



**State Opioid Response (SOR) Grant**

**Application Package for  
Primary Prevention Services**

**Overview**

**Project Summary**

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) State Opioid Response (SOR) Grant will provide up to $900,000.00 to fund approximately 35 to 40 single-year primary prevention sub-awards to organizations that serve South Carolina communities. Three levels of funding are available. The purpose of the sub-awards is to support implementation of evidence-based environmental and educational primary prevention strategies in an effort to prevent opioid and stimulant misuse, and to reduce the consequences of opioid and stimulant misuse in South Carolina.

Strategies may be implemented for the general population, or may be implemented for targeted populations. The planned sub-award period is **December 1, 2020, to September 17, 2021**. The total number of anticipated sub-awards for each available funding level is:

* **Level 1:** $10,000.00
* **Level 2:** $25,000.00
* **Level 3:** $50,000.00

**Funding Source**

The funding source is the Substance Abuse and Mental Health Services Administration (SAMHSA). The State Opioid Response (SOR) Grant is administered by DAODAS. The CFDA number is 93.788.

**Eligibility for Funding**

Organizations eligible to apply for funding include: local municipalities (town, city, or county, to include law enforcement agencies, coroner’s offices, school districts, etc.), colleges and universities, substance abuse prevention agencies and coalitions, faith communities, youth-serving organizations, senior citizen-serving organizations, veteran-serving organizations, healthcare organizations, and service organizations that hold 501c3 status. Other organizations may be eligible to apply. Any questions concerning eligibility can be submitted during the specified question period *(see below)*, and DAODAS will respond to ensure your organization is eligible prior to submission of your application.

**Question Period**

Prospective applicants can pose any questions concerning the application requirements to DAODAS between **October 1 and October 9, 2020**. Question(s) must be e-mailed to **Crystal Gordon** at **cgordon@daodas.sc.gov**. A complete summary of all questions received by October 9 – and their answers – will be posted on the DAODAS website home page ([www.daodas.sc.gov](http://www.daodas.sc.gov)) no later than the close of business on **October 16, 2020**.

**Due Date**

Applications are due to DAODAS *(see application instructions on Page 4)* **by close of business (5:00 p.m.) on October 30, 2020**. No late applications will be moved forward to the review/scoring phase. Late applications are those that arrive via e-mail any time after 5:00 p.m. on October 30, 2020.

**Review Process**

Applications will be reviewed and scored using the following criteria:

* Technical Proposal (25 points)
* Qualifications and Experience (15 points)
* Budget (10 points)

**Scoring Criteria**

Technical Proposal (25 points)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outstanding** | **Very Good** | **Good** | **Marginal** | **Poor** |
| 25-20 | 19-15 | 14-10 | 9-5 | 4-0 |

Qualifications and Experience (15 points)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outstanding** | **Very Good** | **Good** | **Marginal** | **Poor** |
| 15-12 | 11-9 | 8-6 | 5-3 | 2-0 |

Budget (10 points)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outstanding** | **Very Good** | **Good** | **Marginal** | **Poor** |
| 10-9 | 8-7 | 6-5 | 4-3 | 2-0 |

**Descriptors for Scoring Criteria**

**Outstanding:** The applicant organization explicitly addresses the criteria by providing comprehensive descriptions and thorough details. Relevant examples and data are included to support the information presented. The applicant organization demonstrates a strong and informed understanding of the topic, and the level of detail provided reinforces each response. The applicant organization effectively describes how the project will be implemented.

**Very Good:** The applicant organization provides significant descriptions and relevant and related detail in addressing the criteria, but the response is not entirely comprehensive. The applicant organization demonstrates a sound understanding of the topic and includes pertinent examples. It is possible to distinguish what makes the response better than “Good,” but not up to the standard of “Outstanding.”

**Good:** The applicant organization provides a basic response to the criteria. The applicant organization does not include significant detail or pertinent information. Key details and examples are limited. The applicant organization minimally translates the requirement of the application into practice.

**Marginal:** The applicant organization provides insufficient information, details, and/or descriptions that do not completely answer the criteria. The applicant may have answered part of the criteria but missed a key point and/or there are major gaps in the information presented.

**Poor:** The applicant organization does not address the criteria. The applicant organization states the question but does not elaborate on the response. The applicant merely repeats information included in the application. The applicant organization skips or otherwise ignores the criteria or includes irrelevant information that does not meet the criteria elements.

*\*Information adapted from the Centers for Disease Control and Prevention (CDC)  
Application Field Review Process for NOFOs #CE20-2002 and CE20-2003*

**Notification of Awards**

Final awards will be posted on the DAODAS website homepage ([www.daodas.sc.gov](http://www.daodas.sc.gov)) on or before **November 20, 2020.** **All posted awards are considered final.** All non-funded applicants will receive a summary report with evaluative comments for the summited application no later than December 11, 2020.

**Contract Period**

Contracts for funded applicants will be issued by DAODAS on **December 1, 2020**. The funds will be reimbursed for expenses on a monthly basis contingent upon meeting the reporting requirements outlined in the next section.  **Final budget reimbursement requests must be made no later than September 17, 2021. All services must be rendered and all goods purchased must be received by this date.**

**Reporting Requirements**

# Sub-awardee will submit all grant activity information as directed by DAODAS through web-based reporting. Deliverables will be due on the fifth working day of the month for all services and activities implemented during the previous month. Monthly finance and program implementation data must be reported. Accurate reporting of this data will be required for reimbursement requests to be processed by DAODAS.

**Financial Guidelines**

Funds will be available on a reimbursement basis upon completion of monthly deliverables. Agencies are welcome to supplement this federal funding with other appropriate agency funds. DAODAS will conduct quarterly reviews of budget spending. If budget is not spent in a timely manner, funds could be reduced by up to 10%.

## Defining “Supplement” and “Supplant”

“Supplement” means to “build upon” or “add to”; “supplant” means to “replace” or “take the place of.” Federal law prohibits recipients of federal funds from replacing state, local, or agency funds with federal funds. Existing funds for a project and its activities **may not** be displaced by federal funds and reallocated for other organizational expenses. This is illegal. On the other hand, federal agencies encourage **supplementing** (i.e., adding federal funds to what is available through state, local, or agency funds).

**Unallowable Expenditures**

SAMHSA grant funds may not be used to:

* Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags, purchased solely for the purposes of marketing your organization or for general prevention messaging. All materials purchased must be linked directly to selected strategies.
* Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.

**NOTE:** A treatment or prevention provider may give up to $30.00 in non-cash incentives to individuals to participate in required data-collection follow-up. This amount may be paid for participation in each required follow-up interview.

