

## Building Community Capacity through Rural Community Behavioral Health Organizations Mentorship and Support Program Request for Applications FAQs

### Quick Links

- [Register for SAM Unique Entity ID.](#)
  - Create an Award Force Account / start your [application](#).
  - View the full [request for applications \(RFA\)](#).
  - [View the recording and slides](#) for the informational office hour.
  - Check your eligibility for this opportunity [by Address or State and County](#).
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### Application Questions

#### **What is the project period?**

Project plans should span 6 months starting in February 2025. Awarded projects are required to participate in a kick-off mentee call on Thursday, January 23, 2025, from 12:30-2 p.m. ET. Mentorship and other technical assistance will commence in March 2025 and conclude in July 2025.

#### **Is there a chance of the mentorship and support program going past six months?**

No, this is a one-time program for a 6-month project period starting in February 2025.

#### **How much funding is available?**

Applicants may apply for up to \$83,500 for projects associated with the mentorship and support program.

#### **Who may apply for the funding?**

Eligible applicants include community behavioral health organizations (CBHOs), harm reduction organizations and other community-based organizations and/or coalitions in the U.S. that provide services within one or more rural or frontier geographic areas, as defined by the Health Resources and Services Administration (HRSA). A [detailed definition](#) can be found on HRSA's website. **Applicants are required to use the [Rural Health Grants Eligibility Analyzer](#) to determine eligibility for this program.** **Previous recipients of the National Council Building Community Capacity Award (2023–2024) are ineligible to apply as mentees for the R-CBHO MSP.**

#### **Are organizations in Puerto Rico and other US territories eligible to apply?**

Yes.

#### **Are for-profit and government organizations eligible to apply?**

Yes.

**How does an organization apply for the funding?**

- **Applicants must possess a Unique Entity ID and active SAM.gov registration.** To check your organization's status or to register your organization, visit [www.SAM.gov](http://www.SAM.gov)
- **Applicants must have an account on Award Force,** the online platform where applications will be submitted. To register for an account, visit <https://nationalcouncil.awardsplatform.com/>.

**While using the online application platform, can you start an application and save it to come back to it later?**

Yes, on Award Force you can save your progress and return to complete your application later.

**Are scoring criteria specified within the RFA?**

Yes, scoring criteria are included in the RFA, based on the strategic priorities for this opportunity. Applications will be scored by a panel of overdose prevention and response experts and National Council staff.

**Is there a template for the budget and budget narrative?**

There are examples and a template provided for the budget, and examples of a budget narrative. The budget and budget narrative must include separate line items that indicate the allocation of funds for the expected deliverables or outcomes, including cost of each, and a narrative to support the cost table for the deliverables/outcomes describing how the funds will be applied to meet the goals of the project within the 6-month project period, including how each line item was calculated.

**Can an organization submit more than one application if they demonstrate distinct activities, partnerships, and goals?**

Yes.

**Is this a reimbursement-based funding opportunity? When will funds be distributed?**

No, it is not a reimbursement-based opportunity. A one-time payment for the entirety of the amount given will be provided at the start of the project period.

**Do organizations need to have a peer-led program in place to be eligible?**

No.

**What should we put in our application if we serve multiple rural areas?**

You only need to submit one screenshot of the [Rural Health Grants Eligibility Analyzer](#). If possible, use the address or county where the proposed activities would take place. In the following question you will have the opportunity to list all zip codes in your service area to demonstrate the extent of your service area.

## Project Proposal Questions

### **What are the goals of this funding opportunity?**

The goals of this funding opportunity are to: (1) support the implementation and enhancement of evidence-based services or promising practices in rural communities to prevent and reduce overdose and other drug-related harms through linkages to care, harm reduction and peer support services, and (2) increase the collaboration between rural community based health organizations (CBHOs), harm reduction organizations and other community-based organizations to link people who use drugs and people with substance use disorder to harm reduction services, peer support, treatment and recovery support, and other wraparound services.

### **How do you define linkage to care?**

Linkage to care initiatives identify people who are at risk for overdose or have recently experienced a non-fatal overdose and actively refer them to harm reduction services, health care, evidence-based substance use treatment and wraparound supports. The key is that these initiatives are person-centered—helping individuals to access services when they express the desire for them.

### **What are the core components of linkage to care programs?**

Core components of linkage to care programs include:

- Active referral / warm handoffs to substance use treatment, harm reduction services, recovery support services and primary care services.
- Intensive, comprehensive outreach, including one-on-one visits with persons who are at risk of overdose, in-person or virtually.
  - Brief motivational interviews.
  - Facilitate risk and readiness to change self-assessments.
  - Facilitate self-directed health, wellbeing planning (for example, moderation, safer use, or no goals related to substance use) and recovery planning.
  - Active relationship-building and follow-up.
- Overdose education and harm reduction.
- Stigma-reduction education and messaging campaigns.
- Health and wellbeing promotion.

