

2018-P RFP Frequently Asked Questions

**Question:** I am wanting to know that the maximum grant awards for each grant. The estimated grant awards in each of the 3 funding streams makes it impossible for Clark county to apply for the total funding formula that has been reviewed and approved my SAPTA. Please let me know if there is a max total we are able to apply for in each or all of the Grant's.

**Answer:** In the revised RFP page 5 the words annual maximum awards were added for clarification and the new amounts are highlighted in red to indicate a maximum annually. For example a coalition may want \$225,000 annually from SAPP based on their needs and their 4 year total would be \$900,000. The maximum allowable for the 4 year total is \$2,400,000. Since the proposed 4 year funding of \$900,000 is under the cap the amount would be considered for funding. A coalition could also request \$225,000 in year 1 \$200,000 in year 2, \$200,000 in year 3, and \$100,000 in year 4 if that was the local plan and need.  
Question:

**Question:** Section B - Pg. 16 - How do agencies write to the level of information you request for 3 separate grants for 4 years? It specifically asks for goals, objective, activities, timeline, and responsible persons. This amount of information cannot be conveyed in 4 pages. Additionally, usually years 2, 3, and 4 activities are based on what was accomplished in the previous year's thus building on the momentum of initiatives. Writing 4 years at once just makes us "make things up" as we don't know what the legislature holds, what decisions key stakeholders will make to drive the initiatives, etc. Would it make more sense to just require a year 1 Proposed Approach and a year 1 budget?

**Answer:** In the revised RFP Page 14 an updated description was posted in red to clarify the expectation and on page 15 bullet point 3 further clarification was given with reference to Appendix 6 for the overview budget. Appendix 6 did not include the following chart as an example. Please use the example chart below as your example of how to do a multiple year budget.

**Example 4 Year Budget PFS.** Please complete 1 table per grant applied for. Note that indirect is separated out in this form and will not be listed the same way in your general budget narrative which would combine other and Indirect.

<b>Category</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Total</b>
Personnel	\$ 46,905	\$ 46,905	\$ 46,905	\$ 46,905	\$ 187,620
Fringe	\$ 15,605	\$ 15,605	\$ 15,605	\$ 15,605	\$ 62,420
Travel	\$ 24,379	\$ 24,379	\$ 24,379	\$ 24,379	\$ 97,516
Equipment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Supplies	\$ 1,754	\$ 1,754	\$ 1,754	\$ 1,754	\$ 7,016
Contractual	\$ 2,155,357	\$ 2,155,357	\$ 2,155,357	\$ 2,155,357	\$ 8,621,428
Other	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total Direct Costs</b>	<b>\$ 2,244,000</b>	<b>\$ 2,244,000</b>	<b>\$ 2,244,000</b>	<b>\$ 2,244,000</b>	<b>\$ 8,976,000</b>
Indirect Costs	\$ 16,000	\$ 16,000	\$ 16,000	\$ 16,000	\$ 64,000
<b>Total Project Costs</b>	<b>\$ 2,260,000</b>	<b>\$ 2,260,000</b>	<b>\$ 2,260,000</b>	<b>\$ 2,260,000</b>	<b>\$ 9,040,000</b>

**Question:** Section C - V - Pg. 17 - We are asked to describe how we will work with behavioral health organizations but the limitations of this grant do not allow us to talk about mental health or deviate beyond substance use. This may confuse reviewers if they see this language, yet it is prohibited.

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**Answer:** The expectation is how you will partner and support behavioral health in your community. There are times the coalitions are asked to attend meetings and events locally that do address mental health. That would be considered a part of your daily duties that support your coalition, but are not specific activities you do with grant funding. There are efforts being made to determine if general funds can be used to support coalitions expanding their work beyond substance use primary prevention into areas like suicide prevention, and mental health primary prevention, but for the current proposals those activities are not allowed.

**Question:** Budget - The budget attachment is an Excel document with just 1 tab. Should there be 3 other tabs included for years 2, 3, and 4. Once again, these will be made up budgets as nobody can project that far what actual costs will be. If you would just like a snapshot of the years 2, 3, and 4 in a table (like the federal grants require), that needs to be provided to us.