* Pay for meals, which are generally unallowable unless they are an integral part of an education strategy such as the Strengthening Families program. Grant funds may be used to pay for light snacks, not to exceed $3.00 per person per day.
* Purchase supplies, which are are items costing less than $5,000.00 per unit, often having one-time use.

**Difference Between a Contract and a Consultant**

* A **contract** is a legal instrument by which a grant recipient purchases good and services needed to carry out the project or program under a federal award. Contracts are with vendors (dealer, distributor, or other seller) that provide, for example, supplies, expendable materials, or data processing services in support of project activities. The grant recipient must have established, written procurement policies and procedures that are consistently applied to these contracts.
* **Consultants** are individuals retained to provide professional advice or services for a fee. Travel costs for consultants and contractors should be shown in this category, along with consultant/contractor fees.

**Application Requirements**

All applications must meet the requirements listed below.

| **Requirements** | **Description** |
| --- | --- |
| Submit an application that addresses misuse of and/or the consequences related to the two types of substances eligible for funding. The application must be submitted by the due date and time stated in the “Due Date” section on Page 1. | * Submit an application to:  1. reduce the misuse of opioids and/or stimulants;  *and/or* 2. prevent or reduce the consequences of opioid and stimulant misuse.  * Examples of **opioid** drugs are: Vicodin, oxycodone, codeine, morphine, heroin, fentanyl, etc. * Examples of **stimulant** drugs are: Adderall, Ritalin, Didrex, cocaine, methamphetamine, etc. |
| Complete the Application Cover Letter, Application Information, Technical Proposal, Qualifications and Experience, and Budget sections, and then **submit the documents as a single PDF** to the e-mail address provided on Page 11. | * Complete an Application Cover Letter to indicate your organization’s intent to apply for a sub-grant award. * Complete the Application Information section as requested, to share important contact information, other details about your organization, and the desired funding award amount. * Complete the Technical Proposal and include the required content. * Complete the Qualifications and Experience section and include the required content. * Complete the Budget, using the template provided, and include the required content. |
| Adhere to the maximum page lengths where indicated. | * The Technical Proposal must be no longer than eight pages, the Qualifications and Experience section must be no longer than four pages, and the Budget must be no longer than four pages. |
| Use the Pre-Approved Strategy List (Pages 6-10) to identify and select a minimum of two primary prevention strategies to implement. | * Select two or more strategies that your organization proposes to implement. Ensure that each selected strategy corresponds with data-supported needs that are included in the Technical Proposal’s Statement of Need. * The Pre-Approved Strategy List also includes a list of items that funds can be used to support implementation of sub-awards. Required purchases per strategy are printed in bold. Please ensure that required purchases for any strategies selected are clearly included in the Budget. |

**State Opioid Response (SOR) Grant Application Package for Primary Prevention Services**

**Pre-Approved Strategy List**

# Data and Needs Assessment Strategies

| **Funding Level** | **Types of Strategies** | **Intended Audience** | **Allowable Uses of Funds** |
| --- | --- | --- | --- |
| All | * Scan/mapping of opioid and/or stimulant drug issues and resources available in the community * Tracking advertising of prescription drug disposal locations/Take Back events * Mapping locations where permanent drop boxes are located * Identifying and mapping hospitals, doctor’s offices, and pharmacies that have permanent prescription drug drop boxes available to the general public * Mapping of the number of locations distributing Deterra or similar disposal products | General Population | * Training costs related to building capacity to complete community scans and mapping * Mileage reimbursement * Electronic devices such as laptops and tablets * Office supplies, gloves, masks, hand sanitizer * Cost for personnel or contractual staff to complete community scans and mapping * Non-cash incentives for volunteers |
| All | * Data tracking and/or visualization software to build capacity to identify problem areas related to opioid and stimulant use, and to make solution-focused decisions | General Population | * Cost of licensing fees for software * Cost for personnel or contractual staff to take current data and populate a tracking system (ODMAP, etc.) * Training costs related to use of program/software * Creation of printed materials to disseminate to partner agencies or the general public |

# Safe Medication Disposal Strategies

| **Funding Level** | **Types of Strategies** | **Intended Audience** | **Allowable Uses of Funds** |
| --- | --- | --- | --- |
| All | * Drug Take Back events in partnership with law enforcement agencies to allow community members to bring and dispose of unwanted prescription medications at designated locations such as police departments, pharmacy parking lots, retail store parking lots, etc. | General Population | * Advertising/promoting the event * Providing overtime pay for law enforcement officers to staff the event (unless you can demonstrate the law enforcement are volunteering their time) * Non-cash incentives for people who turn in medication (less than $10.00 in value) * Materials to host event such as tent, table, gloves, masks, hand sanitizer, container for the medication to be collected in, etc. |
| All | * Distributing and making available drug deactivation bags/buckets (Deterra, DisposeRx, etc.) for community organizations, partners, and individuals | Law Enforcement, Coroners,  General Population | * Deterra Drug Deactivation Systems, DisposeRx, etc. * Advertising/promoting the safe medication-disposal product * Gloves, masks, hand sanitizer * Storage container for products * Recognition activities for participating community partners |
| All | * Prescription drug drop boxes (installation of boxes and/or promotion of current box locations) | General Population | * Purchase of prescription drug drop box * Advertising/promoting the prescription drug drop box * Non-cash incentives for people who turn in medication (less than $10.00 in value) * Resources to maintain the drop box, such as inner liners, reverse distributor contracts, gloves, masks, hand sanitizer, etc. |
| All | * Sharing messages with organizations, businesses, and community members to promote safe use and safe disposal of unwanted opioid medication | General Population | * Public awareness campaign – local branding of statewide “Just Plain Killers” campaign ([www.justplainkillers.com](http://www.justplainkillers.com)) – placing ads on local cable channels, radio PSAs, local billboards in high-need areas, information packets for dentists, doctors, pharmacists, etc. |

