**NC Department of Health and Human Services**

**Division of Mental Health, Developmental Disabilities and Substance Use Services**

**Statewide Professional and Technical Support Services for Community-Based Substance Misuse Prevention**

**Request for Applications Questions**

**\*\* Please note that all page numbers referenced within answers are based on the revised RFA currently on the DHHS website.**

**Section 3.0 – Award Information (Funding)**

1. **Question: Are contracts directly with state and no funding with LME/MCOs?**

**Answer**: Yes. All SAPBG state professional and TA contracts for the prevention block grant 20% set aside statewide prevention services will be directly with DHHS MH/DD/SUS as of October 1, 2022.

1. **Question: The RFA implies that all statewide services will go through a direct contract with the state. Is there any leniency on this for entities that have historically and currently contract with MCOs?  The contract process between a MCO and the state are very different, and the requirement to contract with the state has the potential to serve as a large hindrance to applicants, especially related to the length of time to receive reimbursement payments.**

**Answer:** It is expected that all prevention block grant 20% set aside statewide contracts will be directly with DHHS MH/DD/SUS as of October 1, 2022. Other discretionary prevention grants will remain with the LME/MCOs at this time. More information about the reimbursement process will come once the RFA is awarded.

1. **Question: If all of the options under Category III are funded, my math indicates that there are no funds remaining for the "other" option. Is that correct?**

**Answer**.  We are committed to considering all applications for Special projects, including those in the “other” option. We encourage applicants to apply for services that are named in the RFA and as well as those meeting an identified need not listed in the RFA.  Special projects need to demonstrate:

* documented need based upon data, including target audience
* thorough plan for implementation, including history of work and collaboration with other primary ATOD prevention services
* and a strong commitment to evaluation
1. **Question: FY 23 (October 1, 2022-June 30, 2023):  For FASD it states the total award is “Up to $157,500”.  If we are a current grantee and awarded Q1 funding, does that amount affect the total award for FY 23 of “up-to $157,500”?  Can you share the meaning behind the choice of words “Up-to”?  If we write for all $157,500 will that be the amount that is awarded?**

**Answer**: No. Any quarter 1 payments with the previous system do not affect these RFA totals. For September 30, 2022-June 30, 2023, applicants are eligible to apply for (and potentially be awarded) money up to $157,500 for FASD projects. Applicants are welcome to apply for any dollar amount as long as it does not exceed $157,500. Money determinations were based upon the current federal prevention block grant award and funding availability.

1. **Question: FY 24 (July 1, 2023 – September 30, 2024):  For FASD it states the total award is “Up-to $210,000”.  This fiscal year is five quarters.  Typically, our program operates on a contract year budget which is four quarters.  Will there be the option to take surplus money from FY23 to cover expenses for an extended FY24?**

**Answer**: Yes, there is an option to take FY23 unspent “rollover” money and spend from July-September 2023 in FY24. Depending on funding availability, there also may be additional dollars to cover costs from a five-quarter budget.

**Section 5.2 Contractor Responsibilities (Scope of work)**

1. **Question: Is Statewide Special projects included in the RFA?**

**Answer:** Yes. A revised RFA has been uploaded to the DHHS website (uploaded on 7/8/22).

1. **Question: Is the evaluation plan for the assessment and evaluation plans for statewide and local evaluation plan or the evaluation of our plan?**

**Answer:** Create Plan of Action/Work plans that demonstrate the ability to complete the deliverables set forth in the RFA. For example, Evaluation is broken out into conducting state-level evaluation of SABG funded prevention services AND providing local level evaluation (tools and TTA for evaluation). If applying for I. C. services, applicants must complete Appendix C and E for state and local evaluation efforts. There is a separate scope of work (Appendix D) for SEOW activities. When completing the Project Evaluation Plan detail how you will evaluate and report all process indicators and outcome activities in the Plan of Action/Work plans to DMH/DD/SUS and how you will use this information for program improvement.

1. **Question: Did I correctly interpret that if you are applying for the assessment and evaluation award that you cannot apply for the TTA services, but you can apply for the certification?**

**Answer:** Correct, if you are applying for the evaluation scope of work. These restrictions are specific to the scopes of work under the broad categories. For example, Evaluation (I.C) is one of the scopes of work under the Category I: Assessment and Evaluation.

