Keys to Writing a Successful Rural Health Opioid Program Grant Program Application

National Organization of
State Offices of Rural Health

Michael Blodgett

Michael is a Public Health Analyst at the Federal Office of Rural Health Policy within the Health Resources and Services Administration. He is the Program Coordinator for the Rural Opioid Overdose Reversal grant program and the Rural Health Opioid Program. Prior to joining HRSA, Michael was a Peace Corps Volunteer in Cambodia and an Emergency Medical Technician in Henrico County, Virginia.

Teryl Eisinger

Teryl has more than 20 years experience in health care and has worked extensively in the areas of rural health and health promotion for underserved populations. Teryl served as assistant director of the Nevada Office of Rural Health and the Northeastern Nevada Area Health Education Center before being named NOSORH executive director.

Throughout her career, Teryl has had programmatic responsibility for various Interdisciplinary Training, State Loan Repayment, Rural Health Outreach, Abstinence Education and other federally funded programs. She has provided volunteer leadership to various rural and urban non-profit organizations whose missions focused on economic development and rural health, including serving as chair of a large community health center. Teryl received her undergraduate degree in allied health management from Northern Arizona University and holds a Master of Arts degree from the University of Nevada-Reno. She has also taught communication, marketing and business skills courses at Great Basin College.

Chris Salyers

Chris Salyers joined the NOSORH team as the Education and Services Director in February 2016. Previously, Chris served as a Rural Project Manager with the Kentucky Office of Rural Health where he handled workforce activities, office communications and publications, network activities and special projects. Prior to that, Chris held positions with the Northeast Kentucky AHEC, local community coalitions and with a regional Community Mental Health Center. Chris holds a Bachelors and Masters in Counseling from Morehead State University in Morehead, Kentucky, and is currently pursuing a Doctor of Health Sciences (DHSc) from A.T. Still University.

National Organization of
State Offices of Rural Health

Rural Health Opioid Program (RHOP)

Federal Office of Rural Health Policy

Health Resources and Services Administration

Department of Health and Human Services

Michael Blodgett, Program Coordinator

Purpose

…to promote rural health care services outreach by expanding the delivery of opioid related health care services to rural communities with the goal of reducing rates of morbidity and mortality related to opioid overdoses in rural communities.

Objectives

- **Identify**: Identify individuals at-risk of overdose and guide them towards recovery by providing outreach and education on locally available treatment options and support services
- **Educate the Community**: Educate community members on opioid use disorder, treatment options and methods for preparing and referring individuals with OUD to treatment
- **Coordinate Care**: Implement care coordination practices to organize patient care activities
- **Support Recovery**: Support individuals in recovery by establishing new or enhancing existing behavioral counselling and peer support activities

Program Summary

- **Funding Opportunity Title:** Rural Health Opioid Program (RHOP)

- **Funding Opportunity Number:** HRSA-17-022

- **Due Date for Applications:** July 21, 2017

- **Anticipated Total Annual Available FY17 Funding:** $3,000,000

- **Estimated Number and Type of Award(s):** Up to 12 grant(s)

- **Estimated Award Amount:** Up to $250,000 per year

- **Cost Sharing/Match Required:** No

- **Project Period:** September 30, 2017 through September 29, 2020 (three (3) years)

- **Eligible Applicants:** Rural public or rural non-profit private entities that represent consortiums composed of 3 or more health care providers.

- **Authority:** Public Health Service Act, Section 330A(e) (42 U.S.C. 254(c)(e))

Timeline

- **Posted to Grants.Gov:** 6/15/2017

- **NOSORH TA Webinar:** 7/6/2017

- **FORHP TA Webinar:** 7/13/2017

- **Application Due Date:** 7/21/2017

- **Review Dates:** 8/15/2017-8/16/2017

- **Project Award Date:** 9/12/2017*

- **Project Start Date:** 9/30/2017*

* These dates are subject to change.

Contact

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What you are going to hear & see:

- Answer 10 key questions before making the decision to apply for this funding.

- Describe successful strategies to write a Rural Health Opioid Program grant application.

- Identify resources to support the grant application effort.

- Grant writing tips
- Some samples
- Some things the funder may or may not be able to share!

Rural Health Opioid Program

Thanks to Federal Office of Rural Health Policy!

Mike Blodgett, Public Health Analyst

Project Purpose:

The purpose of the RHOP Program is to reduce the morbidity and mortality related to opioid overdoses in rural communities through the development of broad community consortiums to prepare individuals with opioid-use disorder (OUD) to start treatment, implement care coordination practices to organize patient care activities, and support individuals in recovery by establishing new or enhancing existing behavioral counseling, peer support, and alternative pain management activities.