# Education and Awareness Strategies

| **Funding Level** | **Types of Strategies** | **Intended Audience** | **Allowable Uses of Funds** |
| --- | --- | --- | --- |
| $25,000 - $50,000 | * Professional education for healthcare, behavioral health, law enforcement, and education professionals, etc., related to opioids and stimulants, such as Drug Impairment Training for Educational Professionals (DITEP), Advanced Roadside Impaired Driving Enforcement (ARIDE), Drug Recognition Expert (DRE) training, safe prescribing practices, use of SC SCRIPTS, academic detailing, etc. | Health-Related Professionals (i.e., prescribers and dispensers),  School Resource Officers,  School Nurses, Guidance Counselors, Teachers,  Law Enforcement Officers, etc. | * Contractual costs for room rental fees * Subscription fees for virtual meeting software * Trainer contracts * Office supplies |
| All | * Opioid and stimulant-related educational programs or information-sharing for realtors, hospice programs, individuals caring for elderly family members at home, older adults, adults, college students, teenagers, patients, elementary school students, etc. | Realtors, Nurses, Social Workers, Caregivers, College Students, Adults,  Older Adults, Youth, Patients, etc. | * Print materials * Development and dissemination of promotional materials on social media and other information-sharing platforms |
| $10,000 - $50,000 | * Curriculum- and activity-based programs that have a focus on prescription drugs and stimulants:   + [Operation Prevention](https://www.operationprevention.com/) ($10k)   + [Botvin’s Life Skills](https://www.blueprintsprograms.org/programs/5999999/lifeskills-training-lst/) ($10k)   + [SPORT Prevention Plus Wellness](https://www.blueprintsprograms.org/programs/477999999/sport-prevention-plus-wellness/) ($10k)   + [Generation Rx](https://generationrx.org/toolkits/) ($25k)   + [Strengthening Families](https://strengtheningfamiliesprogram.org/) ($50k)   + [Communities That Care](https://www.blueprintsprograms.org/programs/444999999/communities-that-care/) ($50k)   + [PROSPER](https://www.blueprintsprograms.org/programs/408999999/prosper/) ($50k) | Youth, Families | * Curriculum materials for trainers and students * Trainer education costs * Trainer fees * Office supplies * Incentives for participants |
| $10,000 | * Opioid and stimulant Drug-Free Workplace education and materials | Organizations, Businesses | * Print and electronic materials and speaking engagements to promote opioid-free workplaces * Information on and linkage to Employee Assistance Programs |
| All | * Opioid and stimulant stigma reduction to promote messages that clarify opioid use disorder and other substance use disorders are diseases and not moral failures or weaknesses | General Population | * Print materials * Media campaigns and social media campaigns * Speaking engagements |

# Proper Medication Storage Strategies

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Level** | **Types of Strategies** | **Intended Audience** | **Allowable Uses of Funds** |
| All | * Distributing and making available proper medication storage boxes to individuals or to business to provide to customers such as pharmacies, doctor’s offices, senior care agencies, etc. | General Population | * Prescription drug storage lock boxes and containers |
| All | * Sharing messages with organizations, businesses, and community members to promote safe use and proper storage of medication | General Population | * Public awareness campaign – local branding of statewide “Just Plain Killers” campaign ([www.justplainkillers.com](http://www.justplainkillers.com)) – placing ads on local cable channels, radio PSAs, local billboards in high-need areas, information packets for dentists, doctors, pharmacists, etc. |

# Community Event Strategies

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Level** | **Types of Strategies** | **Intended Audience** | **Allowable Uses of Funds** |
| All | * Hosting opioid and stimulant-related “town hall” meetings / community forums *(Events can be held virtually.)* | General Population | * Promotion of the event * Supplies/materials to host event * Room rental, speaker fees, etc. * Masks, gloves, hand sanitizer |
| All | * Community social events and gatherings that promote drug-free, healthy family and social bonding among community members in safe spaces *(Events can be held virtually.)* | General Population,  People in Recovery, Children and Spouses of People in Recovery, Active-Duty Military and Veterans | * Promotion of the event * Supplies/materials to host event * Room rental, speaker fees, etc. * Masks, gloves, hand sanitizer |

**Submission Information**

**What to Submit**

Applicants must submit the following documents – attached as a single PDF file – via e-mail to [daodasapplication@daodas.sc.gov](mailto:daodasapplication@daodas.sc.gov):

* Application Cover Letter
* Applicant Information
* Technical Proposal
* Qualifications and Experience
* Budget

Text must be legible. Pages must be typed in black, single-spaced, and using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each.

Applicants may use Times New Roman 10 for charts and tables *only*.

**Application Package for Submission**

**Applicant Information**

**Agency Name:** Click or tap here to enter text.

**Agency Mailing Address:** Click or tap here to enter text.

**Agency Type:** Choose an item.

**Application Contact:** Click or tap here to enter text.

**Application Contact E-mail Address:** Click or tap here to enter text.

**Application Contact Phone Number:** Click or tap here to enter text.

**Amount of Application:** Choose an item.

**Technical Proposal (maximum of 8 pages)**

**Include the following information:**

| **Technical Proposal Sections** | **Required Content** |
| --- | --- |
| 1. **Statement of Need** | * Information that documents the impact of opioids and stimulants within the proposed service area. Include qualitative and quantitative data. Identify the source of all data. (Data can be placed in tables/charts, with explanations to follow.) * Clear identification of the geographic area and/or communities that strategies will impact, including the population of the proposed service area. * Any specific challenges motivating the applicant’s interest in applying for this grant. * Service gaps that will be addressed with the funding. * Existing efforts (either provided by your organization or others in the community) and explanation of how this new effort will not be duplicative. * Explanation of the inability to fund the proposed program without federal assistance, and a description of any existing funding or resources that are being leveraged to support the proposed program. |
| 1. **Plan to Implement Selected Strategy/Strategies** | * Measurable SMART goals and objectives *(See Attachment 1 for more information on writing SMART goals and objectives.)* * The pre-approved primary prevention strategies that will be implemented *(a minimum of two strategies must be selected)*, and a description of how the identified strategies will be implemented and how they will address the need identified through data in the State of Need section. * Month-by-month timeline for strategy implementation, to include the following: * Key activities that will be implemented per strategy by month * Responsible party per key activity   *(Please present the monthly timeline as a Gantt chart, a table, or in another format that can be viewed at a glance.)*   * Description of any potential barriers to implementation and how you plan to overcome the barriers. |
| 1. **Data Collection and Reporting Plan** | * Description of the following: * Who will be responsible for collecting the required data * How the data will be collected * How the data will be reported to DAODAS * Description of how the SMART goals and objectives will be monitored and measured to achieve strategy implementation and address the overall need(s) identified. |

**Qualifications and Experience (maximum of 4 pages)**

**Include the following information:**

|  |  |
| --- | --- |
| **Qualifications and Experience Sections** | **Required Content** |
| **Capacity and Competencies** | * Description of the agency’s structure and staffing plan for strategy implementation. * Key person or people responsible for implementation of the strategies. * Description of the experience your organization has with similar projects and providing services to the population(s) of focus for this application. * Any other organization(s) that will partner in the proposed project and the role the partners will play to ensure successful strategy implementation. * Discussion of any previous collaboration that will help to achieve the objectives. * Explanation of existing partnership agreements, to include formal or informal agreements. * Training plan or information that demonstrates that all relevant project staff and partners currently have or will acquire the required training for successful implementation of the selected strategies *(if applicable)*. |

**Budget/Budget Narrative (maximum of 4 pages)**

Submit a budget that is complete, cost effective, and allowable (e.g., reasonable, allocable, and necessary for project activities). The budget narrative should generally demonstrate how the applicant will maximize cost effectiveness of grant expenditures. The budget narrative should demonstrate cost effectiveness in relation to potential alternatives and the objectives of the project.