* Those applying to provide statewide services must **not be** housed with or be provided financial support by entities providing direct primary prevention services to communities.
* Those applying to provide **evaluation services (Category I.C)** may not apply to provide **T/TA services (Category II.A)**.
* Those applying to provide **T/TA services (Category II.A)** may not apply to provide **evaluation services (Category I.C**).
* Those applying to **coordinate statewide** **special projects (Category III)** may not apply to provide **evaluation (Category I.C)** services.
1. **Question:** **Scope of Work – Category III: Statewide Special Projects:  Point of clarification…Is the “Plan of Action/Work Plan Template” (Appendix K) essentially the Scope of Work?**

**Answer:** Yes, for all intents and purposes, the application will serve as a year 1 scope of work. The Plan of Action/Work Plan (Appendices C-L) details how applicants will demonstrate results toward accomplishing their selected scope of work outlined in Section 5.2 – Contractor Responsibilities (pages 11-19). Additional information may be requested post-award.

1. **Question: Scope of Work – Category III: Statewide Special Projects:  In the PowerPoint that was shared (section 5.2), the last bullet for III.D. states: Collecting data on alcohol-exposed pregnancies, individuals living with FASD, and other associated health disparities.** *As shared previously (via email on Thu 3/24/2022 2:25 PM), there are multiple challenges to tracking the number of individuals with FASD or who may have been exposed to alcohol during pregnancy.  These challenges include the misdiagnosis of FASD as other conditions such as ADHD and Autism or simply not diagnosed and dismissed as behavioral challenges.  In addition to missed or misdiagnosis, Fetal Alcohol Syndrome and the spectrum of FASD is not recognized under The North Carolina Birth Defects Monitoring Program (NCBDMP), therefore we have no way of gauging if there has been a decrease in FASD in our state.  Funding to build an effective data collection system surrounding prenatal alcohol exposure and FASD is greatly needed, as well as training pediatricians to better understand this disorder and make accurate diagnosis and help families access resources to address the individual’s needs.  Therefore, Proof Alliance NC looks to NC PRAMS data to see if there have been any changes in alcohol consumption prior to and during pregnancy.  This is most definitely a gap in ability to collect data at a state level.*
	* + - 1. How do we address this gap in the current RFA?
				2. Is the state designating another entity to collect and reflect this data?

**Answer:** It is the responsibility of the applicant to demonstrate any gaps within their proposal. The Narrative including the needs assessment provides an opportunity for applicants to identify needs, gaps as well as target populations to be served. No designation for data collection specific to FASD needs (as discussed in this question) has been designated in this RFA.

1. **Question: Category II - Prevention Workforce Needs Assessment: How will the request for conducting a formal prevention workforce assessment every 3 years be impacted by the 2-year anticipated project period/contract?**

**Answer:** DHHS will work with selected contractors to ensure the seamless continuation of the assessment every three year. It is anticipated that the 2-year project period will not impact the state’s ability to maintain continuity of the assessment.

1. **Question: Category II - Training & Technical Assistance: Is the cost for the ECCO data collection system intended to be included in this RFA or is the maintenance of Ecco solely for training/technical assistance purposes? PG 14.**

**Answer:** The cost of Ecco system and maintenance is included in this RFA. Costs can be split between Evaluation and Training and Technical Assistance or may be with one category (either I or II) with the understanding the system is utilized by a variety of statewide prevention partners.

1. **Question: Category II - Project Evaluation Plan: Is it required to complete a Project Evaluation Plan for each scope of work and activity, or can there be one Evaluation Plan completed for the category in which you are applying?**

**Answer:** An evaluation plan is required for each scope of work. This requirement exists because applicants are expected to submit one application per scope of work (see Section 12.0).

1. **Question: Category II - Prevention Workforce Support & Other: I want to confirm if the Other category is part of the Prevention Workforce Support or is it intended to be in support of all other efforts under the Workforce Development Goal? Page 15-16**

**Answer:** The Other category is intended to be in support of all other efforts under the Workforce Development (II.B) scope of work. Anyone completing Category II work must coordinate with other professional and technical services contractors, assist DMH/DD/SUS with the implementation of the system redesign and develop an evaluation plan.

1. **Please confirm that applicants’ proposals for Category 1:** **Assessment and Evaluation can include one or two of these sub-components, but don’t necessarily have to include all three.**

**Answer:** An applicant can include one or two of these sub-components but may receive a reduced amount of money. If no other applications are received, the state reserves the right to find and pay another contractor to fulfill whatever sub-component is missing to ensure the full range of evaluation services are conducted during the timeline specified in the RFA.