### **What are examples of wraparound services?**

Wraparound services may include mental health care, transportation to treatment, peer support, assistance with insurance sign-up, securing appointments, HIV/Hep C testing, housing assistance, employment services, infectious disease care, obstetric care and other harm reduction services that address barriers to care.

### **Could you provide an example or two of evidence-based or promising practices for harm reduction?**

Examples of evidence-based harm reduction practices include distributing drug testing supplies or wound care supplies, operating naloxone vending machines and providing mobile harm reduction services.

**Can an organization build upon an existing program?**

Yes, if the existing program is using this opportunity to enhance and expand critical services that reduce the risk of overdose through increasing engagement in evidence-based and innovative harm reduction treatments, linkages to care and peer support services. If the program has other funding, ensure the proposed activities increase, supplement or enhance services that align with the goals of this opportunity.

**Are there any resources to help my organization determine the fatal and non-fatal overdose burden in our service area?**

If applicable, you can use data from local, state, or national health departments or agencies, the [NORC Overdose Mapping Tool](#), and other resources available to your community.

**How do you define health hubs for PWUD?**

A health hub is an emerging harm reduction model that provides a one-stop place for individuals who use drugs to be able to receive health care services.

**What does program evaluation entail? What do we need to measure?**

Organizations will be asked to define their own metrics for data collection as part of describing how success will be measured (RFA Part III.2). Typically, this is data that organizations are already collecting that is related to project processes, outputs and outcomes.

Examples:

<b>Process measures</b> <i>Whether and how an activity was accomplished</i>	Demographics of population reached Participant satisfaction
<b>Output measures</b> <i>Number served or quantity of activities done</i>	Unique participants served Harm reduction supplies distributed Number of trainings on using naloxone
<b>Outcome measures</b> <i>Effect of activity/activities</i>	Positive change in health status Increased linkages and care coordination

This information must be formatted as SMART goals.

**Do mentees create their own evaluation or does National Council have an evaluation that mentees are required to use?**

Mentees will define their own metrics for success in the application and evaluate project activities against their identified metrics. Progress on these metrics will be part of the brief report to be submitted to the National Council in July 2025.

Additionally, mentees will be required to participate in a National Council-directed evaluation of the cohort. Our evaluator will conduct online survey assessments and zoom interviews with each mentee to understand the outcomes and impacts related to their participation in this funding opportunity. The interviews will take place at the beginning (February/March 2025), midpoint and conclusion of the project (July 2025).

**What is the official start for the project?**

Project plans should span 6 months starting in February 2025.

We plan to notify all applicants by January 10, 2025. Mentorship and technical support for mentees will commence in February 2025 and conclude in July 2025.

**Are fentanyl and xylazine test strips and funding for drug checking allowable expenses?**

Yes.

**Are items like tourniquets, sterile water, and cookers allowable expenses?**

Yes, harm reduction and safer use supplies, except naloxone, syringes and pipes, are allowable expenses. This includes alcohol pads, antiseptic wipes, and personal fitpacks/sharps containers.

**Is the purchase of naloxone an allowable expense?**

No, the purchase of naloxone is not an allowable expense.

**Are staff wages for the distribution of naloxone an allowable expense?**

Yes, staff time used to distribute naloxone is an allowable expense.

**Is the purchase of syringes an allowable expense?**

No.

**Are staff wages for the distribution of syringes an allowable expense?**

No. Staff time used to distribute syringes cannot be paid for using these funds.

**Are staff wages for the assembly of harm reduction kits that include syringes an allowable expense?**

No. Staff wages for the assembly of kits that include syringes are not an allowable expense.

**What are the limitations around syringe services?**

SSP programs are allowable under this award opportunity. Funds cannot be used to purchase syringes or used to cover staff time for distributing syringes.

**Are conference fees, trainings, and certifications allowable expenses?**

Yes, but you must prove that it is aligned with the goals of the RFA and the organization's proposed project activities.

**Is there a cap on an organization's indirect rate?**

No, but it must be a reasonable amount as determined by our Contracts department.

**Are incentives such as gift cards for surveys an allowable expense?**

Yes.

**Can funding be used to evaluate outcomes of existing implementation of overdose prevention promising practices?**

Awarded funds cannot be used for research.

**Can funds be used to purchase a vehicle for outreach services?**

A vehicle purchase or lease may be an allowable expense for linkage to care activities. For the full list of unallowable and allowable expenses, visit the RFA.

**Is fuel to operate mobile linkage to care and harm reduction services an allowable expense?**

Yes.

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