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 for Period 1

RFA#A409

RFA Title: Partnerships in Overdose Prevention and Harm Reduction (POPHR)

General:

Is a recording of the RFA webinar available online?

Yes, the webinar can be found here.

Is the full RFA document posted yet to NC DHHS website?

The Notice of Funding Opportunity posted on the NCDHHS main *Public Health Funding Availability* website was updated on 10/23/2023 and now includes a link to full RFA and to IVPB's RFA website. The full RFA and other pertinent information can be also found on the Injury and Violence Prevention Branch website by using this link: https://injuryfreenc.dph.ncdhhs.gov/a409.htm

Will the questions and answers from the RFA webinar be documented and released to all the participants ahead of the Q&A periods 1 and 2?

The questions and answers from the RFA webinar are included in this document along with all the questions and answers from Q&A Period 1. These are being posted together by November 6.

Answers to additional questions submitted to beinjuryfree@dhhs.nc.gov will be posted on the RFA website after the closing of the second Q&A period on 11/27/2023.The RFA website can be found here.

Will you provide scores following award announcements just as feedback on proposal whether awarded or not.

Yes. IVPB will provide those applicants who are not funded with feedback gathered from the review process. Because this entails collating the feedback, reviewing for usefulness, and summarizing, this process takes some months post-award announcement.

How will bonus points (referenced on page 27), be added, and to what numerical amount, to applicants' scores? Are they based on the prioritizations referenced on page 5? How many points per prioritization?

Up to 4 bonus points will be added to the total score if the application meets the criteria for each priority area, which are listed on page 5 of the RFA. It is 1 additional point for each of the 4 priority areas. Applicants will be summarizing whether they meet these priority areas on their Application Summary Page, as indicated on page 30 of the RFA.

Can the project cover more than one county if CBOs have relationships in those counties (attached counties)?

Yes. There are no geographical restrictions on program reach.

On page 5 of the solicitation, it states that priority will be given to the following: Organizations that are based in counties that have higher overdose burden according to the county-level DHHS poisoning data (https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm). → Which data point on this website would you like us to use to describe "burden?" For example, on the Opioid and Substance Use Action Plan Data Dashboard, there's deaths, ED visits, foster care, etc. that are more recent "real time"; whereas the County Overdose Slide Sets show "burden" of Medication and Drug Overdose per county over time (2012-2021).

Overdose burden can be articulated in a number of different ways. Applicants should highlight their service area's specific burden of overdose which could include any or all of the examples listed in this question and on the IVP Branch: Overdose Data page. If your county has particularly high emergency department visits but lower death rates, you might highlight the ED visit rate to demonstrate where there may be a need for support through this funding. Additional data sources to demonstrate your area's specific need for these services are welcomed as well.

Would MAT in Jails fall under this?

Yes, this activity falls under Strategy 5 (Expand Services to Justice-Involved Populations). However, funding cannot be used for clinical services or medications. It can be used to support staffing such as peer support, community health workers, and linkage to care coordinators. Funds can also be used for things like transportation to and from appointments upon release, the provision of overdose prevention education, program materials, and other operational costs.

Can this funding be used for MAT in a detention center?

Yes, this activity falls under Strategy 5 (Expand Services to Justice-Involved Populations). However, funding cannot be used for clinical services or medications. It can be used to support staffing such as peer support, community health workers, and linkage to care coordinators. Funds can also be used for things like transportation to and from appointments upon release, the provision of overdose prevention education, program materials, and other operational costs.

Is it possible to award funds to a program, and then the program partners with county sheriffs to treat the inmates released from their facilities or must those partnerships be arranged before the grant application?

Program partnerships in terms of committing to the project proposal and having the process for collaboration outlined in advance must be in place prior to applying. However, the proposed project does not have to be in operation to apply for funding. A letter of commitment from the partnering jail/detention center or Sheriff's Office is required for all organizations applying to Expand Services to Justice-Involved Populations to ensure this level of preapproval on the proposed project is provided before application submission.

What does DPH mean by "creating workforce development training opportunities?" Is workforce development training supposed to be for individuals who use drugs or for the general workforce to learn

about and provide opportunities for individuals with SUD/OUD? Is workforce development training required? Or is it required that we either do workforce development, join IVPB training, or disseminate education materials?

The workforce development training mentioned is intended to increase sustainability beyond the funding period as a way to directly support people who use drugs. This could be training the general workplace on appropriate ways to support people who use drugs, and it could be providing employment opportunities or job-related trainings for people with SUD/OUD.

