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# Rural Communities Opioid Response Program-Planning

**HRSA-18-116**

*Technical Assistance Webinar*

Friday, June 29, 2018  
10am, ET



# Disclaimer

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*The **Rural Communities Opioid Response Program-Planning (RCORP-Planning) Notice of Funding Opportunity (NOFO)** and **HRSA's SF-424 Application Guide** should be your primary resources for application instructions and guidelines. This webinar will merely provide a brief overview of the NOFO and answer any questions you might have at this stage in the process.*



# Background

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- **Authorized by Section 711 of the Social Security Act (42 U.S.C. 912), as amended**
- **Administered by HRSA's Federal Office of Rural Health Policy**
- **Part of a multi-year, \$130 million opioid-focused effort by HRSA**
  - Additional funds to support grants and National Health Service Corps (NHSC) Loan Repayment Program awards in FY 2019 and beyond



# Purpose of RCORP-Planning (pg. 1)

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*To support treatment for and prevention of substance use disorder, including opioid use disorder, in rural counties **at the highest risk for substance use disorder***



# Goal of RCORP-Planning (pg. 1)

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*To reduce the morbidity and mortality associated with opioid overdoses in high risk rural communities by strengthening the organizational and infrastructural capacity of multi-sector consortiums to address one or more of the following focus areas:*

***Prevention***

***Treatment***

***Recovery***



# Funding Overview (pp. i; 3; 19-20)

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- Approximately 75 grant awards
- Up to \$200,000 per award
- Cost sharing/match **not** required
- Period of performance:
  - September 30, 2018 to September 29, 2019 (**one year**)
- Funding restrictions—cannot use RCORP-Planning funds for the following purposes:
  - To acquire real property
  - For construction
  - To pay for any equipment costs not directly related to the purposes for which the grant was awarded
- More information can be found in [HRSA's SF-424 Application Guide](#)



# Eligibility—Applicant Organization (pp. 3-4)

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- **Domestic public or private, non-profit or for-profit, entities**
  - Includes community and faith-based organizations, tribes, and tribal organizations
  - Can be located in an urban or rural area
- **Must be part of a group of four or more separately-owned domestic public or private entities that have committed to forming a consortium or are part of an established consortium**
- **All high risk rural communities eligible to apply, assuming they meet RCORP-Planning's other eligibility criteria. The applicant organization does not have to be located in one of the 220 counties identified by the CDC as being at risk for HIV and Hepatitis C infections due to injection drug use (see Appendix A for list of 220 counties).**



# Eligibility—Consortium Requirements (pp. 4-5)

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- Four or more separately-owned (**i.e., different Employment Identification Numbers**) entities that have committed to forming a consortium or are part of an established consortium
  - Applicant organization + 3 other separately-owned entities
- Consortium members should come from multiple sectors/disciplines
- If applicant organization is located in an urban area, **at least two consortium members** must be located in HRSA-designated rural areas
- Letters of commitment from proposed and/or existing consortium members required (**Attachment 4**)





## Eligibility—Target Population (pg. 4)

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Consortium members can be located in rural or urban areas, but **all activities supported by RCORP-Planning must exclusively target populations residing in HRSA-designated rural areas**, as defined by

<https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx>



**Question:** Is it problematic if our consortium targets rural populations, but urban populations also happen to benefit?

**Answer:** Positive spillover effects are welcome, but your consortium should exclusively target rural populations.



# Five Core Activities (pg. 6)

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- Developing a **memorandum of agreement** or understanding (MOA/MOU) that defines roles and responsibilities of each consortium partner
- Conducting a **detailed analysis** to identify opportunities and gaps in opioid use disorder prevention, treatment, and/or recovery workforce and services within target rural service area
- Developing a **strategic plan** that addresses gaps in opioid use disorder prevention, treatment, and/or recovery **services** identified in the analysis
- Developing a **workforce plan** that addresses gaps in opioid use disorder prevention, treatment, and/or recovery **workforce** identified in the analysis
- Completing a **sustainability plan** that identifies strategies for operationalizing the activities proposed in the strategic and workforce plans beyond the one-year grant period



# Additional Activities (pp. 7-8)

- If additional capacity exists, consortiums may use RCORP-Planning grant funds to pursue additional capacity-building activities beyond the core activities
  - Examples of additional activities provided on pp. 7-8
- Applicant organizations proposing additional activities must provide justifications and detailed descriptions of the activities (pg. 11) and incorporate them into their work plans (pg. 12)



**Question:** Will my consortium be at a disadvantage in the review process if it does not propose additional activities beyond the core activities?

**Answer:** No funding priority and/or extra review points are conferred on applicants proposing additional activities.

# Overview of Application Components (pp. 8-19)

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- **Project Abstract**
- **Project Narrative**
  - Introduction
  - Need
  - Methodology
  - Work Plan
  - Resolution of Challenges
  - Evaluation and Technical Support Capacity
  - Organizational Information
- **Budget**
- **Budget Narrative**
- **Attachments**



# Project Abstract (pp. 8-9)

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- One-page, single-spaced **standalone summary** of application
- Often used to provide information to the public and Congress
- Place the following at the top of the page:
  - Project title
  - Project focus area (prevention, treatment, and/or recovery)
  - Applicant organization name
  - Applicant organization address
  - Applicant organization facility type
  - Applicant organization website (if applicable)
  - Project Director name and title
  - Project Director contact information (phone and email)
  - How the applicant organization learned about RCORP-Planning
  - Cities, states, zip codes, and counties served by this project (**table format highly recommended**)
- See Section 4.1.ix of HRSA's [SF-424 Application Guide](#) for further instructions



