Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. During the question and answer session please press Star-1 and record your name as prompted. Today’s conference is being recorded. If you have any objections you may disconnect at this time. I would now like to turn today’s meeting over to Michael Blodgett. Thank you, you may begin.

Michael Blodgett: Thank you, (Carolyn). Good afternoon and welcome to the technical assistance webinar for the federal Office of Rural Health Policy’s newest pilot program, the Rural Health Opioid program. My name is Michael Blodgett and I’m the program coordinator for the Rural Health Opioid Program, which I’ll be referring to by its acronym, RHOP. On the call with me today is Will Davis from HRSA’s Office of Financial Assistance Management, and (Suzanne Resner) from the Division of Independent Review, and together we can help answer any questions that you may have during today’s presentation.

Let’s begin with a few housekeeping items. The webinar is being recorded and the playback information can be found on this slide as well as on the Notice of Funding Opportunity. The recorded call will be available until September 13, 2017. I apologize in advance but I’ve been notified that closed captioning is unavailable for the live version of today’s webinar. The recorded version, however, will have closed captioning. You can also download today’s
Power Point slides by selecting the file from the left-hand side of your screen and clicking Download.

For everyone who is unable to join the WConnect session or for the folks just calling in, the recorded presentation concluding the slides will be posted to the Rural Health Opioid Program website, on the HRSA website by the end of the day tomorrow. To access the website, please go to HRSA.gov/RuralHealth/ProgramOpportunities.

Just so you know, there’s no information on today’s slides that cannot be found in the Notice of Funding Opportunity or HRSA’s SF-424 Application Guide. So no need to feel like you’re missing anything if you don’t have the visuals in front of you for this afternoon’s webinar. If you have any questions during the presentation, please feel free to ask them in the chatbox located on the left side of your screen. My colleague (Miriam) will be able to assist in answering questions. If you don’t receive a response in the chatbox, we’ll do our best to answer your question during the Q and A segment of today’s webinar.

I want to preface today’s presentation by highlighting the fact that the Rural Health Opioid Program’s Notice of Funding Opportunity and HRSA’s SF-424 Application Guide should be your primary resources for application instructions and guidance. A link to the application guide is provided on page I of the Notice of Funding Opportunity, directly under the executive summary section. The guide is also hyperlinked throughout the Notice of Funding Opportunity and on today’s slides as well.

Also, I want to note that the purpose of today’s webinar is to provide a brief overview of the Notice of Funding Opportunity to clarify any inconsistencies in the Notice of Funding Opportunity and to answer any questions you may
have at this stage in the application process. To give you all an idea of today’s agenda, I’ll start by discussing the process of applying or a HRSA grant and how to submit your application. Then I’ll discuss the goals and objectives of RHOP as well as the various components of the Notice of Funding Opportunity and the application that you’ll be submitting to HRSA.

I will close by providing an overview of how your application will be reviewed and will then turn the presentation over to Will Davis, who will provide some additional information about developing your budget. Afterwards, we’ll open the phone lines for a Q and A session.

Before I begin talking about the Notice of Funding Opportunity specifically, I just want to briefly mention the process of registering in Grants.gov. If you have yet to register in Grants.gov, it may be too late in order to be eligible for this funding opportunity. The registration process for all three systems can take up to four weeks. We have had some incidences in the past where applicants were unable to submit their application because their registration was still pending. So I encourage you to check your status before submitting your application.

To submit a grant application on Grants.gov, you must be registered in three separate systems. Or if you’re already registered, please make sure that your information is current because some information needs to be renewed annually. The three systems that applicants must be registered in are the Data Universal Numbers System, or DUNS, which is required to identify organizations and track how federal money is allocated; the second system is a system for award management or SAM, which designates an e-business point of contact.
Registering with SAM is required for organizations to do Grants.gov. And finally applicants must register in Grants.gov. If you have questions about any of these three systems, please go to the prospective website for more information.

Everyone please hold, they’re just trying to figure out how to turn up the volume. Upon submitting your application to Grants.gov, you will receive up to four e-mails. The first will confirm receipt of your application by the Grants.gov system, and the second will indicate that the application has either been successfully validated by the system prior to transmission to HRSA, or has been rejected due to errors.