It is required that programs do at least one of the following: workforce development training; join IVPB training; OR disseminate education materials.

Would officer training approved by a medical director on signs and symptoms of overdose, overmedication, post response, infection, co-morbidities, Narcan, wounds etc.? Would that cover workforce development training opportunities?

Yes, education on overdose symptoms recognition and rescue strategies are allowed as these are non-clinical services.

Can you provide more details on the reimbursement aspect? Does the organization provide cash up front and then receive monthly reimbursement? How does this work for small non-profits that operate on structured payments from other grants with pre-assigned costs?

Organizations will expend costs directly and then be reimbursed after providing documentation of cost expenditures in accordance with state contracting requirements. One recommendation for addressing the challenges of a smaller non-profit managing the constraints of the reimbursement system is to partner with a local health department/district or a larger non-profit organization who can serve as the fiscal agent or subcontract out to the smaller non-profit organization.

Do Recovery Courts fall into any strategy?

Strategy 5: Expand Services to Justice-Involved Populations includes jail-based programming such as pre- and post-arrest diversion programs, reentry programing to refer individuals to care once released from incarceration, distributing education materials to incarcerated populations, and expansion of treatment and recovery services specific to incarcerated or previously incarcerated individuals. The addition of these activities and services to existing recovery courts would fall under this strategy.

Note that clinical care or any direct medical service, including behavioral therapy (e.g., cognitive behavioral therapy) and/or specialized clinical care, such as pain management; and including the purchase of medications, including naloxone, methadone, buprenorphine, and naltrexone, and the provision of HIV/HCV or other STI testing and treatment, funding or subsidizing costs associated with programs other than those specifically targeting overdose prevention, including housing and food assistance are not allowed.

The parental bill of rights just passed - is it going to prohibit a lot of school facilitation?

This is outside of our scope. We can point you to other resources on this bill if needed.

Budgeting:

When we submit the budget, would we just do it for the first year which is: June 1, 2024 through August 31, 2024, for $90,000 max? Or would we complete through Year 1 and Year 2, since Year 1 is only a couple of months, for $180,000 max?

This RFA requires a line item budget and justification for the initial funding period of June 1, 2024 through August 31, 2024. The budget submitted should be a 3-month budget for $22,500, which is the prorated annual amount of $90,000.

Is the budget amount for the first period (the shortened period) the same $ amount for all four budget periods? Are we meant to ask for $90,000 for that shortened time period?

The budget amount for the first period is a prorated amount from the $90,000 annual maximum. Applicants may request up to $22,500 in the first period, and up to $90,000 for periods 2-4. This means the total maximum amount that can be requested for the full 39-month period (June 1, 2024 – August 31, 2027) is $292,500. Applicants should indicate the total amount of funding requested from June 1, 2024 – August 31, 2027 on the Application Face Sheet (page 31 of the RFA). The budget proposed in the first period does not have to be the same across all periods.

For the budget, I understand that applicants should propose a budget just for the first period, 06/01/2024-08/31/2024. → I would like clarification on if this budget amount proposed in this period has to be the same across all periods. For example, if an applicant requests $50,000 for 06/01/2024-08/31/2024, can they only request $50,000 for 09/01/2024-08/31/2025? Or can higher amounts up to $90,000 be requested for subsequent budget periods?

The budget proposed in the first period does not have to be the same across all periods. Applicants should indicate the total amount of funding requested from June 1, 2024 – August 31, 2027 on the Application Face Sheet (page 31 of the RFA). Applicants may request up to $22,500 in the first period (prorated amount of the $90,000 for 12 months) and up to $90,000 for periods 2-4. This means the total maximum amount that can be requested for the full 39-month period (June 1, 2024 – August 31, 2027) is $292,500.

90k for 12 months or 90k for three months?

The budget amount for the first period is a prorated amount from the $90,000 annual maximum. Applicants may request up to $22,500 in the first period, and up to $90,000 for periods 2-4. This means the total maximum amount that can be requested for the full 39-month period (June 1, 2024 – August 31, 2027) is $292,500. Applicants should indicate the total amount of funding requested from June 1, 2024 – August 31, 2027 on the Application Face Sheet (page 31 of the RFA).

If we applied for multiple projects falling under different strategies, would we need to build a narrative and budget for each?

