**COIPP Frequently Asked Questions**

**Q: Where can I find the downloadable version of the Notice of Funding Opportunity?**

A: There is a [downloadable PDF link on the Federal Register website](https://www.federalregister.gov/documents/2020/10/16/2020-22941/community-opioid-intervention-pilot-projects) under “Document Details” at the beginning of the published document.

**Q: We are currently a recipient of the SAMHSA’s Tribal Opioid Response (TOR) grant. Are we eligible to apply for the COIPP in addition to our TOR grant?**

A: There are no restrictions related to SAMHSA’s TOR grant, so your organization is eligible if they meet the eligibility requirements.

However, the COIPP should not duplicate any services provided under your organization’s SAMHSA TOR activities. We highly recommend avoiding any duplication of goals, objectives, and budgeting from a current grant. We also recommend to expand on your current SAMHSA TOR activities.

**Q: Can you provide more detail on the project period? I see Jan 2021 is the earliest start date, is a later start date allowed? What is the time frame for planning? When should program implementation begin?**

A: The start date will more likely be mid-February/early-March of 2021. The time frame for planning is typically a year, however a requirement is to provide information on the capacity of the organization to implement and start the project within the first year.

**Q: Are construction costs allowed? I looked through 45 CFR as I mentioned, but was unable to find detail on allowable vs unallowable expenses.**

A: Construction costs under IHS grants are typically not allowed, unless the program specifically mentions it in the Federal Register notice.

**Q: Is Vivitrol an acceptable form of medication for Medication Assisted Treatment?**

A: Yes. Vivitrol is a brand name for Naltrexone.

**Q: Are tribal entities eligible to apply for this funding?**

A: The eligibility requirements are:

• Federally-recognized Indian Tribes defined by 25 U.S.C. 1603(14)

• Tribal organizations defined by 25 U.S.C 1603(26)

• Urban Indian organizations defined by 25 U.S.C. 1603(29)

**Q: Regarding the requirement for an increased number of providers receiving training in MAT services: would MAT training for behavioral health providers meet this requirement?**

A: The ideal outcome is to increase MAT providers throughout AI/AN communities, especially in the rural areas. However, training can also include non-providers such as behavioral health providers, law enforcement, and community members to increase knowledge and encourage collaboration between providers and non-providers to increase access to treatment for those impacted by opioids.

**Q: Is there any way you can get written confirmation of flexibility for the page limitations so that I can exceed one, for example, with less on another?**

A: There is no flexibility provided. The page limits are set and the same for all applicants.

**Q: Many of the questions refer to families and youth in the COIPP NOFO.  This gives the impression that the project will only serve adults if they are part of a family unit.  Can this project serve adults independently, in other words, youth, adults and families?**

A: The intent is to promote family engagement. At the center of AI/AN values lies the family and we encourage applicants to include families of those impacted by opioids.

**Q: I recall during the webinar that IHS clinics were not eligible to apply for the Opioid Grant. Is that true for clinics that are under PL.93-638 Contract? Also, is the resolution for authorizing the Tribe to apply or what is the main purpose?**

A: If the health facility is operated under a P.L. 93-638 Compact/Contract, then the tribe has taken over and is running the health facility. Therefore, the health facility would be eligible to apply.

Additionally, you might be considered a "tribal organization" if the tribe has set up the health facility in this way. A lot of health facilities once operated by IHS have established health boards approved by their tribe. If the health facility operates outside of direct tribal government line of authority there should be a tribal health committee/board that oversees the health facility instead of the Tribal Council. If that is the case, the tribal resolution needs to be from the tribal council/business council that oversees the health facility to indicate they are aware of, support, and authorize the grant application to be submitted on behalf of the tribe.