It is important to remember that an application for HRSA funding must be both received and validated by Grants.gov before the application deadline. So we recommend submitting your application at least a few hours before the deadline.

Upon submission, Grants.gov will attempt to validate the application. This validation ensures that the authorized organization representative has submitted the application and that all required standard forms are complete and have the correct type of information in them. Grants.gov will also validate that your SAM registration is current. Grants.gov will not validate application content, attachments, page limit, or your organization’s eligibility. Therefore you should carefully review your submission before submitting.

If your application is rejected due to error, you must correct the application and resubmit it to Grants.gov before the posted deadline. The full verification process may take hours to days, therefore you need to allow plenty of time. If you’re unable to resubmit before the opportunity has since closed, you must follow the instructions in the HRSA SF-424 application guides.
You can check the status of your application anytime after submission by visiting Grants.gov Track My Application page. This link will also be included in the confirmation e-mail you receive from Grants.gov. If there are no errors, HRSA will download the application. Upon successful download to HRSA, the status of the application will change to Received by Agency, and the contacts listed in the application will receive a third e-mail from Grants.gov.

Once HRSA receives your application, it will be processed to ensure that the application is submitted with the correct funding opportunity number, with the correct grant number and applicant organization. Upon this processing, which is expected to take up to two to three business days, HRSA will assign a unique tracking number to your application. This tracking number will be posted to Grants.gov and the status of your application will be changed to Agency Tracking Number Assigned. You will receive the fourth e-mail in which Grants.gov will provide the agency tracking number.

So let’s now shift our focus to the Rural Health Opioid Program. This program is authorized under Section 330A of the Public Health Service Act, and is thus subject to the same eligibility criteria requirements as other rural health grant programs under the same authority that you may be familiar with, such as Outreach, Network Development, and our Network Planning programs.

Also, all accompanying regulations including administrative requirements, cost principles and audit requirements can be found at 45 CFR Part 75. These regulations are HRSA-wide and not specific to the federal Office of Rural Health Policy.
You may be familiar with our previous opioid-related pilot program, the Rural Opioid Overdose Reversal grant program, or ROORS, which was a one-year program focused on naloxone distribution. However, after receiving feedback from our stakeholders on what the biggest needs are in combating the opioid crisis, we decided to shift the focus of our efforts towards treatment and community outreach.

The overall goal of RHOP is similar to the ROOR program which is to reduce the rates of morbidity and mortality related to opioid overdose in rural communities. How we reach that goal, however, is a bit different, as RHOP seeks to promote rural health care services outreach by expanding the delivery of opioid-related health care services to rural communities.

The program has four objectives. The first is to identify individuals at risk of overdose and guide them towards recovery by providing outreach and education on locally available treatment options and support services. The second is to educate community members on opioid use disorder, treatment options, and methods for preparing and referring individuals with opioid use disorder to treatment.

Teaching the community about opioid, about the opioid crisis and what exactly opioid use disorder is seeks to decrease the stigma within rural communities which was identified as the primary barrier and not only individuals with opioid use disorder going out to seek treatment but also for providers to actually engage and begin providing treatment for people with opioid use disorder.

The third objective is to implement care coordination practices, to organize patient care activities. These activities could include buprenorphine treatment and behavioral counseling, for example. The fourth and final objective is to
support individuals in recovery by establishing new or enhancing existing counseling and peer support activities. This also includes possibly collaborating with local human service organizations that help people to overcome daily barriers to be able to continue their treatment process without interruption.

The lead applicant for the Rural Health Opioid Program must be a rural public or rural non-profit private entity. To determine whether your organization is considered rural, please enter the address attributed to your organization’s employer identification number or EIN into the Rural Health Grants Eligibility Analyzer on the HRSA website. More information about this tool can be found on page four of the Notice of Funding Opportunity.

The lead applicant must also represent a consortium of at least three health care providers. A definition of what FORHP considers to be a health care provider can be found on page 31 of the Notice of Funding Opportunity.

