

FY 2021 RCORP Implementation FAQs

General Application FAQs

- 1. I am having difficulty finding the Notice of Funding Opportunity (NOFO) – can you direct me to the full application instructions?**
 - [Direct link to NOFO](#) (Select “Package” → “Preview” → “Download Instructions”)
 - To apply: Go to opportunity [HRSA-21-088](#) on Grants.gov and select apply!
 - HRSA's website also has a [brief summary of the funding opportunity and a link to the NOFO](#).
- 2. I was unable to attend HRSA's Technical Assistance (TA) Webinar for this funding opportunity. Is the webinar recording available?**
 - The webinar slides are available for download [here](#).
 - The audio-only recording is available at: 1-888-566-0690, passcode: 12621
- 3. I am having difficulty accessing/navigating grants.gov. How do you recommend I proceed?**
 - Applicants should contact the grants.gov support team at: 1-800-518-4726 or support@grants.gov
- 4. I am having difficulty accessing the System for Award Management (SAM) to register or update my account. How do you recommend I proceed?**
 - Contact the [Federal Support Desk](#). They can assist you with creating an account; assigning roles to an account; entity registrations; exclusions; and searching for data in SAM.
 - Please note: you must submit your application electronically by the deadline posted on the NOFO. If you need to request a waiver from the submission requirement, you must request an exemption in writing from DGPWaivers@hrsa.gov within 5 calendar days of the opportunity's closing date, and provide details as to why you are technologically unable to submit electronically through the Grants.gov portal. Please refer to pages 16-17 of the [SF-424 Application Guide](#).
- 5. I have a specific question about the Notice of Funding Opportunity that is not answered here.**
 - Please review the TA webinar slides and audio-only recording if you have not already.
 - HRSA Staff contact email: ruralopioidresponse@hrsa.gov or Lea Carroll at (301) 443-3799. Please note that HRSA staff will answer clarifying questions about the NOFO requirements, but cannot provide guidance on proposed approaches.

Eligible entities, consortium members, and proposed service areas

- 6. What are the requirements for creating a consortium?**
 - Please refer to pages 5-6 of the [Notice of Funding Opportunity \(NOFO\)](#).
 - *Consortia*: The applicant organization can be either rural or non-rural, but a majority, or at least 50 percent, of consortium members must be located in a HRSA-designated rural area. Consortia must be made up of at least four entities with four different EINs. They are expected to be from multiple sectors (public health, health care, education, justice, community organization, etc.). Tribal applicants without four separate EINs may be eligible as long as the four consortium partners serve separate functions (e.g., school administration, health departments, law enforcement, etc.).

- *Service Area*: The proposed service area must be an entirely HRSA-designated rural area. Applicants must demonstrate this [using the rural analyzer tool](#) and listing service area counties and/or census tracts.
- 7. The rural consortium member/target population is located in a county that is partially rural. How should my organization address this in the application?**
- Applicant organizations and consortium members can determine whether their physical street address is located in a HRSA-designated rural area by [using our rural analyzer tool](#) (see page 5 of the NOFO).
 - Applicants must confirm that the target population is located exclusively in the portions of the county that are [considered rural](#) (PDF - 472 KB).
 - If your proposed county is only partially rural, you can only provide services to the rural census tracts of that county and cannot target the entire county.
- 8. Are consortium members required to register in SAM?**
- Per page 6 of the NOFO, if awarded funding, award recipients must notify consortium members who will be serving as sub-contractors/sub-recipients that they must be registered in SAM and provide the award recipient with their DUNS number. See pages 29-30 of the [HRSA SF-424 Application Guide](#) (PDF - 689 KB) for more information.
- 9. How will HRSA determine whether a service area is “high risk”?**
- It is up to the applicant to demonstrate their level of need/risk in the Needs Assessment section of the Project Narrative (see pages 15-19 of the NOFO).
- 10. My organization has its headquarters in an urban area, but has several rural offices that serve rural populations. Is my organization considered rural?**
- For applicant organizations and consortium members located in HRSA-designated rural areas, but that share an EIN with an urban headquarters, in order for the consortium member to be considered “rural,” the urban parent organization must assure the Federal Office of Rural Health Policy via a signed letter on organization letterhead that, for the purposes of the RCORP-Implementation award, they will exert no control over or demand collaboration with the rural entity (see page 6 and Attachment 11 of the NOFO).
- 11. Is it allowable for a provider to be located in an urban facility, but serving patients in HRSA-designated rural areas through telemedicine?**
- Per pages 6-7 of the NOFO, this scenario is allowable, so long as the target patient population is exclusively rural, as defined by [the rural analyzer tool](#).
 - The applicant must also establish their non-rural service delivery site serves rural populations and must also establish that the services are related to improving health care in rural areas, as opposed to merely improving the health care of rural populations (e.g., by providing provider training and mentorship opportunities for rural health care providers, etc.).
- 12. Can applicants apply for this funding opportunity if they have received an FY19 or FY20 RCORP-Implementation grant (as either the applicant organization or consortium member)?**
- Per pages 7-8 of the NOFO, applicants that are recipients of FY19 or FY20 RCORP-Implementation awards, either as the applicant organization or a consortium member, may not apply for this funding opportunity unless the following conditions are met:

- The target geographic rural service area proposed in the FY21 RCORP-Implementation application does not overlap with the one currently served by the consortium for the FY19 or FY20 RCORP-Implementation award and all proposed services are delivered in the new target rural service area (visit [here](#) for a list of current RCORP-Implementation service areas); and
- At least 50 percent of the consortium members proposed in this application are physically located in the new service area and are signatories to the Letter of Commitment (see Attachment 3 of the NOFO).

13. Can applicants apply for this funding opportunity if they have received an RCORP award (that is not an FY19 or FY20 RCORP-Implementation grant)?

- Per page 8 of the NOFO, applicant organizations or consortium members of FY 2018, 2019 or 2020 RCORP-Planning, 2019 RCORP-MAT Expansion and/or 2020 RCORP Neonatal Abstinence Syndrome must demonstrate that there is no duplication of effort between the proposed FY 2021 RCORP Implementation application and any previous or current project. Please see Attachment 7 for additional information and instructions.

14. Are organizations able to apply under more than one consortium?

- Per page 8 of the NOFO, organizations are limited from serving as the applicant organization on more than one FY20 RCORP-Implementation application—i.e., only one application can be associated with an EIN or DUNS number. However, an organization would be eligible to apply as a consortium member for multiple applications, just not as the applicant organization for more than one application.
- As outlined on pages 8-9 of the NOFO, organizations that are located in different rural service areas, but that share an EIN or DUNS number, may request an exception to this policy (see Attachment 8 of the NOFO). However, a single organization (e.g., a parent organization/headquarters) may not apply more than once for this funding opportunity on behalf of its satellite offices or clinics.

15. Can our consortium members electronically sign the Letter of Commitment?

- Yes (see page 23 of the NOFO).

16. Are there sample Letters of Commitment we can use to complete Attachment 3 of the application?

- Though not required, the RCORP technical assistance provider, JBS International, Inc., [has a template on their technical assistance portal](#) that applicants may use. Please note that regardless of the format, the Letter of Commitment must contain all elements described on pages 22-23 of the NOFO and that applicants are required to submit a single Letter of Commitment signed by at least four separately owned (i.e., different EINs) consortium members, including the applicant organization, and at least 50 percent of signatories must be physically located in HRSA-designated rural areas (as defined by [the rural analyzer tool](#)).

17. Do consortium partners need to be entities with EINs? Appendix C lists potential consortium members, and it includes community members such as individuals in recovery.

- At least four consortium members (the four members needed for the Letter of Commitment) need to be entities with EINs. Additional consortium members beyond these four members may be individuals.

- Per page 5 of the NOFO, the four requested consortium members must be separately owned (i.e., different EINs).

18. Are universities eligible to submit an application?

- Yes, eligible applicants include all domestic public or private, non-profit or for-profit entities, including faith-based and community-based organizations, tribes, and tribal organizations (see page 5 of the NOFO).

19. Is there a requirement of how many counties need to be included for the target rural service area?

- There is no requirement or limit on the number of counties that can be included. There is no requirement regarding the proximity among the proposed rural counties and/or rural census tracts.
- However, the proposed service area must align with the proposed work plan and budget.

20. The rural area I want to target for my application is already being served by an existing FY19 or FY20 RCORP-Implementation award. Can I still apply?

- Yes, but you need a Letter of Support (Attachment 13) from the existing RCORP-Implementation award recipient with the following (pages 30-31 of the NOFO):
 - Acknowledgement and statement from the current award recipient that they are aware that the applicant is applying for a FY 2021 RCORP-Implementation award.
 - Acknowledgement and statement from the current award recipient attesting that there will be no duplication of services provided within the service area and/or duplication in the target population served.
 - Information from the current award recipient regarding their current prevention, treatment, and recovery services within the overlapping service area, when the services will end, and a commitment to collaborate with FY 2021 RCORP-Implementation applicant.
- If you do not know whether your targeted rural area is currently being served by an existing RCORP-Implementation award, visit [here](#) for a list of existing RCORP-Implementation services areas. Information about current RCORP-Implementation award recipients can also be found at [HRSA's RCORP-Implementation website](#).