**Q: One of the requirements is receiving a tribal resolution from tribes affected by the funding.  Our organization has representatives from six tribes, however we are hoping to offer services to all tribes in our service area, especially when it comes to trainings for providers and tribal health program staff. If this were part of our plan, would we be required to have a resolution from all tribes in the area we serve?**

A: Yes, you would need a tribal resolution from every tribe you will be serving. One reason for this is to ensure that they are aware you are competing for this award, and that they will not be competing against you if they chose to apply.**Q: My organization is interested in applying to the Community Opioid Intervention Pilot Projects grant opportunity. Our eligibility would fall under the Tribal organization definition and as such there is a requirement to obtain letters of support or resolutions from the Tribes to be served. The project we are proposing will be statewide, serving up to over 200 Tribes. In the past we have submitted our Compact Agreement in lieu of obtaining resolutions from all the Tribes we serve. The Compact is a binding contract with the Tribal Health Organizations who represent these various Tribes throughout our state. Would this be an acceptable form of support to fulfill the letter of support/resolution requirement?**

A: That would be satisfactory. We would ask that you also provide a list of the tribes you serve. We would need to check applicants against that list, and possibly handle negotiations should one of the Tribes you serve apply separately.

**Q: We understand a draft Tribal resolution can be submitted as long as it is signed and submitted to you before any funds can be released, should we be awarded.  With Tribal operations greatly impacted by COVID 19, we are wondering if there are any further contingencies for getting the signed documents?**

A: At the moment, we know of no other contingencies for the Tribal resolutions.

**Q: Can you provide examples of pilot projects communities have done?**

A: This is a new project for IHS. However, other agencies may have some similar projects. We recommend visiting other sites for projects that are similar. An example is the [NIH Helping to End Addiction Long-term (HEAL) Initiative](https://heal.nih.gov/news/stories/native-cultures) at NIH.GOV.

**Q: Do all Co-Principal Investigators need to be members of a Tribal organization?**

A: No. However, the Tribal organization must be affiliated with a federally recognized Tribe or Tribes.**Q: Are template forms included as a page or as an attachment?**

A: The templates provide guidance on the structure of how applications should look. There are other templates such as the [COIPP Proposal Guidelines & Instructions TEMPLATE](https://www.ihs.gov/sites/asap/themes/responsive2017/display_objects/documents/coippguidelinestemplate.docx) and the [COIPP Budget & Budget Justification TEMPLATE](https://www.ihs.gov/sites/asap/themes/responsive2017/display_objects/documents/coippbudgettemplate.docx) that provide guidance to the structure of the applications and include the page limits. The other templates, such as the [COIPP Project Timeline Chart TEMPLATE](https://www.ihs.gov/sites/asap/themes/responsive2017/display_objects/documents/coipptimelinetemplate.docx), the [COIPP Biographical Sketch TEMPLATE](https://www.ihs.gov/sites/asap/themes/responsive2017/display_objects/documents/coippbiosketch.docx), and the [COIPP Logic Model TEMPLATE](https://www.ihs.gov/sites/asap/themes/responsive2017/display_objects/documents/coipplogicmodel.docx), are attachments that do not count toward the page limits.

**Q: Is there a list of prior projects that were funded?**

A: No. This is the first project of this type at IHS.

**Q: Can you say more about the anticipated years of funding total and whether they would be at $500,000 for all years or whether they would drop in out years.**

A: Funding is anticipated to be stable throughout the project at $500,000 per year. Future funding is dependent on the availability of funds.

**Q: Can this grant be written for medications and treatment? Can the grant be applied for treatment medications only, treatment dollars?**

A: Yes. This project is to increase access to treatment for those impacted by opioids. You can also expand on your current program.

**Q: If there is a subset of clients who need in-patient detox that we identify, can one set aside a subcontract budget to enable that service for x number of such clients?**

A: Subcontracts are allowed as long as it is in the scope of work. The subcontract would need to be included in the proposal. This is a considered a fiscal matter and the IHS Division of Grants Management will be able to answer this specific question. Please contact Patience Musikikongo, Grants Management Specialist at [Patience.Musikikongo@ihs.gov](mailto:Patience.Musikikongo@ihs.gov).

**Q: Are there three (3) set-aside grants for Maternal and Child Health per service area?**

A: No. There are three (30 set-aside grants for Maternal and Child Health in the Bemidji, Billings, and Alaska Areas for one grantee per area.

**Q: Can a cultural healer be written into this?**

A: Yes. As long as they provide services and are in the scope of the project.

**Q: Can salary be paid for a Substance Abuse Counselor and/or Acupuncturist? It’s currently unfunded and we need to pay for it.**

A: If the position is an integral part of the project, then yes, the salary can come from the project funds.