1. **Will you allow a non-profit agency with less experience to partner with a for profit agency that has more experience in working with the described populations?**

**Answer:** Applicants may partner with any organization or entity; however, subcontracting agreements that include financial/monetary disbursements must also be limited to non-profit partnerships.

**Application**

1. **Question: Please clarify the page limits for Category I (assessment and evaluation) and II (training, TA, and workforce development) awards. Section 12.0 application content and instructions specifies a 10-page limit for the narrative including the proposal summary (1), organizational background and qualifications (2), project evaluation plan (2), project staffing (2), and anticipated challenge and resolutions (1). However individually those sections have a page limit of 1, 2, 2, 2, and 1 respectively, totaling 8 pages. Is the overall page limit for Category I and II awards 8 or 10 pages**.

**Answer:** The overall page limit for Category I and II awards is 10 pages. The page limit for Category III is 12 pages. This was an oversight and has been changed on the DHHS website to reflect the following:

|  |  |
| --- | --- |
| **Application Sections** | **Page Limits** |
| **A** | **Cover Page** | **N/A** |
| **B** | **Face Page** | **N/A** |
| **C** | **Proposal Summary** | **1** |
| **D** | **Organizational Background and Qualifications** | **3** |
| **E** | **Assessment of Needs/Problem Statement (Category III Applicants Only)** | **2** |
| **F** | **Plan of Action/Work Plan Templates (Appendixes C–L)** | **N/A** |
| **G** | **Project Evaluation Plan** | **2** |
| **H** | **Project Staffing** | **3** |
| **I** | **Anticipated Challenges and Resolutions** | **1** |
| **J** | **Line-Item Budget and Budget Narrative (Attachment A)** | **N/A** |
| **K** | **Appendixes A–O** | **N/A** |

1. **Question: On appendix G, under Goal II.B. Workforce Development there are 7 spaces for objectives with Objective II.B.7 being listed as optional, Objective II.B.6 title being duplicated and Objective II.B.2 title not being listed. The descriptions align with the RFA, will the appendices be updated, or should the fields be edited to reflect the correct objective title?**

**Answer:** This was an oversight and has been corrected on the current RFA listed on the DHHS website.

1. **Question: Will templates of letter of commitment be provided?**

**Answer:** No templates will be provided by the State. There is not a limit of the number of letters submitted with application.

1. **Question: The links under Certifications & Assurances are not working for me. Has anyone else try this yet?**

**Answer**: Correct, the links do not work; however, the certifications are listed in the correct order (page 58).

1. **Question:** **Our program, is managed by another non-profit program who will serve as the official contractor listed in the RFA.  When addressing Section D questions pertaining to contractor mission, history, experience providing the service, etc. which organization should we address?**

**Answer**: For Section D, provide both sets of information on the Face page. Provide the program information in the Proposal summary and list the official contractor as a partnering entity. For Organization Background and Qualifications, describe both entities, but answer official contractor specifically in questions such as 1, 6, and 7. In general, use your best judgement, but describe the other non-profit program when programmatic/staffing questions are being asked and describe the official contractor when fiscal/administrative questions are being asked.

1. **Question:** **Will we be able to receive the RFA in word format to enable access to the budget & Appendix C - Appendix L documents?**

**Answer:** Word versions of the budget template and appendices are currently on the DHHS website.

1. **Question: Please advise as to which number a non-profit should select in Appendix A. The options provided are very specific and do not seem to fit non-profit agencies.**

**Answer:** It all depends on the type of nonprofit organization. Please select the Terms and Conditions that best aligns with your non-profit organization structure.

1. **Question: Appendix A - Terms & Conditions: The Contractor for this application is a state-wide non-profit entity.  Which category does that fit (page 34)? Private Sector? When will the links on this page of the RFA be connected/fixed?**

**Answer:** Private Sector may be most appropriate. However, applicants are encouraged to select the Terms and Conditions that best aligns with your non-profit organization structure. The links on this page are part of a DHHS template and have not been connected/fixed.