You must provide a narrative justification for the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. “Other support” is defined as funds or resources, whether federal, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment).

See sample budget and budget narrative in Attachment 2 for additional information.

**Include the following information:**

* Organization name
* Total amount requested
* Overall requested amount by category for travel, supplies/materials, contractual services, “other,” and administrative costs.  
  **NOTE:** Administrative costs cannot exceed more than 5% of the total award.
* Narrative/justification for each item, to include a breakdown of costs to demonstrate the calculations for each item

**Attachment 1 – SMART Goals and Objectives**

To be able to effectively evaluate your project, it is critical that you develop realistic goals and measurable objectives. This attachment provides information on developing goals and objectives. It also provides examples of well-written goals and measurable objectives.

**GOALS**

**Definition −** A goal is a broad statement about the long-term expectation of what should happen as a result of your program (i.e., the desired result). It serves as the foundation for developing your program objectives. Goals should align with the statement of need that is described. Goals should be only one sentence.

The characteristics of effective goals include:

* Goals address outcomes, not how outcomes will be achieved.
* Goals describe the behavior or condition in the community that is expected to change.
* Goals describe who will be affected by the project.
* Goals lead clearly to one or more measurable results.
* Goals are concise.

**Examples**

|  |  |  |
| --- | --- | --- |
| **Unclear Goal** | **Critique** | **Improved Goal** |
| Increase the substance abuse and HIV/AIDS prevention capacity of the local school district. | This goal could be improved by *specifying an expected program effect in reducing a health problem*. | Increase the capacity of the local school district to reduce high-risk behaviors of students that may contribute to substance abuse and/or HIV/AIDS. |
| Decrease the prevalence of marijuana, alcohol, and prescription drug use among youth in the community by increasing the number of schools that implement effective policies, environmental change, intensive training of teachers, and educational approaches to address high-risk behaviors, peer pressure, and tobacco use. | This goal is not concise. | Decrease youth substance use in the community by implementing evidence-based programs within the school district that address behaviors that may lead to the initiation of use. |

**OBJECTIVES**

**Definition –** Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single goal. Well-written objectives help set program priorities and targets for progress and accountability. It is recommended that you avoid verbs that may have vague meanings to describe the intended outcomes, like “understand” or “know,” because it might prove difficult to measure them. Instead, use verbs that document action, such as: “By the end of 2019, 75% of program participants will be *placed* in permanent housing.”

In order to be effective, objectives should be clear and leave no room for interpretation. **SMART** is a helpful acronym for developing objectives that are ***specific, measurable, achievable,* *realistic, and time-bound*:**

* ***Specific* –** Includes the “who” and “what” of program activities. Use only one action verb to avoid issues with measuring success. For example, “Outreach workers will administer the HIV risk assessment tool to at least 100 injection drug users in the population of focus” is a more specific objective than “Outreach workers will use their skills to reach out to drug users on the street.”
* ***Measurable* –** How much change is expected. It must be possible to count or otherwise quantify an activity or its results. It also means that the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for your program. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If you plan to use a specific measurement instrument, it is recommended that you incorporate its use into the objective. For example, “By 9/20 increase by 10% the number of 8th-, 9th-, and 10th-grade students who disapprove of marijuana use as measured by the annual school youth survey.”
* ***Achievable –*** Objectives should be attainable within a given time frame and with available program resources. For example, “The new part-time nutritionist will meet with seven teenage mothers each week to design a complete dietary plan” is a more achievable objective than “Teenage mothers will learn about proper nutrition.”
* ***Realistic –*** Objectives should be within the scope of the project and propose reasonable programmatic steps that can be implemented within a specific time frame. For example, “Two ex-gang members will make one school presentation each week for two months to raise community awareness about the presence of gangs” is a more realistic objective than “Gang-related violence in the community will be eliminated.”
* ***Time-bound* –** Provide a time frame indicating when the objective will be measured or a time by which the objective will be met. For example, “Five new peer educators will be recruited by the second quarter of the first funding year” is a better objective than “New peer educators will be hired.”

**Examples**

|  |  |  |
| --- | --- | --- |
| **Non-SMART Objective** | **Critique** | **SMART Objective** |
| Teachers will be trained on the selected evidence-based substance abuse prevention curriculum. | The objective is not SMART because it is not *specific, measurable*, or *time-bound*. It can be made SMART by *specifically* indicating who is responsible for training the teachers, how many will be trained, who they are, and the date by which the trainings will be conducted. | ***By June 1, 2020****,* ***LEA supervisory staff*** will have trained ***75% of******health education*** teachers ***in the local* *school******district*** on the selected, evidence-based substance abuse prevention curriculum. |
| 90% of youth will participate in classes on assertive communication skills. | This objective is not SMART because it is not *specific* or *time-bound.* It can be made SMART by indicating *who* will conduct the activity, *by when*, and *who* will participate in the lessons on assertive communication skills. | By the ***end of the 2020-2021 school year****,* ***district health educators*** will have conducted classes on assertive communication skills for 90% of youth ***in******the middle* *school*** receiving the ***substance abuse and HIV prevention curriculum.*** |
| Train individuals in the community on the prevention of prescription drug/opioid overdose-related deaths. | This objective is not SMART because it is not *specific, measurable* or *time-bound.* It can be made SMART by specifically indicating *who* is responsible for the training, *how many* people will be trained, *who* they are, and the date by which the training will be conducted. | ***By the end of Year 2 of the project***, the ***Health Department*** will have trained ***75% of EMS staff*** ***in the* *county government***on the selected curriculum addressing the prevention of prescription drug/opioid overdose-related deaths. |

Below is an example of how information could be displayed for the data that will be collected to measure the objectives that are included:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objective** | **Data Source** | **Data Collection Frequency** | **Responsible Staff for Data Collection** | **Method of  Data Analysis** |
| Objective 1.a. |  |  |  |  |
| Objective 1.b. |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*\*Information adapted from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Strategic Prevention Framework – Partnership for Success Application (Funding Opportunity Announcement No. SP-20-002)*

**Attachment 2 – Sample Budget and Budget Narrative**

**CATEGORIES**

**Travel and Training:** Funds requested in this category should be only for training related to project implementation. Travel for consultants and contractors should be shown in the “Contract” cost category along with consultant/contractor fees. Because these costs are associated with contract-related work, they must be billed under the “Contract” cost category. If your organization does not have documented travel policies, the federal GSA rates must be used (<https://www.gsa.gov/portal/category/26429>).

Provide the following information for the narrative and justification:

* 1. *Purpose* – Briefly note the purpose of the travel-training for strategy implementation.