This program will bring together non-profit entities such as hospitals, primary care practices, substance abuse, treatment centers, social service organizations, and other community groups to respond with a multifaceted approach to the opioid epidemic in a rural community. The program will support three (3) years of funding with the primary goal of demonstrating improved and measurable health outcomes, including but not limited to, reducing opioid overdose morbidity and mortality in rural areas.

Assumptions:

You understand that NOSORH is not the funding agency . FORHP is the expert on this application process!

You have personally read <u>every word </u>of the guidance for this opportunity!

- ✓ Footnotes
- ✓ Background
- ✓ Resources

You plan to listen & ask questions on the FORHP webinar !

You might need:

- — some help deciding whether to apply
- — some direction on how to get a successful application together
- — additional resources

FORHP Webinar

- Day & Date: Thursday, July 13, 2017
- Time: 2:00 – 3:00 p.m. ET
- Call-In Number: 1-888-790-1893
- Participant Code: 6456578
- Weblink: https://hrsa.connectsolutions.com/rhop_technical_assistance/
- Playback Number: 1-866-501-0093

What is the National Organization of State Offices of Rural Health?

The National Organization of State Offices of Rural Health promotes the capacity of State Offices of Rural Health to improve health care in rural America through leadership development, advocacy, education, & partnerships.
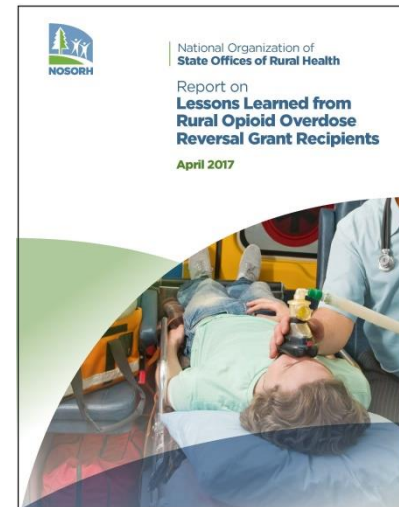
Grant writing education

Web-based:

Rural Health Grant Writer Institute
Grant Writing Beyond the Basics

EMS Grant Writing Institute

On site:

Upon Request

Role of State Offices of Rural Health

- State Office of Rural Health in every state in the nation
- Every State Office of Rural Health is unique
- Roles:
  - Information dissemination
  - Coordination
  - Technical assistance

Applicants are required to notify the State Office of Rural Health (SORH) of their intent to apply to this program

A list of the SORHs can be accessed at https://nosorh.org/nosorh-members/nosorh-members-browse-by-state/.

Applicants must include Attachment 2 State Office of Rural Health Letter.

10 generic "pre-grant application" questions

1. Who will write the application?
2. What is the problem you are trying to solve?
3. What data do you have to document the problem?
4. What partners can help you meet the needs?
5. What exactly do you want to do about the problem?
6. Who will do the work required by the grant?
7. What will you have after you have finished that you don't have now? How can you measure that benefit?
8. Can you sustain the work after grant funding?
9. How much will it cost?
10. What are your chances of being funded?

Who will write the application?

Are you eligible & able to submit a grant?

Are you registered to submit a grant in Grants.gov & current?

The applicant organization must be a state, public or private non-profit entity located in a rural area or in a rural census tract of an urban county

Verify applicant EIN Number is rural per the HRSA calculator:

http://datawarehouse.hrsa.gov/RuralAdvisor

One exception for prison population communities see pp 4-5

Provide evidence of public or private non-profit status - in Attachment 1

Funding must be used for programs which serve population residing in a HRSA designated rural area Verify !

Who will write the application?

Point guard usually the fastest player on the team, organizes the team's offense by controlling the ball & making sure that it gets to the right player at the right time.

Writer(s)
Support staff
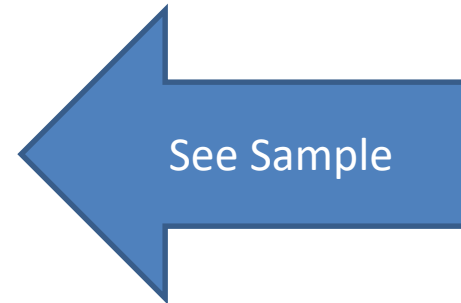Accountant
Evaluator
Reader
Sender
Supporters

Choose your talent wisely!

The Project Abstract
Start it! WORK it!

- Overview
- Purpose
- Goals
- Activities
- Expected benefits to the target population
- Unique qualification of the consortium and applicant
- Funding preference

See Sample

Who will write the application?

CONSORTIUM MEMBERS MEETING

DRAFT AGENDA

Walk through the guidance – purpose, funding, requirements

Share draft project abstract, & rough budget & goals

Focus on the guidance

    major sections

    outside team help

Gain commitment

Ask the hard questions

    - what do they bring to the project ?

    - who will staff report to ?

    - who will get funds – for what - indirect?

Summarize with the 10 questions.

Make assignments including due dates.