**Answer:** No. Please see guidance in the revised RFP Page 15 number 3.

**Question:** Page 7 Section VII Attachment G – List Sectors. Is one sector rep adequate or would you like to see one per county or all that we have? How will we be scored on this?

**Answer:** One sector rep is perfectly fine if you choose to use that person for multiple Counties. It is also ok if you have multiple sector representatives in the same category, and also ok if you have different representatives for each County served. You will not be marked down for not having the sector representatives for scoring purposes, however if there are several missing you will be asked to plan to recruit and demonstrate a plan to have all representatives.

**Question:** Page 11 SAPP 2<sup>nd</sup> paragraph, remaining 30% what does that refer to?

**Answer:** That was an error and is corrected in the updated RFP.

**Question:** What is the time period for all the grants?

**Answer:** The time period is July 1 2019 through June 30, 2023 for the SAPP funding, and October 1, 2019 through September, 29 2023 for Partnership for Success, and October 1, 2019 through September 30, 2023 for Substance Abuse Block Grant.

**Question:** Are we writing 4 SOWS for three grants, 4 budgets for three grants?

**Answer:** No you are writing 3 Scopes of work for three grants and 3 budgets for 3 grants with the exception of an additional summary budget for each of the 3 grants that includes all 4 years of funding applied for.

**Question:** Is it a total of 14 pages with the Cover page?

**Answer:** Yes you would have a cover page, an abstract, and up to 12 pages for the Narrative. The parts of the narrative that are considered attachments like the logic model, and 4 year budget description would not be counted towards the page total.

**Question:** Page 18, under prohibited use of funds, it says, "Travel to conferences focused on domestic violence, suicide, mental health, or other areas that may involve substance use but which the primary focus is not substance use prevention." A large part of what is done by coalitions is community- and

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coalition-building, but that is not necessarily substance use prevention. As an example, would a training on volunteer management, grant management, or things of that nature be prohibited?

**Answer:** In those circumstance, coalitions can submit a proposal to the analysts that explains the need. The analyst can make a determination and give approval in writing.

**Question:** Would this be written in the grant application and submitted in a separate proposal at the same time?

**Answer:** It would be better to submit the proposal closer to the date of the event. In the proposal, it is important that the narrative explains why the coalition needs to do it and why it would not violate this prohibition.

**Question:** Once accepted and funded, is another revisit needed?

**Answer:** It would be a good practice to communicate via email with SAPTA analysts to make sure it is cleared, even though it was accepted. That way fiscal knows what the purpose was and how it was being used.

**Question:** Page 19, "Compile your applications, narrative, and attachments and scan as one (1) PDF copy." "Do not include the informational appendices as part of your application." In Appendix G, partners are supposed to be listed. Should that be in the PDF? What does SAPTA consider to be informational appendices?

**Answer:** This refers to the appendices that are posted in support of the RFP. Applicants do not need to print out all of the appendices that describe, for example, the PFS process or the directions on how to produce the budget. Applicants are being asked to attach their forms. Do not print out the all of the appendices that are part of the information in the body of the RFP.

**Question:** Appendix G would then be included in the PDF.

**Answer:** It would. If you were listing your 12 sector partners, you would also include that as an attachment.

**Question:** Regarding the evidence-based programming that is required for subgrantees—the National Registry of Evidence-based Programs and Practices has been disbanded, will the State provide guidance on how to determine evidence-based programming?

**Answer:** Meg sent an email to announce that the Center for the Application of Prevention Technologies was no longer funded by SAMHSA, but will be providing technical assistance to coalitions directly as the Prevention Technology Transfer Center. They received the award for the entire western region. Their job is to know, when looking at evidence-based programs, whether a practice is no longer credible or if there is something newer that is a better application. Another option is to go to the website of a program to look at the data and research that has been done with that program and compare it to others.