1. The justification must identify the need for the travel.
2. The narrative description should include the purpose, why it is necessary and directly relates to the scope of work, number of trips planned, staff that will be making the trip, and approximate dates.
   1. *Location* – Specify the start and ending locations of the trip.
   2. *Item* – Specify the costs associated with travel (e.g., mode of transportation, accommodations, per diem).
   3. *Rate Calculation* – Specify the basis for the travel costs.
3. For mileage, specify the number of miles and the cost per mile. For air transportation, specify the cost. For per diem, specify the number of days and daily cost. For lodging, specify the number of nights and daily cost.
4. Costs for contingencies and miscellaneous costs are not allowable.
5. *Travel Cost Charged to Award* – Provide the total cost of the travel to be charged to the award during the budget period.

**Supplies and Materials:** Supplies are items costing less than $5,000 per unit (federal definition), often having one-time use. Provide the following information for the narrative and justification:

1. *Items* – List supplies by type (e.g., office supplies, postage, laptop computers). The justification must include an explanation of the type of supplies to be purchased and how it relates back to meeting the project objectives.
2. *Calculation* – Describe the basis for the cost, specifically the unit cost of each item, number needed, and total amount.
3. *Supply Cost Charged to the Award* − Provide the total cost of the supply items to be charged to the award during the budget period.

**Contractual Services:** List the budgets for each contract or consultant. Provide the following information for the narrative and justification:

* 1. *Name* – Provide the name of the entity and identify if it is a contractor or consultant.
  2. *Service* – Identify the products or services to be obtained.

1. As part of the justification, provide a summary of the scope of work, the specific tasks to be performed, and the necessity of the task for each contract as it relates to the Project Narrative. Include the dates/length of the performance period. **NOTE:** Costs that are outside the period of performance of the award cannot be charged to the award.
   1. *Rate* – Provide an itemized line-item breakdown.
   2. *Contract Costs Charged to the Award* − Provide the total of the consultant or contract costs to be charged to the award during the budget period.

**Other:** This category includes costs for participant incentives.

**Administrative Costs:** This category, which cannot exceed 5% of the total award, is to cover the costs incurred by the agency for administering the grant.

**Example**

|  |  |
| --- | --- |
| **Organization Name:** Sunny County Police Department | |
| **Funding Amount:** $24,914.94 | |
| **Strategies to Be Implemented:** (1) Data Tracking (ODMAP), (2) Take Back Days / Public Information Campaign, (3) Deterra Distribution / Public Information Campaign, and (4) Botvin’s Life Skills for middle school students who attend a summer day camp program sponsored by the police department. | |
| **Travel and Training** | Online training for teachers of Botvin’s Life Skills – $250.00 x 2 school resource officers = $500.00 |
| **Supplies and Materials** | Deterra 2.5 gallon buckets (2 buckets/case) – 4 cases x $215.00/case = $860.00  Deterra medium pouches (100/case) – 5 cases x $780.00/case = $3,900.00  1 10-foot-x-15-foot customized tent for Take Back Days and Deterra distribution events = $999.99  Gloves for events – 10 boxes of 100 gloves x $9.99/box = $99.99  Masks for events – 100 customized triple-ply cotton masks = $289.99  Hand sanitizer (12 oz. bottles) for events (15/case) – 3 cases x $139.99/case = $419.97  Botvin’s Life Skills curriculum materials – 1 full middle school curriculum set (includes 1 teacher’s manual, 30 student guides for each level {6/7-Level 1, 7/8-Level 2, 8/9-Level 3}, 1 stress management techniques CD, and 1 smoking prevention DVD = $645.00  Botvin’s Life Skills Prescription Drug Abuse Module – 1 teacher’s manual and student worksheets for 100 participants = $200.00  Paid social media boosts to promote Take Back Days and Deterra distribution events – $500.00/month x 4 months = $2,000.00 x 2 platforms = $4,000.00 |
| **Contractual Services** | Contract with data analyst to input data into ODMAP and pull reports from the system for real-time data analysis – $25.00/hour x 10 hours/week x 32 weeks = $8,000.00  Contract with media specialist to assist with design of messages for public information campaign to accompany the implementation of the Deterra distribution events and the Take Back Days – $25.00/hour x 10 hours/month x 8 months = $2,000.00 |
| **Other** | Non-cash incentives for middle school summer camp participants – $30.00 x 25 participants = $750.00  Non-cash incentives for medication Take Back Days to provide to up to 25 participants at each event – $10.00 x 25 participants x 4 events = $1,000.00 |
| **Administrative Costs** | Administrative costs for police department to support the implementation of the grant through staff support – 5% of total award = $1,250.00 |

**Budget Narrative**

**Travel and Training:**

Two School Resource Officers from the police department will attend an online facilitator’s training for the Botvin’s Life Skills middle school curriculum in the spring of 2021 to ensure the program is delivered with fidelity during the 2021 summer day camp for middle school youth in Sunnyville. This expenditure relates to the implementation of Strategy 4.

**Supplies and Materials:**

$860.00 – 4 cases (8 2.5-gallon buckets) of Deterra for disposal of medication collected by the police department through the four Take Back Days and the permanent drop box that is installed at the main police station. Expenditure relates to the implementation of Strategy 2.

$3,900.00 – 5 cases of medium Deterra pouches (500 total pouches) to be distributed by the police department to the general public to promote safe disposal of medication at community events hosted by the department throughout the year (e.g., National Night Out, Safe Trick or Treat, neighborhood watch meetings, etc.). This expenditure relates to the implementation of Strategy 2.

$1,809.94 – Supplies for Take Back Days and Deterra distribution events to ensure visibility and safety:

* 1 10-foot-x-15-foot customized tent for Take Back Days and Deterra distribution events = $999.99
* Gloves for events – 10 boxes of 100 gloves x $9.99/box = $99.99
* Masks for events – 100 customized triple-ply cotton masks = $289.99
* Hand sanitizer (12 oz. bottles) for events (15/case) – 3 cases x $139.99/case = $419.97

These expenditures relate to the implementation of Strategy 2.

$645.00 – Botvin’s Life Skills curriculum materials (1 full middle school curriculum set {includes 1 teacher’s manual, 30 student guides for each level (6/7-Level 1, 7/8-Level 2, 8/9-Level 3}, 1 stress management techniques CD, 1 smoking prevention DVD). This expenditure relates to the implementation of Strategy 4.

$200.00 – Botvin’s Life Skills Prescription Drug Abuse Module (1 teacher’s manual and student worksheets for 100 participants). This expenditure relates to the implementation of Strategy 4.

$4,000.00 – Paid social media boosts to promote Take Back Days and Deterra distribution events.