Application requirements

21. Does the table in the Project Abstract count towards the one-page Project Abstract page limit?

- No, but it does count towards the overall application page limit (see pages 14-15 of the NOFO).

22. Where can I find the data/information required for the Needs Assessment section of the application?

- Refer to the Needs Assessment section of the Project Narrative (pages 15-19 of the NOFO) for the type of data and information you will need.
- Per the NOFO, applicants should use the most recent available data/information from appropriate sources (e.g., local, state, tribal, federal) and cite any information they provide. Appendix B contains several resources applicants can leverage.

- If awarded, the RCORP evaluation team is available to help identify appropriate data sources for subsequent reporting cycles.

23. There are no data available for my service area for some of the indicators requested in the Needs Assessment section of the Project Narrative. Is this problematic?

- Per page 15 of the NOFO, applicants encountering difficulty obtaining data for certain indicators are encouraged to contact their state or local health departments and/or refer to data and information provided by the [Rural Health Information Hub](#) and the [Opioid Misuse Community Assessment Tool](#) developed by NORC at the University of Chicago.
- If you are still unable to locate appropriate and accurate data, per the NOFO, please provide an explanation for why the data could not be found and how you will leverage the RCORP-Implementation grant to strengthen the quality and availability of OUD/SUD data in your target rural service area. Data reporting is a requirement of this Implementation grant, if awarded.

24. Can award recipients use RCORP-Implementation funds to treat urban residents who seek care at their facilities if incidental and related to improving health care in rural areas?

- While award recipients should exclusively target populations residing in HRSA-designated rural areas, it is acceptable if urban residents also happen to incidentally benefit from the grant (see page 6 of the NOFO).

25. Since award recipients will be working closely with an external RCORP evaluator, should I budget for an evaluator to assess the impact of my project?

- If awarded funds, your consortium should be prepared to track, collect and report data to give to the external RCORP evaluator and complete all required qualitative and quantitative reporting requirements as outlined in the NOFO (pages 41-42). If your consortium is unable to track and collect these data without an evaluation expert, you can include hours for a consultant or other data specialist to perform these required tasks in your staffing plan and budget and budget narrative.
- Note that applicants are required to designate at least one individual in the staffing plan to serve as a “Data Coordinator” (page 24), responsible for tracking, collecting, aggregating, and reporting qualitative and quantitative data and information from consortium members. This position does not necessarily entail analyzing the data or utilizing the data to inform process or quality improvement.

26. Do all consortium/network members need to receive RCORP-Implementation grant funds in order to be considered full, participating consortium members for the purposes of this grant?

- No, it is not necessary to distribute the grant funds across all consortium members. However, each consortium member should be aware of the others’ roles and responsibilities on this grant as delineated in the work plan and Letter of Commitment, and the award is not to be used for the exclusive benefit of any one consortium member (see page 23 of the NOFO).

27. Do I need to submit four separate Letters of Commitment, or can I submit one letter signed by at least four consortium members?

- Per page 6 of the NOFO, applicants should submit **one** Letter of Commitment signed by at least four separately-owned entities, including the applicant organization, in Attachment 3.

28. Regarding the Letter of Commitment (Attachment 3), to whom and where do I address the letter?

- Since that is not a NOFO requirement, you can format the letter however you would like, as long as it adheres to the specific requirements stated in the NOFO. If you would like to address it to HRSA, its address is as follows:
 - Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
- As a reminder, per pages 22-23 and 27 of the NOFO, the Letter of Commitment (Attachment 3) should be submitted as part of the electronic application package through Grants.gov. HRSA will not accept or consider Letters of Commitment or Support received through other means, including through the mail, e-mail, etc.

29. Can my consortium focus on individuals with other SUDs other than OUD?

- The primary focus of the grant should be on individuals with OUD. However, recognizing that many individuals with OUD are polysubstance users or have other co-occurring conditions, your consortium may address the other needs of this population (see page 2 of the NOFO).

30. Does each consortium member need to implement all of the core/required activities listed on pages 11-13 of the NOFO?

- No, individual consortium members may implement a subset of the required/core activities, but all required/core activities must be accounted for, and implemented, by the consortium as a whole. Moreover, each consortium member should be aware of the other members' roles and responsibilities as delineated in the work plan and Letter of Commitment (see page 13 of the NOFO).

31. Does the consortium need to implement all core/required activities outlined on pages 11-13 of the NOFO immediately, upon receipt of award?