The third criteria requires that this be an original project that is yet to be funded under Section 330A of the Public Health Service Act. And please remember, the lead applicant will be the grantee of record, and must have financial and management systems in place to oversee the potential awarded funding.

I do want to highlight one error in the Notice of Funding Opportunity. On page five, it states “Note: Consortium members, aside from the applicant, are not required to prove non-profit status but must be located in a rural area as determined by HRSA.” This requirement currently does not align with the legislative requirements under Sections 330A of the Public Health Service Act.

It should say “Note: Consortium members, aside from the lead applicant, are not required to meet non-profit status as long as the lead applicant is a rural
entity. Other consortium members may be located in either a rural or an urban area.” In light of this change in eligibility requirements, HRSA will be modifying the Notice of Funding Opportunity and resubmitting to Grants.gov. You all should be receiving the modified version tomorrow morning, provided you entered your e-mail address for this grant opportunity on Grants.gov. Again, an urban entity is ineligible to apply as a lead applicant. according to the Notice of Funding Opportunity, the lead applicant must be located in a rural area or in a rural census tract of an urban county. If an urban entity applies for this funding opportunity, the application will immediately be deemed ineligible and will not be reviewed. However, that does not mean an urban entity cannot play a role in the program. As previously mentioned, the urban organization can join the consortium as well, provided the service area remains within HRSA’s designated rural areas.

Similarly, a rural organization that is part of a larger health care system located in an urban area may be eligible to apply as a lead applicant, as long as the rural entity is a public or not-for-profit organization that has an EIN that is different from its quote, unquote, parent organization. The address attributed to this EIN must indicate that the organization resides in a rural area.

Funding. In the FY2017 budget, $3 million, excuse me, was appropriated to the Rural Health Opioid Program to fund up to 12 grant recipients. You may apply for up to a ceiling amount of $250,000 per year for three years, and this total cost includes all direct and indirect costs. So for example if you were to request $250,000 for all three years, you would receive $250,000 each year for a total of $750,000 over the course of the project period.

Funding beyond the first year is dependent on the availability of appropriated funds for the rural health opioid program in subsequent fiscal years, satisfactory recipient performance, and a decision that the continued funding
is in the best interest of the federal government. Once again, this is a three-year program beginning on September 30, 2017, and ending on September 29, 2020.

Funding preferences. There are three ways in which you may qualify for a funding preference under 330A of the Public Health Service Act for the Rural Health Opioid Program. If your service area is located within a health professional shortage area or a medically underserved community or population, you may request a funding preference. Also, if your project focuses on primary care and wellness and prevention strategies, you may request funding preference.

For this grant opportunity, a funding preference will be granted to any qualified lead applicant that specifically requests the preference, provides the required documentation, and meets the criteria for the preference. Please know that requesting for more than one qualifier will not increase an applicant’s competitiveness. More information on funding preferences can be found on pages 25 and 26 of the Notice of Funding Opportunity.

Funding restrictions. When developing your proposed budget, sorry. When developing your proposed budget please keep in mind that there are allowable and unallowable costs and expenses. According to the HHS grants policy statement, unallowable expenses are as follows. Incentives such as gift cards or food, fund-raising, lobbying, building or acquiring real property, construction and/or renovation costs, facility or land purchases and vehicle purchases. More information on funding restrictions can be found in the HRSA SF-424 Application Guide.
So your grant application can be broken down into five sections: project abstract, project narrative, budget, budget narrative, and attachments. Let’s go through each in a bit more detail.

Your project abstract is a one-page, single-spaced summary of your application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it’s clear, accurate, and concise without reference to other parts of the application. At the top of the abstract, please list the project title, the applicant organization name, the applicant organization’s address, the project director’s name, his or her contact phone number and e-mail address, the organization’s website if you have one, and the funding amount requested.

The abstract must also include a brief description of the proposed project, including the needs to be addressed, the proposed services, the population groups to be served. Also at the bottom of the abstract, please indicate whether you are applying for a funding preference. If you put your request somewhere else than the application or forget to explicitly say you’re requesting a funding preference, it may be missed or unaccounted for during the review process.

One other thing to keep in mind is that this abstract is not scored by the review committee. However, please ensure it is well written because it will be made available to the public.