No, you will submit one budget that includes all details of multiple initiatives within one budget. You may include the specific strategy number in the description of each item in the budget to help clarify which part is funding which initiative. Please be sure to follow the budget instructions on the provided budget template. Within the body of the project narrative, please include all program plans for the strategies which you have selected.

Per the budget – should applicants make one for Year 1, which is only a couple of months, or just do a full year? I was told to create a full year, but when I opened the budget template to work on it, it says: This template includes actual or projected expenses for May 1, 2024 - August 31, 2024. So, do we create one for a whole year, or just through May-August 2024? And if it is a whole year, what is the time frame? Would it be from September 1, 2024-August 31, 2025?

The budget submitted with the application should be a sample budget pro-rated for the period of time of June 1, 2024 through August 31, 2024. If funded, awardees will create an official annual budget for the full annual amount requested (up to $90,000) with the assistance of the IVPB Contracts Team.

Are there any associated costs related to IVPB trainings (registration, travel, etc.) that award recipients need to budget for?

Although we strongly encourage recipients to attend IVPB-offered trainings, these are not required. The Harm Reduction Academy itself is provided at no cost. However, travel to and from the Harm Reduction Academy, as well as lodging, are not provided. Other trainings offered by IVPB, such as webinars, are also free.

When is the next Harm Reduction Academy?

We are still in the early stages of planning for the 2024 Injury-Free NC Academy on Harm Reduction as Transformative Practice. There are two offerings for the HR Academy each year, typically one in Western NC and one in Eastern NC. The IFNC HR Academy will be offered twice in 2024 on the following dates:

May Academy Dates: May 7-8 and May 16-17

July Academy Dates: July 9-10 and July 18-19

More information will be released soon via the IVPB listserv. If you do not already receive communications from the IVPB overdose prevention listserv, please reach out to Sara Smith at sara.j.smith@dhhs.nc.gov .

Did you say Harm Reduction Academy is 2 days virtual AND 2 days in person? Where is it located?

Yes. We are still in the early stages of planning for the 2024 Injury-Free NC Academy on Harm Reduction as Transformative Practice. There are two offerings for the HR Academy each year, typically one in Western NC and one in Eastern NC. More information will be released soon via the IVPB listserv. If you do not already receive communications from the IVPB overdose prevention listserv, please reach out to Sara Smith at sara.j.smith@dhhs.nc.gov .

Are the statewide coordination meetings associated with any travel costs that award recipients need to budget for?

There are no required statewide coordination meetings to budget for at this time.

Allowable Expenses:

Just to clarify, no syringes/cookers/pipes can be purchased but other HR supplies like ties/waters/band aids are ok?

Yes, it is allowed to purchase eligible SSP and wound care supplies, such as biohazard disposal containers, safer use supplies, alcohol swabs, gauze, bandages, hygiene products, bags, and food to support linkages to care (but not medications including naloxone, syringes, hypodermic needles, cookers). Other forms of drug checking supplies or tools for the purpose of harm reduction public health and overdose prevention, such as mass spectrometers, Fourier-transform infrared (FTIR) machines, and fentanyl and xylazine test strips, are allowed.

Fentanyl test strips can be purchased but only for testing drugs? Are there restrictions on xylazine or benzo test strips?

Correct, test strip distribution for harm reduction purposes is allowed. The purchase of handheld drug testing machines such as TruNarc, Fourier-transform infrared (FTIR) machines, or HPMS machines for the purposes of reducing possible law enforcement exposure to fentanyl and purchasing and distributing fentanyl test strips for testing in biological samples for clinical decision-making purposes are not allowed.

Can these funds be used for rent for an established mobile SSP? Or funds can only be used for rent that is co-located with a treatment program?

Purchasing vehicles or paying down existing mortgages and/or other loans, including purchasing, leasing, or renting equipment intended to help EMS and other clinicians treat and manage overdose; and infrastructure costs, such as rent and utilities, for SSPs that are not associated with the colocation of treatment are not allowed. Leasing vehicles may be allowable expenses for community-based linkage to care activities. As long as the SSP is co-located with a treatment provider (i.e., CBT, MOUD, or other treatment modalities), these funds can be used to support infrastructure costs such as rent.

Can these funds be used for medicines to treat substance use disorders and/or Hep C treatment of individuals who are incarcerated?

Funding cannot be used for clinical services or medications. It can be used to support staffing such as peer support, community health workers, and linkage to care coordinators. Funds can also be used for things like transportation to and from appointments upon release, the provision of overdose prevention education, program materials, and other operational costs.