- The consortium should make progress on each core/required activity during each year of the grant, as reflected in the Work Plan, but the activities do not need to be completed until the end of the three-year period of performance (see page 13 of the NOFO).

32. Does the consortium need to implement every core/required activity outlined on pages 11-13 of the NOFO in every part of our service area?

- The consortium does not need to implement all core prevention, treatment and recovery activities in every part of the target HRSA-designated rural area (see page 13 of the NOFO).
- All core/required activities must be reflected in the applicant's work plan, but applicants should use the information in the Needs Assessment section of the Project Narrative (pages 15-19) to determine how, when, and where each core/required activity should be implemented.

33. If my consortium is already implementing one of the core/required activities, do I still need to include it in my project?

- Yes, if a consortium is already implementing one or more of the core/required activities within the service area, applicants may propose to expand or enhance those activities (see page 11 of the NOFO).

34. My consortium will not have hired all of our project staff by the time the application is due. How do I account for this in my application?

- In Attachment 5 (“Staffing Plan”), it is appropriate to write TBH under “Name” if the individual has not yet been hired. However, you should include a description of the process and timeline for hiring staff, as well as the qualifications and expertise required by the position. All key staff associated with the project should be hired within 90 days of the project start date (see page 23 of the NOFO).

35. What is the FTE requirement for the Project Director?

- Per page 24 of the NOFO, the Project Director is a key staff member and an FTE of at least 0.25 is required for this position. Project Directors cannot bill more than 1.0 FTE across federal grants.

36. Can we designate more than one Project Director on the grant?

- More than one Project Director is allowable in the staffing plan, but only one Project Director can be designated in Box 8f of the SF-424 Application Page, and this is the Project Director who will be officially reflected in the Notice of Award if awarded funding (see page 24 of the NOFO).
- If there is more than one Project Director, a total FTE of at least 0.25 between the two Project Directors is allowable.

37. One of our staff members will be serving two separate and distinct roles on the grant that do not overlap. Do we submit two separate biosketches for that individual?

- Yes. However, you should ensure that individual does not exceed 1.0 FTE (see page 24 of the NOFO).

Allowable costs and financial questions

38. Will I need to complete an A-133 audit for this grant?

- In general, if an award recipient’s federal awards exceed \$750,000 in any given year, they will need to conduct an audit.
- However, please refer to [Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#) for further guidance.

39. Are minor renovations an allowable cost for this grant?

- Certain minor renovations up to \$200,000 are allowable under this grant. Further guidance is provided on pages 33-34 of the NOFO.
- Successful award recipients proposing minor renovation projects will be required to submit a prior approval request to HRSA upon receipt of award and refrain from implementing the minor renovations until the request has been approved.

40. Are participant support costs allowable for this grant?

- Participant support costs—i.e., direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with conferences, or training projects—are allowable costs, subject to HRSA review and approval upon receipt of award.
- In this context, “employees” refers to individuals directly employed on an hourly, salaried or employment contract basis by the applicant organization/award recipient. Individuals employed by sub-contractors, consortium members and sub-recipients are not included in this definition (see page 34 of the NOFO).

41. Can applicants use RCORP-Implementation funds to set up an urban telehealth hub that will provide services to facilities located in our HRSA-designated rural service area?

- You may use RCORP-Implementation funds to purchase telehealth infrastructure in an urban setting if the infrastructure will exclusively be used to provide services to patients at the rurally-located facility (see page 34 of the NOFO).

42. Can I use RCORP-Implementation funds to purchase a vehicle to use as a mobile treatment unit?

- Purchase of a mobile unit is an allowable cost as long as the unit is reasonably priced and exclusively used to deliver, or facilitate transport to, services funded by the RCORP-Implementation grant. Additional information is provided on page 34 of the NOFO.
- You may not begin any purchases until you receive HRSA approval and must have contingency plans in place to ensure that delays in receiving HRSA approval of your mobile unit or vehicle purchase do not affect your ability to execute work plan activities and HRSA deliverables on time (see page 34 of the NOFO).

43. Can I use RCORP-Implementation award funds to purchase medication?

- Per page 34 of the NOFO, Food and Drug Administration (FDA)-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination and buprenorphine mono-product formulations) for the maintenance treatment of OUD, opioid antagonist medication (e.g., naltrexone products) to prevent relapse to opioid use, and naloxone to treat opioid overdose are all allowable costs under RCORP-Implementation (see page 34 of the NOFO).
- RCORP-Implementation funds cannot be used to purchase medical marijuana.