Your project narrative provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the project. It consists of seven elements. As you can see on this chart, each of those elements is linked to a review criterion. Your introduction is a brief overview of the project and
the service area you are proposing to serve. This is not the same as your project abstract, even though it may ask for similar information.

Next is your needs assessment, which is an overview of the health landscape in the service area. This is where you’ll share your data about rates of opioid use and overdose, as well as any other applicable data and information that helps you demonstrate the need of your community. In the methodology section, you will propose what methods you will use to meet the four objectives of the program.

Next is your work plan, which should be in the form of a timeline separated into years one, two and three, and includes completion dates for each activity and identifies responsible staff members. Be sure to link each activity to process and outcome measures too. While a table format typically works best for the work plan, it can be made in any format as long as it is clearly labeled.

In the resolution and challenges section, you will discuss any anticipated challenges to executing your project and the proposed solutions for overcoming them. In the evaluation and technical support capacity section, you’ll discuss how progress will be tracked, measured, evaluated, and communicated among consortium members, the greater community, and HRSA.

And finally in the organizational information section, you’ll provide information on the applying organization and of the consortium’s capacity for carrying out project activities.

On to the budget. Remember to submit a budget using the SF-424A budget information non-construction programs form included with the application package for each year of the project period. This form breaks your budget into
seven categories: personnel costs, travel, equipment, supplies, contractual, other, and indirect costs.

Please do not forget about the travel requirement, which asks you to allocate funds for two program staff to attend a two-day technical assistance workshop at a location to be determined and include the cost of this as a budget line item. To help you estimate this cost, you can assume this location is going to be in Washington, D.C. or at HRSA’s headquarters in Rockville, Maryland. Please include the travel costs in your budget for years one, two and three.

You’re also asked to provide a budget narrative that explains the amounts requested for each line of the budget. The budget narrative should specifically describe how each item will support the achievement of proposed objectives. For budget years two and three, the narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. Also, please remember to not use the budget narrative to expand the project narrative.

Attachments. There are 15 attachments that may accompany the application. Attachments one through ten must be submitted, and attachments 11 through 15 may be submitted if they are applicable to your proposed project. Applicants should provide the attachments in the order specified to complete the content of the application. Please note that these are supplementary in nature and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count towards the application page limit. Also, please ensure that each attachment is clearly labeled.

I do want to highlight one inconsistency in this section under attachment seven, it states “Include biographical sketches for persons occupying the key description or the key positions described in attachment one.” Here it should
say attachment six and not attachment one. There’s another error on page five of the Notice of Funding Opportunity, in the section describing possible exceptions for areas with large prison populations. Halfway down the page it says to submit the exception in attachment 15. This should be attachment 14, not 15. My apologies for any confusion regarding these two errors.

This slide presents an overview of the six review criteria for a specific section of the project narrative. For example, the introduction and needs assessment of your project narrative will be reviewed based on criterion number one, need. The maximum number of points an applicant can receive for need is 25. For other review criteria, the maximum number of points is much lower. As a general rule, the higher the maximum points are for a single criterion, the more weight that criterion holds in determining your overall score.

While you will be using the program-specific instructions to write your application, the reviewers will be using the review criteria to score your application. So it is a good idea that you reference both sections while writing and reviewing your application before submitting.

Review process. When you have successfully submitted your application, it will be reviewed by a panel of external reviewers. The Division of Independent Review here in HRSA has convened panels of external reviewers and will ensure that these reviewers assess each application based on the review criteria in a fair and ethical manner.

Keep in mind that the review panel may not know anything about your situation, your community or even your state. So be sure to provide adequate detail throughout your application. The central goal of your application should be to convince the review panel of the legitimacy of your problem, the
potential effectiveness of your solution, and your ability to implement the project.

Once the review is completed, the Division of Independent Review will provide a summary of strengths and weaknesses for each individual application from the panel deliberations and scoring of each application. These scores and summaries will be used by the Federal Office of Rural Health Policy to determine which applicants will be awarded funding. If you have any questions about the review process, (Suzanne Resner) from HRSA’s Division of Independent Review is standing by on today’s call to answer any questions you may have.