1. **Question: On appendices C-L, under Goal II.B. Workforce Development, there are 7 spaces for objectives with Objective II.B.7 being listed as optional, Objective II.B.6 title being duplicated and Objective II.B.2 title not being listed. The descriptions align with the RFA, will the appendices be updated, or should the fields be edited to reflect the correct objective title?**

**Answer:** The RFA appendices have been updated. Visit the DHHS website for the revised appendices.

1. **Question: Reporting Requirements - Point of clarification: In Section 5.4 of the PowerPoint it states that the Annual Work Plan (detailed plan of operations with all deliverables and performance measures) has a year one work plan due 30 business days of contract start-up.  According to the timeline of the anticipated notice of award (9/9/22), and the contract start-up of 10/1, there is no way to meet this requirement unless this workplan is the actual RFA.  Can you please provide further guidance around this?**

**Answer:** The application and Plan of Action/Work Plan template (Appendices C-L) are meant to be the year one work plan. Additional information may be requested post-award.

1. **Question: Letters of Commitment - Please provide contact information for these letters so they can be addressed appropriately.**

**Answer:** Dr. Angela Maxwell

Substance Abuse Prevention Block Grant Manager

Community Wellness, Prevention, and Health Integration Team

Division of Mental Health/Developmental Disabilities/Substance Use Services

3004 Mail Service Center

Raleigh, NC  27699-3013

1. **Question: Submitting the Application - This RFA contains many files.  What is the best way to send all of this via email to** **RFA.rrsponses@dhhs.nc.gov** **to ensure all is received? Link to external drive?  Zip folder?  Other?**

**Answer:** See Section 12.0 (Application Sections table). The application can be submitted as ONE PDF file. If this is not possible, the submit three separate files as follows 1) Sections A-E, G, H, and I saved as ONE PDF file; 2) Appendices A – O saved as ONE PDF File; and 3) Attachment A (budget narrative) saved as an Excel or PDF.

1. **Question: One application per category or subcategory?**

**Answer:** Scopes of work are the subcategories under Categories I, II, and III. According to the instructions in Section 12.0 (page 25), “Applicants who are applying for more than one scope of work must submit a separate application for each project.”

1. **Question: Can you give us some examples of innovative ideas?**

**Answer:** Submit your best application content.

1. **Question: Refer to page 23 of the RFA” Decline to Offer” - Any agency or organization that receives a copy of the RFA but declines to make an offer is requested to send a written "Decline to Offer" to the funding agency. Failure to respond as requested may subject the agency or organization to removal from consideration of future RFAs.**

**Answer:** It is part of DHHS standard RFA language.

1. **There is no appendix (Work Plan template) for Category III E:** **Statewide Special Projects. Please advise.**

**Answer:** The RFA has been corrected to reflect the most updated version on the DHHS website.

 **Section 8.0 - Budget:**

1. **Question:** **The RFA states that indirect costs are allowed up to 10%. If an organization has a federally negotiated indirect cost rate agreement, will those indirect rates be accepted for the proposal and, if the organization’s proposal is selected, for conducting the work?**

**Answer:** Federally negotiated agreement rates will be considered (pending) funding availability and approved scope of work.

1. **Question: Will the budget requirements be the same and requires a 15 month in Year 2? Is it a requirement to complete two budgets per year?**

**Answer:** The initial 15-month budget was the best solution related to two different federal and state fiscal funding cycles and made with the assumption that hiring and start up costs/time may be different from Year 1 to Year 2 when implementation is in full swing. Year 2 workplan and budget will be due around July 1, 2023. Additional clarification and information will be provided regarding Year 2 at a later date, pending funding availability and approved scope of work.

1. **Question:** **As we have to submit 3 budgets (Oct-June, July-June, and July- Sept), do we need to submit them on 3 different budget sheet attachments?**

**Answer:** Yes. If the applicant uses the Excel budget template provided on the website, each budget should be a separate worksheet (i.e. tab) within one budget workbook.

1. **Question: Budget - Please share with us an excel version of this budget.**

**Answer:** An Excel version of the Line-Item Budget and Narrative (Attachment A) is available on the DHHS website.

**Miscellaneous:**

32**) Question: Who might be selected to review the applications?**

**Answer:** An independent panel of DHHS staff will serve as reviewers. These professionals have backgrounds in areas such as evaluation, criminal justice, treatment and prevention and will assess which applications best articulate and describe needed services. The review panel will not be comprised of anyone who has applied for any part of the statewide services prevention RFA.