$500.00/month x 4 months = $2,000.00 x 2 platforms – Ads will be created and posted on the police department’s Facebook and Instagram feeds. This expenditure relates to the implementation of Strategies 2, 3, and 4.

**Contractual Services:**

Contract with data analyst to input data into ODMAP and pull reports from the system for real-time data analysis – $25.00/hour x 10 hours/week x 32 weeks = $8,000.00. This expenditure relates to the implementation of Strategy 1.

Contract with media specialist to assist with design messages for public information campaign to accompany the implementation of the Deterra distribution events and the Take Back Days – $25.00/hour x 10 hours/month x 8 months = $2,000.00. This expenditure relates to the implementation of Strategies 2, 3, and 4.

**Other:**

$750.00 (25 participants x $30.00 non-cash incentive) – Participants in the police department’s summer camp program for middle school (6th- to 8th-graders) in the community will receive a $30.00 non-cash incentive for completing the Botvin’s Life Skills program and survey. This expenditure relates to the implementation of Strategy 4.

$1,000 ($10.00 non-cash incentives x 25 participants x 4 Take Back events) – Incentives will be provided for the first 25 participants to take part in each of the four Take Back events that will be held throughout the grant period. This expenditure relates to the implementation of Strategy 2.

**Administrative Costs:**

$1,250 (5% as allowed) will be allocated to cover administration of the grant through the police department.

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**State Opioid Response (SOR) Grant Application Package for Primary Prevention Services**

**Questions and Responses**

A response is provided below for each question concerning the application requirements received by the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) by 5:00 p.m. on Friday, October 9, 2020. Please e-mail Crystal Gordon at [cgordon@daodas.sc.gov](mailto:cgordon@daodas.sc.gov) if additional clarification is needed for any of the responses. Thank you.