44. Can I use RCORP-Implementation award funds to purchase syringes?

- The purchase of syringes is unallowable in all phases of the program (see page 33 of the NOFO).
- Please refer to [HRSA's SF-424 Application Guide](#) (pp. 26-27, PDF - 689 KB) for guidance around syringe purchases using award funds: "Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law."

45. Will there be an in-person meeting for award recipients to attend? If so, should we include that in our proposed budget?

- Yes, please include travel expenses for 2 staff members to attend one 2-3 day conference/workshop per year in the Washington, DC area. Applicants should also budget for 2 staff members to attend a two-day meeting per year in your regional area. These expenses should be reflected in the SF-424 form and the budget narrative. Additional details for the timing of those meetings will be provided by HRSA when they are available (see page 25 of the NOFO).

- Note: HRSA will continue to monitor possible health risks associated with travel, and may adjust these trips accordingly.

46. Can RCORP-Implementation funding be used to cover prevention, treatment, and recovery costs for patients who are uninsured/underinsured?

- Yes, per pages 34-35 of the NOFO. Award recipients who plan to use funds in this manner should ensure that the RCORP-Implementation grant serves as a payer of last resort—i.e., all services covered by reimbursement should be billed and every reasonable effort should be made to obtain payment from third-party payers. Only after award recipients receive a final determination from the insurer regarding lack of full reimbursement can the RCORP-Implementation grant be used to cover the cost of services for underinsured individuals. RCORP-Implementation award funds can also be used to cover the cost of services for uninsured patients.
- RCORP-Implementation funds cannot be used for the following purposes:
 - To supplant existing funding sources;
 - To pay down bad debt. Bad debt is debt that has been determined to be uncollectable, including losses (whether actual or estimated) arising from uncollectable accounts and other claims. Related collection and legal costs arising from such debts after they have been determined to be uncollectable are also unallowable.
 - To pay the difference between the cost to a provider for performing a service and the provider's negotiated rate with third-party payers (i.e., anticipated shortfall).

47. What are the guidelines for RCORP-Implementation applicants and consortium members who wish to use RCORP-Implementation funds to subsidize prevention, treatment, and recovery services for the un- or under-insured?

- For all applicants and consortium members (regardless of charity care or sliding fee policy):
 - RCORP-Implementation funds can be used to pay the co-insurance, out-of-pocket expenses, and/or co-payment for patients who are unable to pay for prevention, treatment, and recovery services provided by the RCORP-Implementation grant.
 - Applicants must include a line item(s) in the RCORP-Implementation budget under “Other” for subsidized care with a detailed description of how the estimate was derived. For each project year, the justification should include the anticipated number of patients and encounters that would be covered by the grant; the payer mix of the patient population; the type and average cost of services that would be subsidized; and a rationale for why award funds are needed to subsidize the cost of services.
 - If the funds will be used by consortium members that are subcontractors on the RCORP-Implementation grant to subsidize care, then applicants must include line item(s) under “Contractual” for these costs. The budget narrative must provide a detailed justification for how each consortium member arrived at their estimate based on the above guidance.

- For providers that have a charity care policy—i.e., a policy to provide health care services free of charge (or where only partial payment is expected not to include contractual allowances for otherwise insured patients) to individuals who meet certain financial criteria:
 - You must include the provider's documented charity care policy as an attachment to the application;
 - RCORP-Implementation funds can only be used as a last resort to cover care for uninsured patients, or underinsured patients eligible for charity care (after the hospital has made every reasonable effort to obtain payment from third-party providers).
- For hospitals or non-hospital providers that do not have a charity care or sliding fee policy:
 - RCORP-Implementation funds can only be used as a last resort to cover care for uninsured patients, or underinsured patients with a documented financial need who cannot pay for services.
- For Federally Qualified Health Centers (FQHCs):
 - FQHCs must adhere to health center requirements around [Sliding Fee Discounts](#).

48. Is there a cap for the indirect cost proposed in the application?

- There is no cap for the indirect cost. If indirect costs are included in the budget, you will need to provide the indirect cost rate agreement. If you do not have an indirect cost rate agreement, but wish to include indirect costs, then a rate of no more than 10 percent of modified total direct costs (MTDC) may be applied.
- Review indirect cost guidance in [HRSA's SF-424 Application Guide](#) (page 30).

49. Do I need a separate budget and budget narrative for each year, as part of the application?

- You do not necessarily need a budget for each year. Each cost element should be itemized and described with a detailed budget and budget justification that covers, at a minimum, the first year of funding. If you are not changing anything in the original budget for years two and three, then you can submit one SF 424(a) that covers the entire funding period. However, if each budget period will support different cost and/or activities, then you will need to submit one for each year.
- However you choose to format the budget, you must allocate funds across all three years of the period of performance.