To conclude my segment of the webinar, I’d like to reiterate the fact that the HRSA SF-424 Application Guide should be your go-to tool while developing your application. For additional tips on writing a successful grant application for the Rural Health Opioid Program, I would encourage you to view the recorded version of the webinar put on by the National Organization of State Offices of Rural Health last week.

You can access this webinar by navigating to NOSOR’s website at NOSORH.org, and clicking on the Educational Resources tab. Please keep in mind that the page limit is 80 pages and there is specific guidance regarding formatting your application, things such as font size, margin size, headings and numberings that are all provided on page 38 of the HRSA SF-424 Application Guide. And finally, to be considered for funding, you must submit your application, including having it both received and validated by Grants.gov, no later than 11:59 PM on July 21.

If you have any specific programmatic questions or concerns regarding applicant eligibility, I encourage you to send me an e-mail and I’ll respond as
soon as possible. For administrative or budgetary questions, please reach out to (Ardina Gavara), who is the grants management specialist for this program. Join the webinar today in (Ardina)’s place is Will Davis from the HRSA Office of Financial Assistance Management, and at this time I would like to turn the presentation over to Will.

Will Davis: Thank you, Mike. As said, this is Will Davis, I am a colleague of (Ardina Gavara). Just very quickly, I want to run through a few things, Mike did a very good job explaining what is required in the budget section. There are a few other things to keep in mind. First I would like to say that per the Notice of Funding Opportunity, matching is not required for this initiative. There are often cases where there are recipients who list matching in the budget where it is not required for this program. So please keep that in mind.

This is a federal-only budget, it is, sometimes we have instances where there are recipients who would like to fully disclose all the funds that will be used for the program, and they may be supplementing federal funds with in-kind support as well as outside funding. If you so choose to include funds that are not federal funds, your line item budget, SF-424 and budget narrative must clearly delineate federal funds from any non-federal funds. We’re particularly concerned with the federal portion of the budget.

So the reason why we have to separate that out and that we’re only specifically requesting federal funds, is that we must always be able to tell by your budget what is reasonable, allocable and allowable concerning this particular project. So please keep that in mind that your federal budget must be clearly delineated.

Please justify the budget in all of the budget sections, which was mentioned earlier but I want to drill down a little bit farther just in case the Notice of
Funding Opportunity does not define it in the exact detail as is required by the grants office. Particularly when you’re dealing with salary, I think we’re all used to, outside of new applicants.

The fact that there is a salary rate limitation this year, set at $187,000. That does not mean that a person cannot receive more than $187,000, it just means that they cannot be paid using federal funds at a rate above $187. Now, so there is, some people mistakenly assume that it’s just that number of 187 that we have to avoid.

But the law says they cannot be paid at a rate above 187, so you should divide 187 by 2080 hours and that will let you know what is the cap for the hourly rate that a person can be paid using federal funds. Make sure that each position for salary is delineated, and that’s a part of the link and an example is shown there.

For travel, that was spoken that you have to include the requisite travel. More indefinitely when you are doing long-distance travel, please delineate what is airfare, registration, per diem, ground transportation, hotel, please break out long-distance travel so that we can make sure that those costs are reasonable.

Secondly, if there is local travel, please note the number of miles and the cents per mile. For the equipment line item, please keep in mind that internally you may have a definition of what constitutes equipment, but the federal definition of equipment is any equipment with a useful life of one year or more with a unit cost of $5,000 per item.

So you have a $1,500 laptop and your organization quotes that as equipment, please keep in mind that on your budget it should be reflected in the supplies line item because one $1500 laptop is not $5,000 per unit item of cost. That is
just a reminder, when it comes to the grants office if there is something in the equipment line item that does not meet our federal definition it will be moved and a term would be added to the award, if you are awarded.

Keep in mind the unallowable costs listed in the notice of Funding Opportunity announcement. That is, the budget is scored, so we want to make sure that you guys do your due diligence to make sure that nothing is included that is not allowable. If you have a nuanced question or request concerning a cost, please reach out to the program lead, (Ardina Gavara), as she will be more than willing to assist. I believe that, Mr. Blodgett, concludes my portion.