Commitments:
- ✓ Endorsement
- ✓ Staff for the grant writing team
- ✓ Data
- ✓ Organization information
- ✓ What benefit to their work
- ✓ Signature on MOU

?What more do <u>they</u> need to know?

Don't forget to make assignments for the attachments. See pp. 16-18

What are your chances of being funded?

Only 12 applications will be funded.

Could be less!

Unlikely to be funded if the application does not have a VERY high score.

Broadly defined definitions of health care providers (p. 1 and p. 31)

FUNDING PREFERENCE

Qualification 1: Health Professional Shortage Area (HPSA)

http://datawarehouse.hrsa.gov/geoadvisor/ShortageDesignationAdvisor.aspx.

Qualification 2: Medically Underserved Community/Populations (MUC/MUPs)

http://datawarehouse.hrsa.gov/geoadvisor/ShortageDesignationAdvisor.aspx

Qualification 3: Focus on primary care & wellness & prevention strategies.
This focus must be evident throughout the project narrative.

*Funding preference request must be included in the Project Abstract.

* Proof of meeting funding preference (screenshot) & a statement of eligibility must be included in Attachment 12
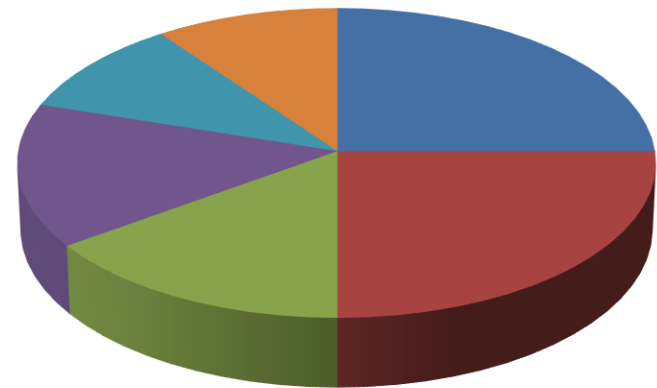
What are your chances of being funded?

Write to the reviewers.

Follow the narrative outline.
Pp 8-19

- Need 25%
- Response 25%
- Evaluative Measures 15%
- Impact 15%
- Resources & TA Capacity 10%
- Support Requested 10%

Writing for the review – it isn't easy!

Narrative Section *What you write & the order in which they read it.*	Review Criteria *What they "score".*	Points	Attachment *What they also look at when they "score".*
Project Abstract (separate from the narrative)	ALL	N/A	YES
Introduction	(1) Need	25 pts	N/A
Needs Assessment	(1) Need	25 pts	#4 Service Area Map
Methodology	(2) Response	25 pts	#10 Sustainability Plan #11 Evidence Based Practice Abstract
Work Plan	(2) Response & (4) Impact	25 pts 15	#5 Work Plan (including timeline)
Resolution of Challenges	(2)Response	25 pts	N/A
Evaluation & Technical Support Capacity	(3) Evaluative Measures & (5) Resources/ Capabilities	15 pts 10 pts	#8 Baseline Measures #9 Preliminary Evaluation Plan
Organizational Information	(5) Resources/ Capabilities	10 pts	#3 (3 parts) Applicant Org Chart & Consortium Org Chart (with listing) & MOU #6 Staffing plan & Job descriptions (1 p.) #7 Bio Sketches
Budget & Budget Narrative	(6)Support Requested	10 pts	YES

Criterion # 1 Need – 25 points

Unmet health care needs related to opioid abuse, treatment, & recovery - **that the consortium proposes to address**...document the need **in the proposed service area.**

Include a description of the target population:
a) Estimated size of the target population *(not just the at-risk population)*
b) Number of counties that will be served *(rurality, HPSA designations)*
c) Demographics of the target population *(age structure, poverty, insurance)*
d) Incidence of opioid overdoses *(& other incidence & prevalence data)*
e) Morbidity & mortality rates related to opioid overdoses
f) Previous and/or current efforts to address opioid overdoses within the target population *(especially by members of the consortium including treatment & recovery)*

Identify differences in access, service use, & outcomes for the target population **in comparison with the general population in the state or region**. *(how are the needs of your target population unique?)*

Key challenges & barriers related in the service area include geographic, socio-economic, linguistic, cultural, ethnic, workforce or other barriers that prohibit access to substance abuse & recovery services

Describe the number & types of **service facilities** & providers. *Use a map!*

Describe the **consortium** *(& their organizational needs)* identify members that will address treatment, recovery.