1. **Question: Is it a conflict of interest if you serve on a board not related to prevention?**

**Answer:** It is not a conflict of interest with the information provided here. However, the state will need additional information to verify and will make determinations on a case-by-case basis.

1. **Question: Is the “Conflict of interest section” referring to local prevention services such as those receiving discretionary funding?**

**Answer**: It is a conflict of interest for statewide prevention block grant services to be housed with entities providing direct (local) prevention block grant services. Situations where entities receive prevention discretionary funding will be determined on a case-by-case basis. In general, if you provide statewide prevention discretionary services eligible to all interested parties and statewide block grant services eligible to all interested parties, it is not a conflict of interest. Conflict of interest may come into play, for example, if an entity receives direct (local) prevention funding for a particular region or service area, but also receives statewide prevention funds. One may assume, despite the entity’s best efforts, that bias or favoritism exists for the local area where funds are received.

1. **Question: The RFA references addressing substance misuse across the lifespan. I assume harm reduction isn’t a focus for this funding.**

**Answer:** Correct, harm reduction is not a focus for this current funding. Prevention across the “lifespan” is something that North Carolina already has begun to address with checking IDs and secure storage initiatives in the tobacco, alcohol and opioid space. Additional assessment and specific work toward addressing substance use across the lifespan is of particular interest to SAMHSA and can be addressed in response to this RFA and/or in future prevention work.

1. **Question: Is there a subcontracting template, what is the criteria that defines a subcontract?**

**Answer:** In general, if you are asking another entity to conduct a portion of the work listed in the RFA, you are sub-contracting. However, a subcontract template will not be provided at this time. Sub-contractors should be listed in the Project Staffing and may be requested to submit a detailed scope of work and budget post award.

1. **Question: If an entity wants to subcontract someone in the future that receives block grant funds (i.e., TA and/or special skill), will that be a conflict?**

**Answer:** The state will review and assess on a case-by-case basis. In some instances a direct service block grant staff person may need to receive agency approval, up to and including requesting vacation time to receive compensation for conducting a training or may need to work during “off hours” when providing a specialized skill set.

1. **Question: Certification motivation – Are there any efforts at the State level to provide initiatives to motivate providers?**

**Answer:** The contractor who is granted workforce development and retention efforts will need to gather information about motivating factors toward provider certification and submit information to the state for consideration.

1. **Question:** **Are you able to provide any additional information regarding the eligibility requirements that will be in place for the community level redesign? It feels important to know who current applicants for Category II are applying to provide services to. We know they will be block grant providers, but eligibility will greatly influence who those providers are and the services they will need.**

**Answer:** Final eligibility determinations are still being made and will be discussed with statewide service entities, post-award. In general, it might be desirable to open local prevention block grant funding to all non-profit entities with a history of serving an area to ensure continuity and continuation of local ATOD prevention work. Entities servicing an area may or may not be under the umbrella of current LME service providers. Where feasible, other options may be needed if no applicants apply for a service area.

1. **Question: When did the official name change to DD/MH/SUS vs SAS?**

**Answer:** This change was made at our previous DMH Director’s request. SAMHSA is also looking to change stigmatizing language such as “abuse” to “use” and/or “misuse.”

1. **Question: Eligibility participating on boards and lobbying activities etc. are these only a restriction with block grant dollars or does it have to do solely with an entity?**

**Answer:** The state will review conflict of interest concerns on a case-by-case basis. However, federal dollars restrict block grant entities’ lobbying activities. Block grant requirements state, “No part of *any* federal funding shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any state legislature.” In terms of participating on boards, for example, it is a conflict of interest when two entities receiving the same funding have one entity participate and/or are members of the board of directors of the other entity. One entity who is on the board of the other entity has a competitive advantage (of knowing confidential and/or sensitive financial and programmatic information) about the other entity and may intentionally or unintentionally use this information when competing for future funding opportunities.

1. **Question: Is Lobbying a conflict of interest?**

**Answer:** Lobbying is a part of our political landscape and has been used to articulate and elevate important issues for centuries. However, lobbying is considered an unallowable activity when conducted by recipients solely using or who are solely funded by block grant or other federal funds. Block grant requirements state, “No part of *any* federal funding shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any state legislature.” Lobbying is allowable when entities use *other* unrestricted funds such as membership dues (not related to block grant or other federal funds) to pay for lobbying activities.