Can these funds be used for substance use treatment of incarcerated people upon their release?

Although funding cannot be used for clinical services or medications, it can be used for referrals to such treatment, including the creation of a linkage-to-care system. It can be used to support staffing such as peer support, community health workers, and linkage to care coordinators. Funds can also be used for things like transportation to and from appointments upon release, the provision of overdose prevention education, program materials, and other operational costs.

As I understand it, the goal of this solicitation is to offer services/support using one of the listed strategies for individuals who use drugs. However, strategy 5 includes options for recovery services specific to incarcerated or previously incarcerated. → Is there an option of using some of the funds to support those who previously used drugs but are maybe early in their recovery and not in active use?

Although the focus of this funding opportunity is to increase the availability of services and supports for people who use drugs, Strategies 3, 4, 5 and 6 allow for increased access to treatment and recovery services through linkage-to-care mechanisms. Utilizing the SAMSHA definition of recovery as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential," recovery could mean a variety of positive changes on a highly individualized spectrum, from a reduction of use, the use of sterile injection supplies, or abstinence.

Strategy 5 includes jail-based programming such as pre- and post-arrest diversion programs, reentry programing to refer individuals to care once released from incarceration, distributing overdose prevention education materials to incarcerated populations, and expansion of treatment and recovery services specific to incarcerated or previously incarcerated individuals.

For all strategies, clinical care or any direct medical service, including behavioral therapy (e.g., cognitive behavioral therapy) and/or specialized clinical care, such as pain management; and including the purchase of medications, including naloxone, methadone, buprenorphine, and naltrexone, and the provision of HIV/HCV or other STI testing and treatment, are NOT allowed. Funding or subsidizing costs associated with programs other than those specifically targeting overdose prevention, including housing and food assistance are also not allowed.

It doesn't appear that funds should be used to expand or establish housing first or rapid re-housing services. Can you please explain how expanding or establishing housing fits into this grant?

Funding or subsidizing costs associated with programs other than those specifically targeting overdose prevention, including housing and food assistance are not allowed.

One example of an allowable cost related to housing would be the hiring of a housing coordinator or linkage to care coordinator to work with overdose prevention program participants to fill out applications for housing and/or housing assistance, provide transportation to and from related appointments, and assess the local housing market.

Re: Strategy 4, could that include purchase of a vending machine to expand harm reduction services?

Purchasing a vending machine is an allowable cost; however, purchasing naloxone to fill the vending machine is not.

Clarify, No Medication costs can be reimbursed?

Correct; this funding cannot be used on naloxone, other medications, or direct clinical services.

Can you clarify the funding restriction of NOT funding clinical services despite Strategy 2 describing supporting wound care services for "prevention, detection, and monitoring to promote cost-effective and whole person care" as a priority.

Funding cannot be used for direct clinical services (including clinicians/nurses providing wound care) or medications, but it can be utilized to work on the planning of integrating health services or to distribute wound care hygiene kits, as an example. It can also be used to support staffing such as peer supports, community health workers, and linkage to care coordinators. Funds can also be used for things such as transportation to and from appointments upon release, the provision of overdose prevention/wound care education, program materials, and other operational costs. Many community-based organizations

provide education on wound prevention and wound care practices as well as non-clinical wound care support and services by peers and community health workers.

Would funding to provide direct clinical wound care services through a SSP partner not be under this scope of strategy 2?

Funding cannot be used for direct clinical services (including clinicians/nurses providing wound care) or medications, but it can be utilized to work on the planning of integrating health services or to distribute wound care hygiene kits, as an example. It can also be used to support staffing such as peer support, community health workers, and linkage to care coordinators. Funds can also be used for things like transportation to and from appointments upon release, the provision of overdose prevention/wound care education, program materials, and other operational costs. Many community-based organizations provide education on wound prevention and wound care practices as well as non-clinical wound care support and services by peers and community health workers.

On page 24, it states "If you are proposing activities that are based out of a clinic or healthcare settings, there are additional funding restrictions that are not listed here." Could you clarify? Also, where can I find out more about the additional funding restrictions?

Information about the RFA and restrictions on funding can be found in the RFA on pages 6 and 7 which can be accessed using this link.