Important

Local data

- **Use data from the members of your consortium:**
  - Discharge data
  - Utilization data from human resource agencies, faith based organizations, schools & others
  - Local survey results

- **Weave in qualitative data:**
  - patient, family or provider, public safety or EMS stories
  - focus group or community meeting quotes
  - key informant interview quotes

Mapping Tools

- UDS Mapper

  http://www.udsmapper.org

- State Health Access Data Assistance Center (SHADAC): State Health Compare (**state level**)

  http://statehealthcompare.shadac.org

- MapChart - free simple map creator

  https://mapchart.net

Possible State Data Sources

- CDC Opioid Overdose database https://www.cdc.gov/drugoverdose/opioids/index.html

- National Center for Health Statistics https://www.cdc.gov/nchs/

- Substance Abuse and Mental Health Data Archive https://www.samhsa.gov/data/

- County Health Rankings & Roadmaps (*note location of original data)

- State Office of Rural Health

- State Health Department

- State Hospital Association

- State Licensing Boards

FINDING STATISTICS & DATA RELATED TO RURAL HEALTH

County Health Rankings & Roadmaps

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

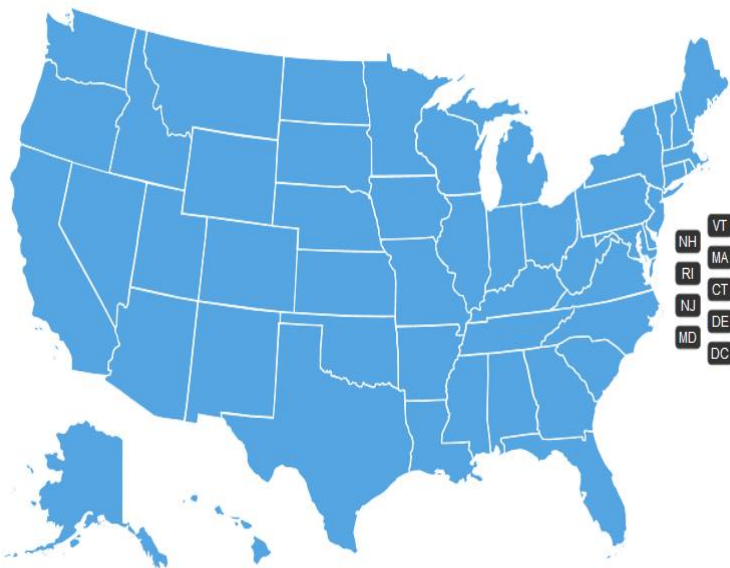HEALTH RANKINGS   ROADMAPS TO HEALTH   RESOURCES   MORE   Search by county, state, or topic

HOW HEALTHY IS YOUR COMMUNITY?

HOW CAN ROADMAPS TO HEALTH HELP YOU?

Find your community   See what affects health

Health Behaviors		McDowell County	Trend	Error Margin	Top U.S. Performers	West Virginia	Rank (of 55)
							55
Adult smoking	ⓘ	29%		28-30%	14%	26%	
Adult obesity		42%	~	36-48%	26%	35%	
Food environment index		6.1			8.4	7.2	
Physical inactivity		38%	~	32-43%	19%	29%	
Access to exercise opportunities		41%			91%	58%	
Excessive drinking	ⓘ	10%		9-11%	12%	11%	
Alcohol-impaired driving deaths		43%	~	34-52%	13%	32%	
Sexually transmitted infections		138.9	~		145.5	254.5	
Teen births		92		83-101	17	44	
Additional Health Behaviors (not included in overall ranking) –							
Food insecurity		22%			10%	15%	
Limited access to healthy foods		2%			2%	6%	
Drug overdose deaths		93		71-121	9	35	
Motor vehicle crash deaths		32		24-43	8	17	
Insufficient sleep		42%		41-43%	28%	37%	

U.S. Census Bureau QuickFacts

ALL TOPICS ▼ 🔍 = Browse more datasets	🔍 COOK COUNTY, ⊠ MINNESOTA	🔍 MINNESOTA ⊠	Enter state, county, city, town, or zip code
👤 **PEOPLE**			
Population			
ⓘ Population estimates, July 1, 2015, (V2015)	5,194	5,489,594	
ⓘ Population estimates, July 1, 2014, (V2014)	5,233	5,457,173	
ⓘ Population estimates base, April 1, 2010, (V2015)	5,176	5,303,925	
ⓘ Population estimates base, April 1, 2010, (V2014)	5,176	5,303,925	
ⓘ Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)	0.3%	3.5%	
ⓘ Population, percent change - April 1, 2010 (estimates base) to July 1, 2014, (V2014)	1.1%	2.9%	
ⓘ Population, Census, April 1, 2010	5,176	5,303,925	
Age and Sex			
ⓘ Persons under 5 years, percent, July 1, 2014, (V2014)	4.0%	6.4%	
ⓘ Persons under 5 years, percent, April 1, 2010	4.2%	6.7%	
ⓘ Persons under 18 years, percent, July 1, 2014, (V2014)	16.3%	23.5%	
ⓘ Persons under 18 years, percent, April 1, 2010	16.8%	24.2%	
ⓘ Persons 65 years and over, percent, July 1, 2014, (V2014)	24.3%	14.3%	
ⓘ Persons 65 years and over, percent, April 1, 2010	20.3%	12.9%	
ⓘ Female persons, percent, July 1, 2014, (V2014)	50.5%	50.3%	
ⓘ Female persons, percent, April 1, 2010	50.1%	50.4%	
Race and Hispanic Origin			