**Question:** Page 42, under Travel, gives an example about mileage for local meeting and events. It then says, 1 SAMHSA Conference, Washington, D.C. attended by 2 staff, \$1,500 each. Is this just an example, or does SAPTA want the costs in a lump sum, not broken down by details?

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**Answer:** It is best to break down the costs. In a general budget, it could be written this way, with an explanation in the narrative.

**Question:** There have been some conversations about how dues and subscriptions should be written and where they should be written and what verbiage should be used. Can clarification be provided on that and on what can and cannot be paid for annual fees?

**Question:** Regarding the travel budget—if the location for a conference is not known, should Atlanta be used as a placeholder?

**Answer:** The Atlanta lodging and per diem rates can be used as a guide to calculate the costs. It is better to overestimate than to underestimate the cost.

**Question:** Coalitions can focus on alcohol, methamphetamines, and marijuana. The application also lists cocaine. Is that something that can be addressed?

**Answer:** It can be addressed, but not be under the PFS Grant. Partnership for Success is limited to alcohol, marijuana, and methamphetamines.

**Question:** Does SAPTA differentiate between subgrantees and contractual employees? For example, if a coalition hired an evaluator that was part of a for-profit business, could they be paid through these funds?

**Answer:** Recipients are allowed to do that for contracts. It is different for a subgrantee. Most contracts go through a procurement process.

**Question:** Does SAPTA want to know the total amount being requested prior to seeing the budget?

**Answer:** It is not required, but it would not hurt to state the amount requested for the four-year period for each grant. It could be stated on the cover page.

**Question:** Where should *de minimis* rates be listed? Is that the same as the "indirect?" Indirect is used if there is a negotiated rate. If *de minimis* is used, what should it be called so that it is clear in the budget? Should it be a separate budget category?

**Answer:** It can be placed in "Other/Indirect." Coalitions should be prepared to back up charges in that category during monitors. The 10 percent *de minimis* can be charged in "Other" and marked "Indirect." It is a topic of technical assistance that needs to be addressed.

**Question:** There is a separate line for "Indirect;" it does not go under "Other."

**Answer:** Some grants put "Indirect" as its own line item. Follow the current template sent by the analyst.

**Question:** What does SAPTA want in letters of support or memoranda of understanding?

**Answer:** Either one is acceptable. A letter of support would show community partners are engaged. It helps to have documents that show community support.

**Question:** What is the relevance of the chart on page 23? Is it just an example of data that can be collected?

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**Answer:** This shows data collected and how it addresses specific populations. The chart was taken from the reporting charts SAPTA uses to record efforts. Every year, SAPTA reports on coalition activities to SAMHSA. This chart shows what SAMHSA asks. Much of the information may be in WITS in the near future and possible reporting templates that SAPTA provides at a later date.

**Question:** The details of the funding stream are found on pages 11 and 12. Once project period ends in 2021, the others in 2022. If they are all four-year funds, should they all end in 2023?

**Answer:** The item was corrected in the revised RFP document pages 10-11.

**Question:** How does SAPTA want the data collected? Could comments be put in WITS?

**Answer:** Coalitions can target 9-11 year-olds and put that in reports. This breakdown, as awkward as it is, is what SAPTA has to report into. If a coalition has a breakdown of ages 5-7 or 5-8 and a 9-11 age group, those will be lumped together to build the required category. Data sources do not pair cohorts the same across projects. The gap for PFS will have to be addressed separately. It will be addressed with the evaluation team. General Funds can be kept the same as the Block Grant. PFS will focus on ages 9-20, rather than "9 and above." Sometimes there is a secondary effect—the focus is based on federal requirements; there is a secondary effect on adults that can be captured in the evaluation.

**Question:** On page 18, it says screening, brief intervention, and referral to treatment are prohibited. Could coalitions screen children that are already in the system to get data, such as: Are you receiving treatment because of your marijuana use? The data would be used for prevention purposes. If someone is already in an intervention system, would coalitions have to stay away from that data?

**Answer:** The screening prohibited is any activity that is designed to determine if a person needs treatment. Screening for the purpose of collecting data is fine. Data collection is part of primary prevention. A screening for services is not.