

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 Period #2

RFA#A409

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

- 1) The RFA for opportunity #A409 states “Those entities that are funded through Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities (OD2A: LOCAL; CDC-RFA-CE-23-0003) are ineligible for this opportunity.” Our organization has been awarded funds for other OUD projects: an MAT Residency Program through NC DHHS and an ED-based Buprenorphine Pilot through NCHA. → Because our funds were awarded through other organizations, would our eligibility be affected if either program received OD2A funding?

This statement of exclusion applies only to agencies that are funded through the OD2A: LOCAL funding opportunity, which is only Mecklenburg County in North Carolina. Agencies that are funded via contract with NCDHHS through the OD2A in States; CDC-RFA CDC-RFA-CE-23-0002, are eligible to apply.

- 2) Are vehicle maintenance/repair, and gas costs an allowable expenditure for a Mobile Harm Reduction unit?

No. Capital expenses, such as the maintenance or improvement of a building or vehicle, are not allowed; neither is the direct purchase of fuel. Purchasing vehicles or paying off loans for vehicles are also not allowed. However, mileage reimbursement at the state rate is allowed, and it is intended to cover costs associated with gas/fuel and maintenance. Renting equipment, such as leasing a vehicle, for mobile outreach is also an allowable expense.

- 3) For Letters of Support:

- a. Who should the letters be addressed to?

Letters of support may be addressed to NCDHHS, Division of Public Health, Chronic Disease and Injury/Injury and Violence Prevention Branch.

- b. Would the grant reviewers be appropriate?

Letters of support may be addressed to NCDHHS, Division of Public Health, Chronic Disease and Injury/Injury and Violence Prevention Branch.

- c. Is this the correct address for NC DPH? NC Department of Health and Human Services, Division of Public Health, 5505 Six Forks Road, Raleigh, NC 27699.

The correct address is 5505 Six Forks Road, Raleigh, NC **27609**.

4) I represent a local health department applying for strategy 4 to support our local SSP. If funded, most (maybe all) of the money would go to the SSP to hire staff and purchase supplies, etc. So, my questions are:

a. In our application, does the SSP need to be a subcontractor?

Any partner who will be funded directly for providing services, like staffing, should be listed as a subcontractor. When choosing to work with a partner as a subcontractor, a separate subcontractor budget is required for each subcontractor on the proposed project.

b. When I am answering questions about our organization, should I be answering about our health department or the SSP or both? For example, most of the health department clients are not experiencing homelessness, but the majority of the SSP participants are. I want to make sure I'm approaching this correctly.

The project narrative should identify the population that will be served by the proposed project. For example, if the project will be housed in a health department but being a client of the health department is not a requirement for receiving services, health department clients would not be the focus population. Organizational capacity and history of overdose prevention programming, as well as previous collaboration with partners, should also be addressed in the project narrative.

c. Also, is there a specific metric that determines "higher overdose burden" or is it simply higher than the state rate?

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 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.

5) We read that, "The font should be Arial and sized 11-point. Page limit is 10 pages excluding the budget with narrative and letters of commitment. All pages should be numbered." Are we allowed to include an appendix with a few Tables/Figures we reference which go beyond the 10-page limit? For example, the prompts for Assessment of Need equal about a half of a page, while responses are only allotted 1 ¼ pages. To save space, is it possible to put references attached at the end on a separate sheet that doesn't get counted in the page limit?

The page limit for the application is 10 pages. Anything beyond the 10-page limit may not be scored. Appendices are allowable but will not be factored into scoring; all required components for the RFA must be included in the 10-page narrative.

6) We intend on submitting an application for the RFA #A409 and were curious if the original RFI submissions were available? I had not seen the replies posted anywhere.

All information regarding RFA #A409, including the Q&A addendum for period 1, can be found on this webpage: <https://injuryfreenc.dph.ncdhhs.gov/a409.htm>

7) I serve to support a coalition of community-based organizations that is considering submitting a proposal for the RFA, and they had the below questions:

- a. In this RFA, it is stated that priority would be given to organizations based in counties that have higher overdose burden according to the county-level DHHS poisoning data. Edgecombe and Nash Counties both represent a higher-than-average rate of overdose per 100,000 residents, but overall overdose numbers are lower due to the lower population of the counties. Will priority be determined based on rate, thus making this opportunity accessible to rural communities like Edgecombe and Nash?

In recognition of the inherent differences in communities due to population size, overdose burden is determined by rate and not numbers.

- b. Further, many rural communities face significant challenges with these issue areas and may see the usefulness of employing multiple strategies from this RFA. Is there a limit to the number of proposals per region that may be funded? Or, if different organizations in the same region strive to meet different needs through different methods, is this opportunity equally accessible to all possible proposals, if otherwise selected?

There is no limit on the number of strategies that an applicant can apply for. There is also not a number on the limit of organizations that can apply in the same region. We encourage all applicants to collaborate with current service providers to ensure needs are being met as well as prevent the duplication of efforts. If you know of others in the region who are also applying to this RFA, collaboration among applicants is also encouraged to ensure complementary proposals. All applications will be reviewed using the same criteria.

8) In the submission guidelines, it is requested that the letter of commitment/support section be limited to two pages. If there are more than two partners committing support, do you encourage all partners to sign onto the same letter, or is it permissible to submit more than 2 pages for this section? Any guidance you have on this would be appreciated.

For the project narrative, there is a two-page limit suggested for the provision of evidence of collaboration and partnerships (page 34 of RFA). The letters of commitment themselves, as explained on page 37, should be included with each application as an appendix and will not count towards the narrative page limit.

9) I have a question about the format of the Face page of the POPHR grant that I can't figure out - the PDF won't allow me to edit the Face document. Even if I try to download and edit it, it says it's signed so it cannot be edited. I know that exact page has to be filled out and included.

This issue has been resolved and a new, fillable version of the document has been uploaded to the RFA website: <https://injuryfreenc.dph.ncdhhs.gov/a409.htm>. It also can be directly accessed [here](#).

10) I have noticed that the requirements listed for Assessment of needs on page 32 does not match the prep template on pages 58-59. I am following the requirements on page 32.

The project narrative worksheet on pages 58-59 of the RFA is an optional tool meant to give more specific guidance to help applicants answer all components of the project narrative for the RFA. The worksheet does not cover everything that will need to be written in the application. It is meant to serve as a guide for discussion and writing, not as a template for the application. Following the requirements on page 32 of the RFA itself is correct.

11) We are in the process of applying for this funding, but have had no luck getting a letter from our Sheriff's Dept as is necessary to apply to Strategy #5 - Expanded Services to Justice Involved Persons. Do 'Justice Involved Persons' also count as 'Historically Marginalized and High Risk Populations'?

As a result of the criminalization of drug use, there is significant overlap between 'Historically Marginalized and High Risk Populations' and 'Justice Involved Persons.' Therefore, programs working primarily with individuals who have justice-system involvement would be eligible to apply for strategies other than Strategy 5.

Furthermore, although we focused on jail-based programming for Strategy 5, there are other eligible activities under this strategy that would not require a partnership from the local jail/detention center or Sheriff's Office, so alternative letters of commitment from relevant key partners needed to do the work successfully are acceptable. For example, if the proposal is about supporting re-entry connections for justice-involved people to reduce risk of overdose, then you should include a letter of commitment from at least one of the following groups: local re-entry council, community corrections or other NC Department of Public Safety or NC Department of Adult Corrections entities.