SAMHSA Service Area Need for Opioid Treatment

Ohio 2016 Potential Areas for Addressing Service Gaps for Opioid Treatment

Data Sources:
Drug Use: NSDUH (2012)
Facilities: SAMHSA (2016)
Population: ACS 5-year average (2010-2014)
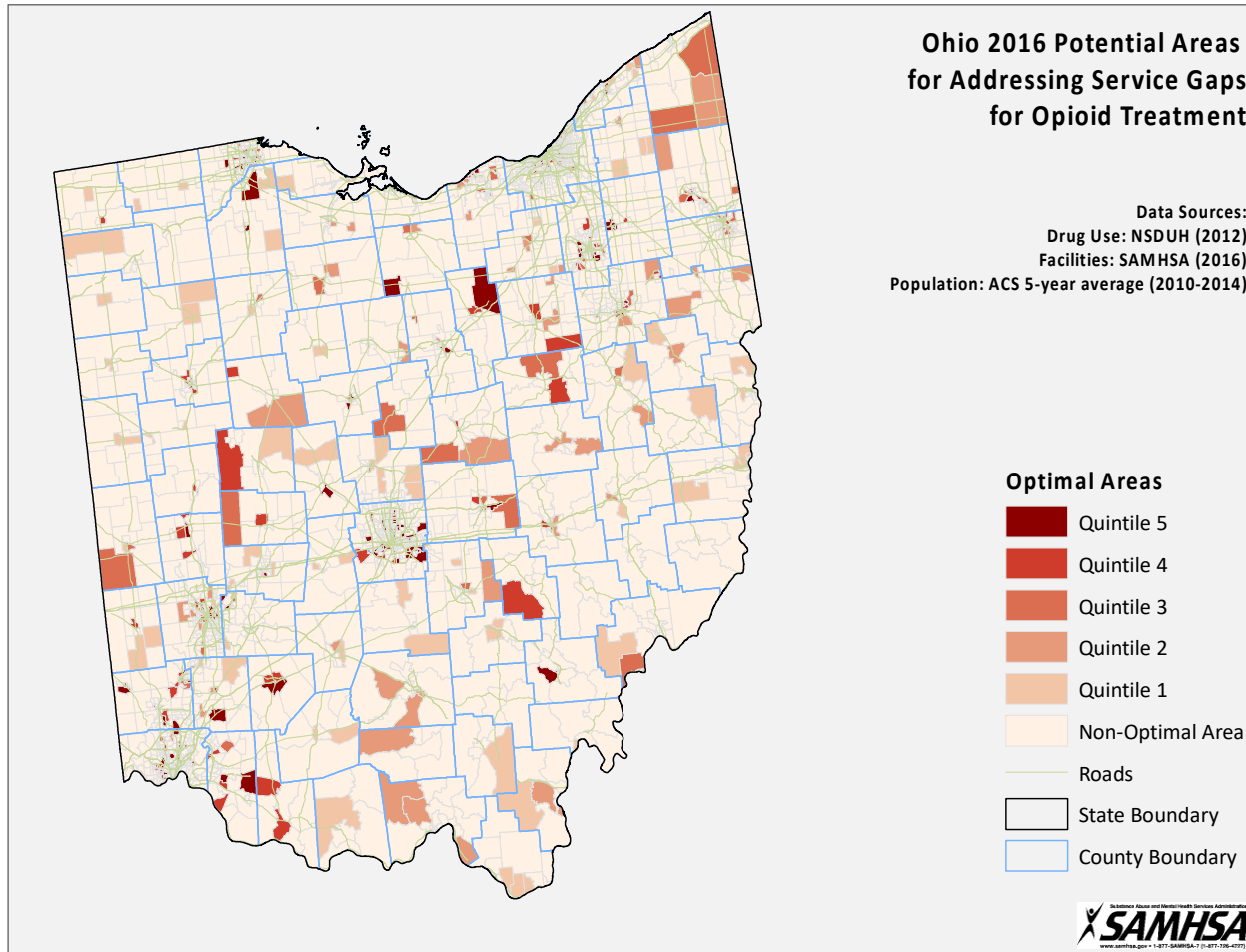
https://www.samhsa.gov/data/mat_map

Optimal Areas

- Quintile 5
- Quintile 4
- Quintile 3
- Quintile 2
- Quintile 1
- Non-Optimal Area
- Roads
- State Boundary
- County Boundary

What level is the data?