| **#** | **Question** | **Response** |
| --- | --- | --- |
| **1** | **Can the funds be used as a “planning grant” for a small agency and their community partners to grow a collaborative effort if while growing the coalition they are able to complete some of the strategies?** | These funds are designated to support implementation of the pre-approved list of strategies and programs only. Pre-approved “Data and Needs Assessment Strategies” are listed on page 6 of the State Opioid Response (SOR) Grant Application Package for Primary Prevention Services. |
| **2** | **Can the funds go exclusively to a faith-based organization to form something similar to “FaithWorks,” something that was done years ago to gather together actions to address crisis utilizing the faith community?** | As noted, the FaithWorks initiative was implemented some years ago as a statewide effort with a State Coordinator and Regional Coordinators. SOR Primary Prevention funds are being made available to cover costs related to service implementation, rather than personnel. Funds can go exclusively to a faith-based organization to support implementation of the pre-approved list of strategies and programs only. |
| **3** | **Can the funds go toward support services and education for families and children whose parent or parents are incarcerated due to opioid or meth use…Life Skills for Youth and support groups for parents…so that families can find support in each other?** | Support groups are not an approved strategy. Children with an incarcerated parent and parents who are incarcerated may be selected as target populations for implementation of the pre-approved strategies and programs only. For example, LifeSkills and Strengthening Families could be implemented with this population. |
| **4** | **Can the funds go to a non-traditional organization if a school selected to refer students to this outside agency for Life Skills instead of the local ATOD agency?** | Yes, the non-traditional organization may apply directly for a SOR Primary Prevention Grant, or a county alcohol and drug abuse authority may contract with the non-traditional organization to provide the LifeSkills program using these grant funds. |
| **5** | **Can these funds be utilized to target the local Housing Authority exclusively for Senior Adult Programs, Children’s Programs and other prevention programs if data shows these housing areas to be of “greatest risk”?** | Yes, these populations may be the target population to receive the services as long as pre-approved strategies and programs are implemented. |
| **6** | **Can the funds go to a smaller municipality of a larger county to target a specific community known to be more rural and have limited services?** | Yes, a smaller municipality of a larger county may be the target population to receive the services as long as pre-approved strategies and programs are implemented. |
| **7** | **Are activities & budget for Narcan® allowable?** | No, Narcan® is not a pre-approved strategy for these SOR Primary Prevention awards. DAODAS is providing Narcan® through the SOR grant to all county agencies, opioid treatment programs, and other entities that are community distributors – as well as other community organizations – that are located in the seven high-need counties. |
| **8** | **Would referrals for assessments be something that could be seen as an outcome in preventing or reducing consequences of opioid and stimulant misuse or reducing the misuse of opioids and/or stimulants?** | These funds are designated to support implementation of the pre-approved list of strategies and programs only. |
| **9** | **How likely am I to get these grant funds for planning…particularly working with Faith Communities in planning?** | These funds are designated to support implementation of the pre-approved list of strategies and programs only. Pre-approved “Data and Needs Assessment Strategies” are listed on page 6 of the State Opioid Response (SOR) Grant Application Package for  Primary Prevention Services. |
| **10** | **If we applied for one grant under a multi-county agency, will we have to break everything down by county?** | Yes, for evaluation and federal reporting purposes, DAODAS will require sub-grantees serving multiple counties to report data per county served. |
| **11** | **If we applied for one grant under a multi-county agency, will each monthly activity and expenditure report have to be by county and not as one entity?** | Yes, for evaluation and federal reporting purposes, DAODAS will require sub-grantees serving multiple counties to report data per county served. |
| **12** | **Is this only a direct service initiative? For example, could a county only be funded to do a comprehensive needs assessment in a new area such as psychostimulants? If so, would the same reporting process and reporting forms be required?** | SOR Primary Prevention funds can only be used to implement pre-approved needs assessment strategies related to opioids, heroin, fentanyl, cocaine, and methamphetamines. Pre-approved “Data and Needs Assessment Strategies” are listed on page 6 of the State Opioid Response (SOR) Grant Application Package for Primary Prevention Services. Reporting processes and forms will be required for all grant activities. |
| **13** | **Funding cannot be spent on incentives such as pens, shirts, bags, etc., but yet a non-cash incentive can be given. What is an example of a non-cash incentive?** | “Incentives” refers to any monetary or service benefit that you provide to program participants to attract and retain them in the service or prevention program. The dictionary definition of “incentive” is “something that encourages or motivates somebody to do something.” Non-cash incentives to participants in treatment and prevention programs are essential to retain individuals and to encourage attendance and attainment of treatment or prevention goals. A sub-grantee must build all non-cash incentives into the program design, and they should be of minimal cash value. Do not use discretionary grant funds to make direct cash payments to individuals during the treatment or prevention program. SAMHSA policy supports the appropriate, judicious, and conservative use of incentives in discretionary grant programs. Incentives should be of the minimum amount necessary to meet the program and evaluation goals of the grant, up to $30. An example of a non-cash incentive is a gift card, so a participant could receive multiple lesser-valued gift-cards as incentive for participation throughout a program, as long as the total did not exceed $30. |
| **14** | **There are some funding levels for programs listed in the Education and Awareness Strategies. Why are these amounts on programs? Is this amount the upper funding limit that can be used for those programs?** | No, the listed amounts do not represent upper funding limits. The amounts listed per Education and Awareness strategy are based on estimated costs per participant. |
| **15** | **Should we request money for in-person events even though the possibility of face-to-face meetings is unclear? If so, what alternative plans are there for money that may not be spent because of in-person cancellations?** | Applicants may plan to provide in-person events in the spring. This decision can be made at the discretion of the applicant. If awarded a sub-grant, adjustments can be made to implementation plans when or if necessary. |
| **16** | **Safe medication disposal strategies and proper medication storage strategies seem very similar. Is there any reason they are presented separately in the RFP?** | Yes, safe medication disposal strategies provide options for disposal of unwanted medication, while proper medication storage strategies provide ways to safeguard medication that is still in use. |
| **17** | **Is there any plan to update the JPK site with 2019 data before the deadline for this grant application?** | As of October 12, 2020, the data on the JPK site has been updated. |
| **18** | **I am reviewing the RFP for FY21 SOR, and I believe given the scope of our plans, our agency could apply for Level 3 funding (50K). Considering that we are a midsize agency, would applying at this funding level be appropriate?** | The level of funding available is based on the pre-approved strategies and programs that may be implemented. As long as the total amount requested falls within the designated funding level per pre-approved strategy and program, small agencies may apply for the maximum funding level available, and large agencies may apply for the minimum funding level available for a given strategy. |
| **19** | **We are considering partnering with LE again to host Prescription Drug Take Back Events & will continue to distribute Deterra & Lockboxes. We were wondering if the funding could be used to purchase a digital message board (either stationary or moveable) that we could use to share awareness of prescription drop box locations, advertise for Take Back Events, awareness of the dangers of opioid misuse, & the availability of Narcan® & services. Would we be able to use the SOR 2.0 funding (if approved for the grant) to implement the digital message board?** | Yes, these funds may be used to purchase a digital message board (either stationary or mobile), as long as it costs $5,000 or less. |
| **20** | **How is a formal or informal partnership agreement different than a letter of commitment or a contract that requires signatures from a lead agency and a community partner?** | Applicants need to describe what is already in place to support strategy implementation. In doing this, they must indicate existing partnerships, whether they are based on a letter of commitment, a contract, or simply a verbal agreement to work together. DAODAS is simply interested in assessing community partnerships that could support the proposed project. |
| **21** | **Please describe the key components of an existing partnership agreement. What qualifies as something being existing? Are more recent agreements possible? Are you expecting something to be signed in these agreements?** | Agreements need to be able to describe a partnership. There is no minimum time limit on the term “existing.” Signed agreements are not mandatory. However, applicants are encouraged to share signed agreements if they are available. |
| **22** | **What might be accepted as an informal partnership agreement? Are signatures required if it is informal?** | An example of an informal agreement is a partnership that is described in the meeting minutes of a coalition or some other documentation that indicates the partnership exists. Signatures are not required for informal agreements. |
| **23** | **Are there any core data elements that are required in this project?** | There are no core data elements at the state level that will need to be generated from local sub-grantees. Local sub-grantees will, however, report to DAODAS monthly finance and program data related to strategy implementation and the process of achieving their locally identified S.M.A.R.T. goals and objectives. |
| **24** | **What evidence-based prevention programs are available for methamphetamine?** | A combination of LifeSkills and Strengthening Families is the best approach. However, [LifeSkills](https://www.blueprintsprograms.org/program-search/?localPageSize=5000&keywords=methamphetamine), [Strengthening Families](https://www.blueprintsprograms.org/program-search/?localPageSize=5000&keywords=methamphetamine), and [PROSPER](https://www.blueprintsprograms.org/program-search/?localPageSize=5000&keywords=methamphetamine) have been found to be “model” or “promising” programs to address methamphetamine use. |
| **25** | **Does the contractor have to be named prior to submission of the application?** | If the contractor is not named, the role, requirements, and selection criteria for the contractor would be encouraged to be included in the application. |
| **26** | **Should the word “supplies” actually be the word “equipment”?**  **SAMHSA grant funds may not be used to:**  **-Purchase supplies, which are are items costing less than $5,000.00 per unit, often having one-time use.** | Yes, this is an error in the application. SAMHSA grant funds may not be used to purchase ***equipment***, which are items of non-expendable, tangible personal property, having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of the capitalization level established by the recipient organization for financial statement purposes, or $5,000.00. Purchase of ***supplies*** (as defined in the question) is allowable. |
| **27** | **I have seen no reference in the grant to mandate that an organization that is not a 301 Organization is required to collaborate and/or get a letter of support from the local 301 agency. As someone who currently has a DFC and a PFS, we were required to notify DAODAS and State Grants Management if we were applying for the PFS, also we had to get a letter of support from our agency and our coalition when we applied for the DFC. If there had been an existing DFC within a certain radius, we would have been required to get a letter of support from them.** | DAODAS is not instructed by any state or federal law to require a letter of support from a county alcohol and drug abuse authority when distributing any kind of funds to other entities. However, DAODAS encourages local conversations, planning, and coordination. |
| **28** | **On page 8 of the application, the curriculum and activity-based programs are listed with funding amounts next to them. Are these funding amounts the required cost if agencies are planning to apply to implement those strategies? If so, can you elaborate how organizations would be able to select two strategies as required and fund a program for $50,000 if that is the max level?** | The level of funding available per strategy or program represents a range of costs. The actual award amount that is requested may fall within the listed range per strategy or program. For example, if an applicant wants to implement both the Generation Rx and Strengthening Families curricula, the total award requested would likely be greater than $25,000 and up to $50,000. |

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**State Opioid Response (SOR) Grant Application Package for Primary Prevention Services**

**Questions and Responses: Extension Time Period**

A response is provided below for each question concerning the application requirements received by the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) by 5:00 p.m. on Friday, October 16, 2020. Please e-mail Crystal Gordon at [cgordon@daodas.sc.gov](mailto:cgordon@daodas.sc.gov) if additional clarification is needed for any of the responses. Thank you.