# Project Narrative (pp. 9-15)

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- **Introduction:** Overview of project's goals and objectives; target population(s) and service area; and consortium members involved
- **Need:** Data and other information demonstrating needs of target population(s). Must provide justification for selection of target population. *If unable to provide certain data/information, must detail plan for obtaining it during grant period.*
- **Methodology:** Methods for fulfilling core activities (and any additional activities); disseminating program information; engaging with the target population; and maintaining consortium commitment
- **Work Plan:** Activities, staffing, and timeline associated with each element outlined in the methodology section
- **Resolution of Challenges:** Anticipated external and internal challenges to implementing work plan and proposed solutions for addressing them
- **Evaluation and Technical Support Capacity:** Process and outcome indicators for each work plan activity and plans for tracking indicators and disseminating evaluation result
- **Organizational Information:** Overview of consortium and its ability to execute the work plan



# Budget & Budget Narrative (pg. 16)

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- Budgets and budget narratives must adhere to guidance outlined in Sections 4.1iv 4.1v of HRSA's [SF-424 Application Guide](#)
  - Note guidance around contractual/consultant costs (pg. 29) and indirect costs (pg. 30)
- Budget requests must not exceed \$200,000 for the one-year project period (inclusive of direct and indirect costs)
- HRSA may require grant recipients to travel to conference(s) and/or technical assistance workshop(s) during the grant period



# Attachments (pp. 16-18)

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- **Attachment 1:** Work Plan
- **Attachment 2:** Staffing Plan and Job Descriptions for Key Personnel
- **Attachment 3:** Resumes and/or Bio Sketches for Key Personnel
- **Attachment 4:** Letters of Commitment from Proposed and/or Existing Consortium Members
- **Attachment 5:** Organizational Chart of Proposed or Existing Consortium
- **Attachment 6:** List of Existing and/or Proposed Consortium Members
- **Attachment 7:** MOU/MOA, if applicable
- **Attachment 8:** Map of Target Rural Service Area
- **Attachment 9:** Letters of Support
- **Attachment 10:** Other Awards, if applicable (other HRSA awards and other RCORP-Planning applications the lead applicant is a part of)
- **Attachment 11:** Other Relevant Documents (e.g., indirect cost rate agreement)






# Each Element of the Project Narrative is Linked to A Review Criterion

<b>NARRATIVE SECTION</b>	<b>REVIEW CRITERIA</b>
<b>Introduction</b>	<b>(1) Need</b>
<b>Need</b>	<b>(1) Need</b>
<b>Methodology</b>	<b>(2) Response</b>
<b>Work Plan</b>	<b>(2) Response and (4) Impact</b>
<b>Resolution of Challenges</b>	<b>(2) Response</b>
<b>Evaluation and Technical Support Capacity</b>	<b>(3) Evaluative Measures and (5) Resources/Capabilities</b>
<b>Organizational Information</b>	<b>(5) Resources/Capabilities</b>
<b>Budget and Budget Narrative</b>	<b>(6) Support Requested</b>



# Review Criteria (pp. 21-25)

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- Need (30 points) 
- Response (25 points)
- Evaluative Measures (10 points)
- Impact (10 points)
- Resources and Capabilities (20 points)
- Support Requested (5 points)
- No funding priority points or preference

***TOTAL: 100 possible points***



# Application Logistics

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- RCORP-Planning/HRSA-18-116 Notice of Funding Opportunity is available at the following link:  
<https://apply07.grants.gov/apply/opportunities/instructions/opHRSA-18-116-cfda93.912-cidHRSA-18-116-instructions.pdf>
- HRSA requires you to apply electronically
- Page limit: **80 pages**
  - Inclusive of Project Abstract, Project and Budget Narratives, Attachments, and Letters of Commitment/Support
  - Standard OMB-approved forms and Indirect Cost Rate Agreements **do not** count towards the page limit
- Application deadline: **July 30, 2018 at 11:59 p.m., ET**



# Application Logistics (cont.)

- The application process requires registration in three systems:
  - **Dun and Bradstreet:** <https://www.dnb.com/duns-number.html>
  - **System for Award Management (SAM):** <https://sam.gov/portal/SAM/#1>
    - Entities registering in SAM must submit a [notarized letter](#) appointing their authorized Entity Administrator
  - **Grants.gov:** <http://www.grants.gov>



**Question:** If I fail to allow ample time to complete registration with SAM or Grants.gov, will I be eligible for an extension or waiver of the electronic submission requirement?  
**Answer:** No!

# Resources (pp. 32-35)

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- **List of resources to assist you in preparing your application available in **Appendix B****
  - Note that HRSA is not affiliated with all of the resources provided
- **Resources can be used to gather data and information for the project narrative and identify potential planning and implementation approaches**
- **Your local health department, State Office of Rural Health, State Rural Health Association, State Primary Care Office, Single State Agency, and/or Primary Care Association may be valuable resources for acquiring relevant data and information for the application**



# Contact Information

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## **Allison Hutchings**

Program Coordinator--RCORP-Planning

[Ruralopioidresponse@hrsa.gov](mailto:Ruralopioidresponse@hrsa.gov)

301-945-9819

## **LCDR Benoit Mirindi**

Senior Public Health Analyst

[BMirindi@hrsa.gov](mailto:BMirindi@hrsa.gov)

301-443-6606

## **Grants.gov Assistance**

24/7 support (except Federal Holidays)

[Support@Grants.gov](mailto:Support@Grants.gov)

Local Toll Free: 1-800-518-4726