	Local	State	Federal
UDS Mapper	X	X	
CDC's Opioid Overdose Database		X	X
SHADAC State Health Compare		X	X
National Center for Health Statistics (*need to analyze own data*)	X	X	X
Substance Abuse and Mental Health Data Archive	X	X	X
County Health Rankings and Roadmaps	X	X	X

Need – Write for the reviewer

- Your job...show them that the need is so critical they must recommend your project for funding.
- They ....might calculate a "per target population" cost for your project.
- They ...will judge your consortiums' capacity when they read the need statement

Are the problems you describe the same problems & FORHP wants to address?

Criterion #2 Response – 25 points

Sections In Narrative:

Methodology p. 10

Work Plan p. 11

Resolution of Challenges p. 12

Evaluation pp. 12-13

Review Scoring:
pp. 22-23

3 Parts

- ✓ Methodology – Strategy
- ✓ Work Plan – Processes
- ✓ Resolution of Challenges

When it seems redundant to another section – don't skip it. Summarize, give the basics, don't use the same words from another section, reference the other section.

Criterion #2 Response – 25 points

METHODOLOGY part 1- Propose methods meet the program purpose - *strategy and rationale*

- Define the specific activities & strategies that will be implemented *are aligned to* accomplish the project goals **outlined in the Introduction** and performance measures outlined in the **Evaluation & Technical Support** section and proposed in **Attachment 8**.
- Explain how the project will **benefit** the target population, overcome existing challenges & barriers to treatment & recovery services
- Describe how they will collect & analyze data (including the data collection system), assess program effectiveness, & make recommendations for improving program effectiveness. *(In general – reference to the section)*
- Identify potential barriers & challenges to forming the consortium & implementing activities along with possible solutions to address the barriers & challenges. *(Be strategic!)*
- Preliminary sustainability plan that includes factors & strategies that will lead to viability & sustainability after federal funding **Attachment 10**
- Information on evidence based frameworks , innovation s & creative approaches. If portions of the proposed methodology are based on a project that had prior results, describe that program *& how it will be applied & adapted to this project. Include an* abstract in **Attachment 11**.

A word about sustainability

✓**Scale back?**

✓**Income generation**

o Consulting

o Fee for service

✓**Contributions/Sponsorship**

o Social/Civic

o Business

✓**Events**

✓**Adoption**

o Government

o Faith based

Rural Health Information Hub

Read other projects' plans – see sample

Criterion #2 Response – 25 points

WORK PLAN *part 2* -   Describe the **process** that will be used to accomplish *the methodology – who's on first?*
Work Plan outline of goals, objectives & activities & the responsible party including a timeline for all 3 years. **Attachment 5.**

- Narrative on: roles, shared responsibilities, & collaboration, integration into individual organizations & evidence of their capacity, leveraging of resources with local, state, regional and federal partners to accomplish goals and avoid duplication. *Include a separate timeline within this narrative for the phases for each of the 3 years.*

- Provide the consortium's communication plan to be implemented for updating participating entities on work plan progress, evaluation measures, & other activities. Include the approach, frequency of meetings, & communication tools used by the consortium and rationale for this plan.

- Description of *data collection, analysis sharing* and monitoring measures for effective performance & quality assurance/quality improvement strategies .

- Explain how results & data of the project, will be shared regionally or nationally including platforms to be used to share the successes & lessons learned from your program.

- Describe how the proposed project may be replicable in other communities.

Goal check!

- Goals are GENERAL
  - Are your goals stated as a result of what you want accomplished to address the need?
- Objectives are OPERATIONAL
  - Specific? Measurable? Achievable? Relevant? Timely?
- Can the progress of your project be measured according to quantifiable assessments?
- Is it clear who is responsible?

Example of Goals & Objectives

Goal: To provide comprehensive access to care to cancer patients in Central Alabama including the indigent, underinsured and uninsured patients who cannot afford comprehensive care as prescribed by their doctor.

Objective: To increase access to transportation to chemo or radiation appointments for at least one thousand indigent, underinsured and uninsured cancer patients within one year.

PROPOSED Work Plan – 3 YEAR WORK PLAN					
GOAL I:					
Objective 1.					
Activities	**Responsible Staff/Organization**	**Estimated Completion**	**PIMS Measure**	**Process or Outcome Measures**	**Long Term Impact**
A.					