| **#** | **Question** | **Response** |
| --- | --- | --- |
| **1** | **On page 8 of the application, there are several examples listed for professional education. Will the SC Alcohol and Drug Academy (SCADA) be an approved event as well? Will costs associated with this event (lodging, travel, per diem, etc.) be allowable? Please visit www.scalcoholanddrugacademy.org for additional information.** | The approval of the SCADA for professional education will depend on whether attendance is clearly tied to successful implementation of an applicant’s programs and strategies and the applicant’s ability to accomplish its stated S.M.A.R.T. goals and objectives. |
| **2** | **On page 16 of the application, there is mention of including “Explanation of existing partnership agreements, to include formal or informal agreements.” Can you please indicate if you expect to see actual MOU/MOA documents between the applicant and their partners, and if so do those documents need to be inserted in this section of the application, or are they to be included as appendices?** | Signed agreements such as an MOU/MOA are not mandatory. However, applicants are encouraged to share signed agreements if they are available. |
| **3** | **Last SOR, for an environmental strategy, one of our local law enforcement purchased cell phone interceptor equipment. This is used to intercept drug trafficking, and it allows them to access individual’s phones if someone overdoses to see who they bought from. We were wondering if this equipment could be included in the “Data tracking and/or visualization software to build capacity to identify problem areas related to opioid and stimulant use, and to make solution-focused decisions.”** | These funds are designated to support implementation of the pre-approved list of strategies and programs only. Pre-approved “Data and Needs Assessment Strategies” are listed on page 6 of the State Opioid Response (SOR) Grant Application Package for Primary Prevention Services. |
| **4** | **Our DEU also would like fentanyl test strips. I didn’t see this covered in any of the strategies, but I thought I’d ask anyway.** | These funds are designated to support implementation of the pre-approved list of strategies and programs only. |
| **5** | **Would the grant fund a pill counter for the coroner’s office? This is used to count all the pills that are taken from the deceased. This prevents pills from entering the streets after someone has passed, and it allows them to be disposed of properly. Currently, there is a backlog at the coroner’s office, and it is very timely for all the pills to get incinerated.** | A pill counter can be purchased in relation to a pre-approved safe medication disposal strategy. (See page 7 of the State Opioid Response [SOR] Grant Application Package for Primary Prevention Services). Approval of the pill counter will depend on whether the device is clearly tied to successful implementation of an applicant’s programs and strategies and the applicant’s ability to accomplish its stated S.M.A.R.T. goals and objectives. |
| **6** | **For professional education, is it just limited to the trainings listed and what is listed in the allowable use of funds column? We were interested in sending partners to the Rx Drug Summit and possibly the SC Academy. The allowable funds do not specify costs associated with registration. Can you confirm if that is allowable?** | No, it is not limited to the trainings listed. However, approval will depend on whether attendance of these trainings is clearly tied to successful implementation of an applicant’s programs and strategies and the applicant’s ability to accomplish its stated S.M.A.R.T. goals and objectives. |
| **7** | **Are there any specifics required for the Cover Letter other than the organization’s intent to apply?** | There are no specific requirements for the cover letter other than the organization’s intent to apply. |
| **8** | **Since the Cover Letter is an intent to apply, what is the deadline for submission?** | The deadline to submit an application is October 30, 2020. |
| **9** | **We are currently working on the ECHO grant application and we were looking at the strategy that talks about Drug Take Back events in partnership with law enforcement. If we want to include this strategy, would these need to be new Pill Take Backs that we implement or can our promotion be of the DEA Pill Take Backs?** | Applicants can include current and/or new Take Back events as part of the application. |
| **10** | **If agencies get to a place where they have planned their strategies and find themselves only needing $35,000 (for example), are they able to ask for that specific amount? Or do they have to either decrease or increase to fall within the predetermined tier levels?** | Depending on the funding level, applicants may request only $35,000.00 if that is the amount needed to cover expenses related to the implementation of their strategies, within the funding level of $25,001.00 to $50,000.00. |
| **11** | **This may not really be a question, but page 13 seems to have some areas that are pre-populated, however when trying to edit/type, the file isn't allowing for that to happen.** | The application PDF was recently replaced with a Microsoft Word version, which might address your problems. However, you will still not be able to edit the prepopulated items. If your “Agency Type” is not represented, please select “Other.” For the “Amount of Application,” choose the funding range that matches the total amount for which your organization will apply. |
| **12** | **If our agency requests $25,000, can we split it as we see fit between our counties?** | No. Multi-county agencies must apply separately by county for the level of funds needed to implement strategies in each county. For evaluation and federal reporting purposes, DAODAS will require sub-grantees serving multiple counties to report data per county served. |
| **13** | **Does non-cash incentives include gift cards?** | Yes. |
| **14** | **We are implementing Life Skills for the teens that are involved in the Strengthening Families Program. Can we use these funds to help underwrite the cost of the meals for the teens who are participating in Life Skills?** | No, meal costs are only associated with the Strengthening Families program. If the teens are involved or a part of the family receiving the Strengthening Families program, they should receive a meal through that program. Meals are not essential to the implementation of the LifeSkills program. However, if the applicant applies to DAODAS through this funding source to implement the LifeSkills program, a non-cash incentive may be provided to teens who participate in the LifeSkills curriculum, such as restaurant gift cards, etc., of a value not to exceed $30.00 per participant during the program cycle. |
| **15** | **The grant specifies that it will provide “funding for primary prevention strategies to prevent or reduce the consequences of opioid and/or stimulant misuse.” Would funding for peer recovery coaches be included as a prevention strategy?** | No. Funding for peer recovery coaches is not available through the SOR Primary Prevention Grant. However, other opportunities will be available through the SOR grant to support recovery initiatives. Target or intended audiences of these activities may include people in recovery and children and spouses of people in recovery. For example, children with a parent in recovery and/or parents and spouses who are in recovery may be selected as target populations for implementation of the pre-approved strategies and programs only. LifeSkills and Strengthening Families could be implemented with this population, for example. Applicants for the SOR Primary Prevention sub-grants may also apply for funds to support community social events and gatherings that promote drug-free, healthy families and social bonding among community members in safe spaces. |
| **16** | **We are a for-profit company providing Medicaid Child Mental Health and SU services to children and their families. Are for-profit companies eligible to apply?** | A for-profit company may apply, but preference will be given to non-profit organizations, as they typically will demonstrate a greater *need* for funding. |
| **17** | **Part A: My company provides child mental health/SU services (including services that involve children and their families in the home) across North Carolina. As NC is a border state to SC and given that we work in NC border counties to SC, are we eligible to apply and receive funding if we have staff and resources to deliver the required services from offices that we have in NC border counties? Part B: If we have to have a physical location in SC, are we eligible to apply and then find office space in one of the SC border counties prior to the provision of services beginning (December 1, 2020)?** | Applicant organizations must be able to identify a physical location in South Carolina at the time of application. |
| **18** | **On page 13 of the Application PDF that is located on the DAODAS website, there is a template to enter the Applicant Information that has dropdown boxes. The template is not “live”. Where does one find the template where we can enter the Applicant Information?** | DAODAS has replaced the PDF version of the application with a downloadable Microsoft Word document. You should now be able to download and type or select items in the form fields on page 13. |