Additional restrictions for **clinical/health systems ONLY** are listed here and include the following:

- Purchasing and distributing fentanyl test strips for testing in biological samples for clinical decision-making purposes
- Provision of SUD treatment that includes MOUD and the purchase of medications such as methadone, buprenorphine, and naltrexone
- Any PDMP enhancements that involve providing direct care for substance use disorders (SUDs) treatment
- Providing medical/clinical care, including behavioral therapy (e.g. cognitive behavioral therapy) and/or specialized clinical care, if indicated, such as pain management
- Paying for fees associated with clinicians obtaining Drug Enforcement Agency (DEA) registration to prescribe controlled substances, including buprenorphine
- Financial incentives to encourage clinicians to participate in educational sessions and training activities (e.g., participation in academic detailing, attending, seminars, completion of post-session surveys)
- Financial incentives for integrated PDMP-health IT (e.g., EHR) connections
- Purchasing basic food, health, or personal items even if intended to support outreach or engage individuals in venue-based programs (e.g., meal or grocery cards, first aid kits, hygiene items, clothes, etc.)
- Purchasing, leasing, or renting equipment intended to help EMS and other clinicians treat and manage overdose

Will you post the information regarding the spending restrictions/limits of the grant?

Information about the RFA and restrictions on funding can be found in the RFA on pages 6 and 7 which can be found using this link.

Would PSS who work as a part of the PORT use the funding to continue alcohol and drug counselor certification?

This funding may be used to provide professional development and educational opportunities for all program staff on topics such as overdose prevention, harm reduction, substance use disorders, ethics, bloodborne pathogens, STIs, and other related topics. Funding may not be used for the credentialing process itself (background checks, exam/registration fees, etc.).

Would it be acceptable to fund the salary of a community health worker to provide education, care coordination/linkage, and counseling related to wound care?

Yes, funding positions of peers, linkage coordinators and community health workers for these strategies would be an acceptable use of funds.

Would it be acceptable to fund a stipend for a wound care nurse to provide education to outreach workers and/or CHWs on best practices for wound care?

Yes, funding someone with a medical background to provide education or training to community health workers, peers, or others would be an acceptable use of funds.

For this project we will be using a partner organization's mobile unit to provide outreach on the street. Is it acceptable to use the funding to pay for the rental fee associated with using that mobile unit when we do our outreach events?

Yes, renting equipment, such as leasing vehicles, for mobile outreach and delivery of services and mileage reimbursement is an allowable cost.

Clinical Service Definition:

On page 24, it states “If you are proposing activities that are based out of a clinic or healthcare settings, there are additional funding restrictions that are not listed here.” → I’m not sure Cabarrus Health Alliance would qualify. We are a health department with clinical services, but the Syringe Access Program is not located inside one of those clinics; it is, however, in the same building. Could you clarify? Also, where can I find out more about the additional funding restrictions?

Since the Syringe Access Program that you are focusing on in your application is not directly in a clinic or healthcare setting, the additional funding restrictions do not apply. The local health department/district is not considered a clinic or healthcare setting for the purposes of this RFA. Those clinical services are considered a different part or program of the health department.

However, regardless of program setting, funding cannot be used for clinical services or medications in any case. Funding can be used to support staffing such as peer support, community health workers, and linkage to care coordinators. Funds can also be used for linkage to care activities, like transportation to and from appointments upon release, the provision of overdose prevention education, program materials, and other operational costs.

Additional funding restrictions for **clinical/health systems ONLY** are listed here and include the following:

- Purchasing and distributing fentanyl test strips for testing in biological samples for clinical decision-making purposes
- Provision of SUD treatment that includes MOUD and the purchase of medications such as methadone, buprenorphine, and naltrexone
- Any PDMP enhancements that involve providing direct care for substance use disorders (SUDs) treatment
- Providing medical/clinical care, including behavioral therapy (e.g., cognitive behavioral therapy) and/or specialized clinical care, if indicated, such as pain management
- Paying for fees associated with clinicians obtaining Drug Enforcement Agency (DEA) registration to prescribe controlled substances, including buprenorphine
- Financial incentives to encourage clinicians to participate in educational sessions and training activities (e.g., participation in academic detailing, attending, seminars, completion of post-session surveys)
- Financial incentives for integrated PDMP-health IT (e.g., EHR) connections
- Purchasing basic food, health, or personal items even if intended to support outreach or engage individuals in venue-based programs (e.g., meal or grocery cards, first aid kits, hygiene items, clothes, etc.)
- Purchasing, leasing, or renting equipment intended to help EMS and other clinicians treat and manage overdose

Eligible Applicants:

Can a health department partner with two different agencies on two different strategies?