Michael Blodgett: Thanks, Will. Well, we have a question that just popped up in the chat box here from (Jan Chambers), I think it may be best directed towards you. She asks, “Are fringe benefits capped at 25% of salary?”

Will Davis: Let me see here. I do not, I don’t see record of that listed in the Notice of Funding Opportunity announcement, that there’s a cap on fringe. I don’t see that.

Michael Blodgett: Yeah, I would agree with that, Will.

Will Davis: So I have, we routinely see budgets at more than 25%, but if there was a cap that cap needs to be communicated in the Notice of Funding Opportunity announcement, and like I said I don’t see it listed here. So there should be no cap.

Michael Blodgett: Okay. Another one just popped up. “What about a cap on indirect costs?”

Will Davis: Give me just a minute. I did not mention indirect costs and that was not in my notes. So my apologies. For indirect costs, and I’ll get to that question in a minute, but for indirect costs please remember that you must have, unless you are a tribal organization or a government, a local government, you must have
a federally negotiated indirect cost rate agreement on file with the federal government, and that is the rate that you should use.

It means that you do not have an indirect cost rate agreement, and I specifically mean if you have never requested one, not that your rate has expired. If you have never requested one, the Uniform Guidance does state that you may request up to 10% of indirect, federal funds toward indirect without an agreement. So, up to 10%.

Looking in the Notice of Funding Opportunity announcement, I do not see a cap on indirect costs.

Michael Blodgett: Great. Thanks, Will. Yeah, we agree with that, we did not include a cap from the program side in the Notice of Funding Opportunity, so it would be up to whatever the specific rate is for the individual organization applying for the funding. Okay, so thanks a lot, and just a reminder everyone, we are going to open up the lines, the phone lines, in a second to take questions directly. So don’t feel like you have to put them on the chat box right now. I just want to answer a couple of them that came up in the chat box here.

Couple of different questions about purchasing Narcan or purchasing Vivitrol or buprenorphine or other medications like that for treatment. The answer is if, you have to meet the four objectives of the program, primarily. And keep in mind this is an outreach grant, it’s not a strictly grant related to like direct services for treatment. So as long as you are meeting those four primary objectives and you have additional funding, you’re allowed to use that funding however you want. There’s nothing in the legislation that says you can’t buy Narcan or Vivitrol or any other medication. So it’s up to you and how you justify that in your application.
There was another question about whether or not this would be a conflict of interest with SAMSA’s, I’m scrolling up, drug-free communities funding. No. There will be no conflict of eligibility for that program. Going through and just to confirm, yes, the travel is required for budget years one, two and three. And I think that’s it for the chat box. Can this be a statewide effort, one person applying on behalf of multiple partners, I want to say yeah, your service area can be as large as you want it to be. You know, as long as you can justify that in your application.

All right, at this time (Carolyn) we’re going to open up the phone lines and start taking some direct questions. Can you please provide some instructions on how to do that?

Coordinator: Thank you, at this time we’ll begin the question and answer session. If you’d like to ask a question or make a comment from the phones, please press star-1 at this time. Make sure your phone is unmuted and record your name to introduce your question. And to withdraw that request, you may press star-2. Once again, for a question or a comment from the phones, please press star-1 at this time. We’ll stand by for questions or comments. One moment, please.

And again, as a reminder if you have a question or a comment from the phones, please press star-1 and record your name, and it is star-2 to withdraw that request. One moment please for our first question. And we do have a question or comment coming from (Hope Thomas), your line is open.

(Hope Thomas): Thank you. My question is if one of our consortium partners is a current recipient of a HRSA grant dedicated to opioid, will they need to be excluded from this consortium?
Michael Blodgett: No. So they shouldn’t be unless they’re, no, I would just say as a general rule no.

(Hope Thomas): Okay, thank you.

Coordinator: Does that conclude your question or comment?

(Hope Thomas): Yes, it does, thank you.

Coordinator: You’re welcome. And again as a reminder it is Star-1 and record your name for a question or a comment and Star-2 to withdraw that request. Our next question or comment does come from (Amy Wyatt). Your line is open, please go ahead.