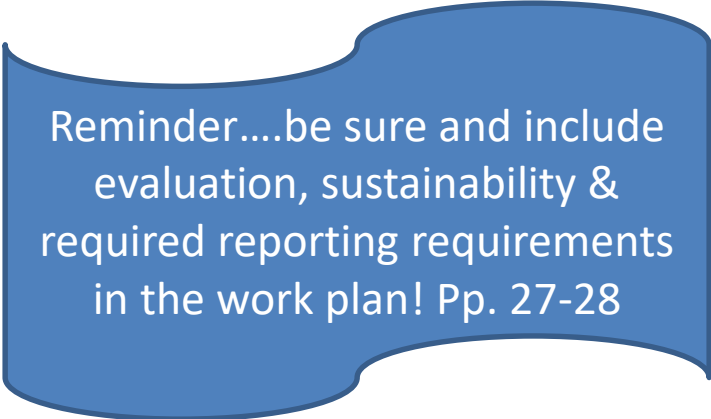# Criterion #2 Response – 25 points

RESOLUTION OF CHALLENGES part 3 - Discuss challenges that are likely in designing & implementing the activities described in the Work Plan, & approaches that will be used to resolve such challenges.

History is evidence.
Be strategic.

Response – Write for the reviewer

- You....show them you know how to plan, implement, sustain & share the results of a project that will increase treatment & recovery options & reduce OUD morbidity & mortality.

- They ... will judge your consortiums' strategic thinking, management capacity & ability to use evidence/data.

Reminder....be sure and include evaluation, sustainability & required reporting requirements in the work plan! Pp. 27-28

Criterion # 3 Evaluative Measures – 15 points

Sections In Narrative:
Evaluation and Technical Support Capacity pp. *12-13*

Review Scoring:
p. 23

See Sample

EVALUATION AND TECHNICAL SUPPORT CAPACITY – measures the consortium's progress towards achieving the desired outcomes and describes how progress toward meeting goals will be tracked, measured, evaluated, and communicated – *Plan to use data to quantify, qualify, communicate and make decisions to ensure –you do what you said you were going to do – make adjustments as needed and can tell others differences can be attributed to project*

Identify baseline measures which align with the **Work Plan and** *program purpose so that the consortium can* articulate the outcomes of their project by utilizing these baseline measures.

Describe the process they will use to create a robust evaluation plan and how existing resources and capabilities within both the lead organization and other consortium members contribute to the evaluation.

Include 9 FORHP baseline *AND* additional baseline measures identified in **Attachment 8** *and in the work plan.*

Preliminary evaluation plan is provided in **Attachment 9** which is *feasible and strong* addresses process and outcome measures, includes evaluation questions to be answered, describes data sources, targets of outcome measures and how data will be collected, analyzed, communicated and acted upon by the consortium to inform and improve program development activities and services.

Should you consider contracting out the evaluation component?

Writing the evaluation plan

Description of what you will do to measure the results of the project and its impact on the purpose.

- Questions to be answered?

- Who has responsibility?

- What data will be collected?

- Why are you collecting this data?

- When will the data be collected? By whom? How?

- How will it be analyzed?

- How and to whom will it be reported?

- How and who will act on it?

Evaluative Measures – Write for the reviewer

- Your job…show that you can use data to make decisions about the project, document the story about the good work & lessons learned, expand the knowledge base about what works for OUD treatment & recovery.
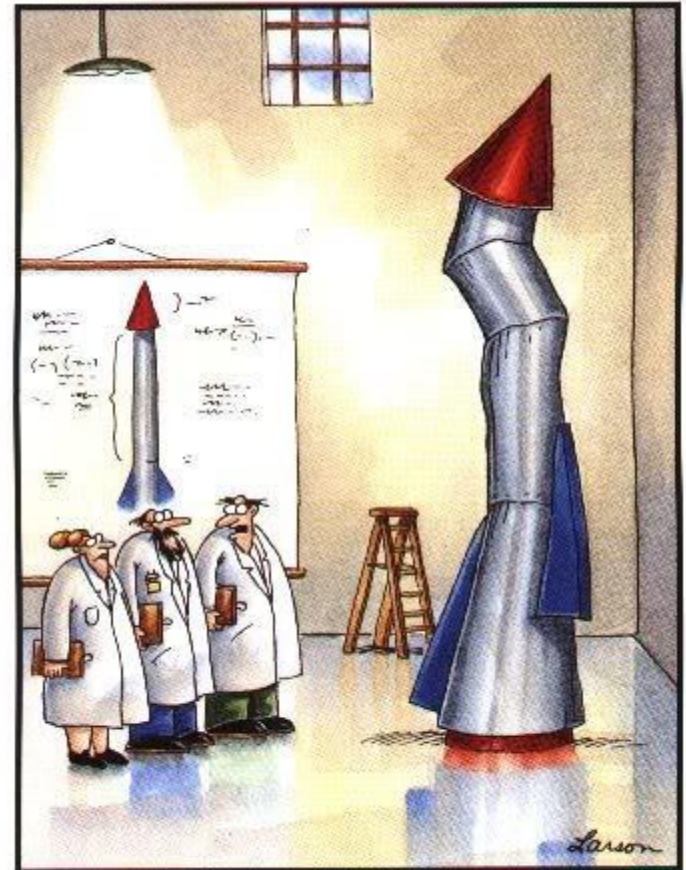
"It's time we face reality, my friends. … We're not exactly rocket scientists."