Yes, health departments could potentially partner with multiple partners on different strategies.

We are a local health department that has a PORT. We would like to apply to strengthen our team and are focusing on Strategy 3. When Tyler was reviewing it, he mentioned "community-based organizations". Does this exclude local health departments?

The Partnerships in Overdose and Harm Reduction (POPHR) RFA is open to private, non-profit 501(c)(3) organizations and public or local governmental agencies, including colleges and universities, located and licensed to conduct business in the state of North Carolina. This includes local health departments. Local health departments are eligible, but we want to ensure that they are working closely with established community resources to best meet the needs of their community. We are encouraging local health departments to partner with community-based organizations in their area if there are preexisting services already being provided. An example of this would be to support or partner with a local organization that is already providing Post Overdose Response Team services, rather than developing a completely new program.

Are private for-profit agencies eligible?

Private, for-profit organizations are not eligible. Only non-profit organizations and governmental agencies are eligible.

Can a for profit organization apply?

Private, for-profit organizations are not eligible to apply. Only non-profit organizations and governmental agencies are eligible.

Would a correctional facility be limited only for strategy 5?

No, not necessarily. A correctional facility could potentially select any of the strategies if they have the capacity and infrastructure for the proposed program.

Can a for profit be a supportive agency for a primary non-profit submission.

Applicants may be individual organizations or a partnership/collaboration of multiple organizations, one of which must serve as the fiscal agent or the organization that will take overall responsibility of the fiscal and grant-related requirements. A for-profit organization may be a supportive agency for the non-profit, as long as the non-profit is the applicant. Each key partner referenced in the application narrative and/or the budget should have an accompanying letter of commitment/support to demonstrate evidence of collaboration and describe details of the collaboration. The partnership highlighted in the letter of support should also be reflected in the application narrative.

For Strategy 5 – can Sheriff's Offices/jails apply for these funds directly or is their role only as a partner?

Yes, a local government agency such as a county sheriff's office or jail/detention center can apply for these funds to support the proposed strategies.

If the SSP is within the Health Department, who is the applicant, does it change or complicate Strategy 4?

No, that would not complicate or change anything. We will encourage the health department to collaborate with other community-based partners to ensure the needs for overdose prevention and harm reduction are being met. Unless the SSP is their own separate non-profit 501(c)(3) organization, it sounds like the local health department would be the applicant.

Where do you schools fitting in to these strategies?

Schools could potentially propose projects for any of these strategies. However, there may be some strategies that would be a better fit than others. Schools can be an important provider of evidence-based education and access to resources for adolescents.

Would a hospital foundation that currently funds a Peer Support Program based in our ED be a good fit?

Yes. We encourage private and public, governmental, or non-governmental non-profits to apply with project proposals. Peer support services for these strategies are allowed.

If we are a Tier 1 County (yes, HMP) could we do education in schools on harm reduction (yes, strategy 6 is what I am thinking)

Yes. A program could propose an evidence-based, harm reduction-focused educational program to take place in schools.

Can SSPs apply with other CBOs that are primarily connections to care. Or can orgs that do connection to care apply themselves to cover transportation to care, mainly.

Yes, both of these would be allowed, as long as the applicant is a non-profit organization or government agency in NC.

Can a new NP apply for Strategy 5?

Yes. A new non-profit agency can apply. Keep in mind that there are several required documents and processes for non-profit organizations to be set up to receive funding from the state of NC, including receiving federal funds that go through the state health department (like this RFA does).

If you are a for profit, can you collaborate in partnership with a non-profit organization to pursue this RFA.

Yes, for profit organizations can partner with eligible applicants to support their work. However, for-profit organizations cannot be the applicant. Each key partner referenced in the application narrative and/or the budget should have an accompanying letter of commitment/support to demonstrate evidence of collaboration and describe details of the collaboration. The partnership highlighted in the letter of support should also be reflected in the application narrative.

Letters of Commitment/Support:

For the required letters of support, is there specific information or points that should be touched on in those letters?

All letters of support (LOS) should follow the standard LOS format. LOS should acknowledge the partner's understanding of the proposed project, thoroughly describe their role in the proposed project, and how specifically they will support the proposed project. For the required LOSs, they should align with the strategy chosen and provide a brief history of the working relationship between partners.