(Amy Wyatt): Hi, yes. I was wondering if you can go into a little bit more detail of qualification three for the funding preference. Does it need to be focused on all three of those strategies, and what do you define as the primary care?

Michael Blodgett: So for the third qualification, you have to satisfy one of those three. So you’re focus can be either on primary care, wellness or prevention. So as long as you justify that you should satisfy the requirements.

(Amy Wyatt): Thank you.

Coordinator: And our next question or comment, does that conclude your question or comment?

(Amy Wyatt): Yes, it does, thank you.
Coordinator: Thank you, our next question or comment is from (Deborah McLaughlin), your line is open.

(Deborah McLaughlin): Great, thanks so much, thanks everyone for a great session, appreciate it. Just to clarify, I realize that funding for subsequent years in this three-year cycle is subject to legislative appropriation but do you envision that you would have another three-year cycle that you might be launching next year, or is that all dependent on budget availability? Thank you.

Michael Blodgett: We do not have an answer to that question right now, we’re not sure.

(Deborah McLaughlin): Fair enough, thanks so much.

Coordinator: Thank you, and again as a reminder, for further questions or comments, please press Star-1 and record your name, and it is Star-2 to withdraw that request. Again, for further comments or questions please press star-1 at this time. One moment while we stand by for further questions or comments. Again, that is star-1 and record your name and Star-2 to withdraw that request. We’ll stand by for further questions or comments.

Michael Blodgett: (Carolyn), do you want to answer (Beth O’Connor)’s question here? She answered in the chat box, she asked “The Notice of Funding Opportunity says the program is to develop consortiums. Can this instead be a program for existing consortiums?” The answer is yes, so you can use a consortium developed with another program or an already existing consortium, that’s perfectly fine.

Coordinator: And we do have a couple questions from the phones, one moment please. And we do have a question or comment from (Judy Burkhardt), your line is open.
Judy Burkhardt: Hi, I’m from a federally recognized tribe, the Mashpee Wampanoag tribe, but we also have a 501c3 designation. Is there a preference from you guys as to which, under which designation we apply, and obviously is the 501c3, we consider that 501c3 documentation, but as a federally recognized tribe is there some other documentation that you would require in lieu of that?

Miriam: Other criteria.

Michael Blodgett: There is no additional, well there’s no preference or additional documentation required. I’m sorry, let me give a correction. There is documentation required for a 501c3, and I think there’s more information on that from the eligibility section of the Notice of Funding Opportunity on page four.

Judy Burkhardt: Right, so we have an IRS letter stating our tax-exempt status. We have our certificate of incorporation, again that’s as a 501c3, and so we’ve got all the documentation as a 501c3, but if we apply as a federally recognized tribe, what documentation would you need specifically? Because I don’t see that listed.

Michael Blodgett: It’s up to you whether you want to apply as a tribe or as a non-profit. If you apply as a tribe you need to include a state letter or just some additional documentation. So it says the applicant organization must, however, identify themselves as a public entity and submit an official signed letter on city, county, state or tribal government letterhead. So if you’re going to apply as a tribe you need to submit that documentation.

Judy Burkhardt: I see, okay, thanks for the clarification.

Michael Blodgett: Sure. And I do want to answer another question here. So (Leah) here says “Can this be an effort to build local, coordinated effort, training, education
and policy changes? Like to implement partnerships, policies, and practices?”
Yeah, you can, it’s a very open-ended project and this sounds generally about
what the project is geared for, so sure.

Coordinator: Are you ready for a question from the phones?

Michael Blodgett: Yes.

Coordinator: Thank you. Our next question or comment comes from (Carol Bushey), your
lines is open.

(Carol Bushey): Hi, I have a question about the project director. It asks for the biological,
biographical sketch or resume. If we don’t have someone identified yet
because we haven’t hired that person, are we just going to explain that that’s
the situation, and does that mean that the program contact person who would
be potentially another program director, that would be the person that we
would send you that information on?

Michael Blodgett: Yeah, so there you have to be hired as you know, on the Notice of Funding
Opportunity it says they don’t have to be hired at the time that you apply. We
would just ask that you submit a description of the project director position,
even if there’s no resume, that’s perfectly fine.