Criterion #4 Impact – 15 points

IMPACT – dissemination of project results, and the extent to which results may be national in scope, and the degree to which the activities are replicable, and sustainability of the program beyond the federal funding. *Not to be confused with "impact measures".*

- Replicable in other communities with similar needs.
- The feasibility and effectiveness of the proposed approach for widely disseminating information regarding results of the project.
- Explain how information about your program will be shared regionally or nationally, including efforts by grassroots, faith-based or community-based organizations. Describe the medium or platforms by which you will share the successes and lessons learned from your program.
- The extent to which the applicant's targeted outcome measures align with the proposed objectives and the consortium's capacity to carry out the activities in the Work Plan to reach these outcomes.

Impact – Write for the Reviewer

Easy 15 points!

Your job…"demonstrate" that the consortium can come together to address OUD and that you are skilled at <u>sharing</u> results & lessons learned to inform others how treatment & recovery programs can start & grow.

- *State conferences, associations, national affiliations (faith based bodies, membership associations, grass roots organizations)*

- *CADCA – Community Anti-Drug Coalitions of America*

- *National Families in Action (NFIA)*

- Social media, media, newsletters, OUD professionals

November 16, 2017 #powerofrural
National Rural Health Day
Celebrating the Power of Rural!
IT'S NOT JUST A DAY, IT'S A MOVEMENT.

Consider adding a communication/information dissemination flow chart of internal and external communication. Keep it simple!

Criterion # 5 Resources/Capabilities 10 points

RESOURCES/CAPABILITIES - *T*he extent to which **project personnel** are qualified by training and/or experience to implement and carry out the project. The capabilities of the **applicant organization** and *the consortium members.*

- Organizational chart for the applicant organization & an organizational chart for the project consortium, with a listing of all the consortium members. **Attachment 3**
- Provides a clear and robust staffing plan **Attachment 6** that includes the roles, responsibilities, and qualifications of staff & consortium members.
- Consortium members have the capacity to achieve the goals of the program.
- Existing resources & capabilities within both the organization & other consortium members for data collection and analysis.
- Applicant has the financial & administrative management systems in place to manage the award.
- The value and expertise each member is able to bring to the consortium.
- Memorandum of Agreement or Memorandum of Understanding signed and dated by all participating organizations. **Attachment 3**
- Project Director (1.0 FTE) will be in place to oversee the daily functions and coordination of activities within 120 days of the award date.

Resources/Capabilities: Write for the Reviewer

Your job..."prove" the applicant & the consortium can accomplish the work plan to improve recovery and addiction services, manage the grant funds & reporting & share the results & lessons learned, widely.

The best proof of abilities is track record!

Resources/Capabilities

Lead sentence for first paragraph ....about the applicant...

_____ *the applicant* has the a) management capacity, b) financial systems c)management systems, d) leadership, e) staffing, and f) successful track record to ensure the successful implementation of the project.

Write a paragraph or more about each area of expertise. Do the same for the each of the consortium members.

See Samples

Criterion #6 Support Requested – 10 points

Criterion 6: SUPPORT REQUESTED

The reasonableness of the proposed budget for each year of the three-year project period in relation to the objectives, the complexity and the anticipated results.

- The extent to which the proposed budget is reasonable in relation to the objectives, the complexity of the activities, and the anticipated results.

- The extent to which the proposed budget is reasonable in relation to travel, equipment, and legal services.

- The budget justification logically documents how and why each line item request (such as personnel, travel, equipment, supplies, information technology, and contractual services) supports the goals and activities of the proposed grant-funded activities over the length of the three-year project period.

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

Budget strategies & mistakes

Strategies

- Partners agree on plan
- Partners are sub-contractors as feasible
- Document how/why you plan to use contractor

Mistakes

- Leadership isn't budgeted
- Doesn't match work plan
- Evaluation is left out
- Not budgeting required travel
- Rounding

Budget Narrative

Lead sentences

"Funds of ___ are requested to support   a 1.0 FTE Project Director to oversee   all aspects of the program including   service delivery, consortium relations   and ensuring all reporting requirements   are met. Salary based on …."

"Travel funds of ___ are requested to provide travel to the required grantee meeting. Costs are calculated based on county travel policies and include $x for air fare, $x per day for per diem, $x for lodging for 2 travelers for 3 days in Rockville, Maryland."

Budget: Write for the Reviewer

Your job.. to make sure that reviewers can read the budget and know what you plan to do and that you have the project management capacity to do it!

Reminders:

3 year budget

Required travel

Understand indirect costs

The application packet

✓ 80 page limit

✓ 16 attachments plus the project abstract, budget justification

= approximately 55 pages or less to provide all the other details

Writing a grant budget is like having a baby

It will give you the blues

It might keep you up all night

You will clean up others' messes

In the end it will make your life meaningful!