gov/library/rfa/A381.htm>.

**2. Can you explain why the state grant won't cover naloxone or syringes?**

The Expanding the Grassroots Response (EGR): Building Capacity for Community-Driven Harm Reduction and Overdose Prevention RFA has been funded 100% by the Centers for Disease Control and Prevention (CDC) Cooperative Agreement CDC-RFA-CE19-1904. This Cooperative Agreement restricts the purchases of all medication, including naloxone, and syringes, among other items listed in **Section VI. Project Budget** of the RFA.

**3. Can we use funding for naloxone kits, or is that not fundable through any of the strategies for this grant opportunity?**

No. Naloxone is a medication and is therefore an ineligible expense in accordance with the CDC Cooperative Agreement from which this RFA is funded.

**4. Can we use funding to lease a vehicle?**

Yes. Renting equipment, including leasing vehicles, is allowable under this funding opportunity.

**5. Does the funding restriction regarding research include program evaluation?**

No. Program evaluation is an allowable expense and is highly encouraged. The CDC distinguishes evaluation from research stating the goal of evaluation to be improving programs while the goal of research to be contributing to a knowledge base.

**6. Are all government agencies exempt, or just health departments? And is this exemption relevant for both parts or just one part?**

All government agencies such as Local Health Departments (LHDs) are not eligible to apply for this pool of funding. However, eligible applicants may choose to subcontract with a government agency for their project proposal.

**7. Could one application involve both strategies?**

Separate applications are required for Part A and Part B, however, if an organization chooses to apply to more than one strategy under Part A, that is allowable, and should be one single application.

**8. It says no capital costs, so no property purchase, but if trying to create low barrier housing, can equipment expenses like beds, stoves, fridges, etc. be purchased with these funds?**

According to the CDC budget restrictions attached to this funding, no purchases of equipment or furniture are allowed. Certain supplies are allowable and selected programs should work closely with the DPH Program Manager to determine the best possible use of funds. It is recommended that agencies proposing projects relating to strategy 5, expand or establish housing first or rapid re-housing and retention services, partner with organizations with established infrastructure and offer support for staffing or renting space and other expansion of services such as linkage to care.

**9. If there is a partnering agency that assists on one area of a strategy that is applying as well will it hurt to provide letters of support for what part is collaborated on?**

Organizations will not be penalized for providing letters of support or working on multiple projects that are applying for this funding.

**10. For part B, does the mentor agency have to be the agency applying?**

Yes. The mentor organization should be listed as the primary recipient of the funding and list the mentee organization as a subcontractor in the budget. All Part B applications should be developed through close collaboration of the mentor and mentee organization.

**11. Does the mentoring opportunity need to focus on SSP or can it focus on any of the strategies listed?**

No. The mentoring opportunity does not need to focus on the syringe services programs strategy. Part B applications can focus on developing capacity for any of the six implementation strategies in Part A or any other harm reduction programming that will reduce overdose deaths and connect people who use drugs to services and care.

**12. If an organization is in the process of applying for 501c3 status – for the application, if they've filed but not yet received non-profit status when applying, is that sufficient?**

IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax Exempt Status and Verification of 501(c)(3) Status Form are both required components of the application. Organizations can apply with a fiscal sponsor if they have not yet received official 501c3 status from the IRS by April 2, 2021.

**13. Can two organizations who have mentorship experience collaborate and apply separately (with the goal of expanding Technical Assistance reach)?**

Yes. We strongly encourage collaboration across projects. Each application should be able to stand alone but organizations are welcome to demonstrate the wider goals of their proposed projects and the collaborations through the project narrative and letters of support. However, if organizations are applying with separate applications, there is no guarantee that both projects will be funded.

**14. Can the mentor organization mentor peers within their program to build the peer-to-peer exchange network (vs. mentor another organization)?**

No. Mentor organizations should partner with programs that are outside of their own because part B of this RFA requires a multi-organization collaboration. A project that intends to build out capacity to deliver peer-exchange services as part of their syringe services program could fit under Part A: develop or expand syringe services programs.