(Carol Bushey): Okay, thank you.

Coordinator: Thank you. Our next question or comment comes from (Duane), your line is
open.

(Duane): Yes, could this pay for in-patient treatment, and could that be treatment at a
for-profit facility?
Michael Blodgett: The funding can’t be used specifically for patient care services within a for-profit facility. If you look on the Notice of Funding Opportunity in Eligibility Criteria, the applicant organization must be either public or non-profit.

(Duane): So the scenario I was thinking about is the applicant is a non-profit but in the proposal we would partner with another facility that offers in-patient treatment, would that be possible?

Michael Blodgett: Yeah, that’s fine as long as the applicant is a non-profit and the services are provided within that consortium, it should be fine. As long as it’s within a rural HRSA-designated rural service area.

(Duane): Okay, and then I’m sorry, I missed, could that be non-profit or for-profit, or does it need to be non-profit

Michael Blodgett: The applicant must be either non-profit or public entity, but the partnering consortium members can be for-profit.

(Duane): Okay, thank you.

Coordinator: Thank you, and our next question or comment comes from (Claudette Johnson)’s line, your line is open.

(Claudette Johnson): Hi. We are a non-profit organization that service two rural areas, and we were applying as a lead agency. We do have (unintelligible) offices in those counties. Would we qualify as the lead?

Michael Blodgett: Yeah, so as long as you’re non-profit and your organization is in a rural area, you are eligible to apply.
(Claudette Johnson): Thank you.

Coordinator: Thank you, and I’m currently showing no further questions or comments. Again, as a reminder it’s star-1 and record your name and star-2 to withdraw that request. We’ll stand by for questions or comments. One moment, we just had one queue up. And we do have a question or comment coming from (Amy Wyatt), your line is open.

(Amy Wyatt): Hi, I have one question regarding the MOU. We are in, we have a consortium, a health care consortium, who has been operating for about two years and we’re in the final process of having the MOU prepared and signed. However, with our country it has to go through the CEO’s office, and we don’t know how long that may take, but it’s in the process currently. Can we just have a letter stating such and provide the MOU at a later time, or does it have to be prepared, does it have to be attached by the time the application rolls around?

Michael Blodgett: So you can submit an unsigned MOU, however if you are awarded funding, we will follow up shortly afterwards to get that, to make sure that that is signed.

(Amy Wyatt): Thank you.

Coordinator: Next question or comment is from (Sean Sek), your line is open.

(Sean Sek): Hi, thank you very much for the information, it’s been very helpful. My question regards infrastructure. Currently we lack infrastructure for treatment in our community, which I’m sure is similar to many. Can we utilize this funding to conduct a feasibility study with the hospital, on our health and recovery board to see about treatment options?
Michael Blodgett: Yes, so as long as this would fit into the scope of the project, it would be an allowable cost.

(Sean Sek): Terrific, thank you.

Coordinator: Thank you, our next question or comment comes from (Sam Willard), your line is open.

(Sam Willard): Hi, thank you. I was just wondering, do individuals served under this funding opportunity need to reside in rural counties or rural addresses? And then also along with that, you mentioned the consortium members as long as they’re not the lead applicant, don’t need to be registered in a rural area but services do need to be provided at a rural address, is that correct?

Michael Blodgett: So all the consortium partners, well not all the consortium partners but the lead applicant must be in rural, and then everyone receiving services from the funding, they also reside in a rural area.

(Sam Willard): Okay, thank you.

Michael Blodgett: And in the interest of time we’ll say we will take a couple more questions, but once we reach the top of the hour, feel free to just e-mail me afterwards and we can follow up.

Coordinator: And I’m currently showing no further questions or comments at this time. Again, it’s star-1 and record your name and star-2 to withdraw that request. We’ll standby for further questions or comments. And I’m currently showing no further questions or comments at this time.
Michael Blodgett: All right, thank you (Carolyn). And thank you everyone for joining this webinar, the Rural Health Opioid Program. At this point the webinar has ended, you may disconnect now, so thanks again and good luck with your applications.

Coordinator: That does conclude today’s conference call. Thank you for your participation, you may disconnect.

END