

Community Opioid Intervention Prevention Program Frequently Asked Questions

Q: Where can I find the downloadable version of the Notice of Funding Opportunity (NOFO)?

A: To download the published document, visit the Federal Register NOFO and in the “Document Details” section a print option is available. The NOFO will also be available to download in Grants.gov, and from the IHS Division of Grants Management web site, at www.ihs.gov/dgm/funding/.

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 April 1, 2024 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 early April 2024. 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: While construction is not an allowable cost, alteration and renovation (A&R) is allowable. A&R must be consistent with the following criteria and documentation requirements:

- a. The building has a useful life consistent with program purposes and is architecturally and structurally suitable for conversion to the type of space required.
- b. The A&R is essential to the purpose of the grant-supported project or program.
- c. The space involved will be occupied by the project or program.
- d. The space is suitable for human occupancy before A&R work is started except where the purpose of the A&R is to make the space suitable for some purpose other than human occupancy, such as storage.
- e. For minor A&R, if the space is rented, evidence is provided that the terms of the lease are compatible with the A&R proposed and cover the duration of the period of performance.

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)
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Q: Regarding the requirement for an increased number of providers receiving training in Medication Assisted Therapy/Medication for Opioid Use Disorder (MAT/MOUD) services: would MAT/MOUD training for behavioral health providers meet this requirement?

A: The ideal outcome is to increase MAT/MOUD 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. Page limits for each narrative (project and budget) are set and not flexible. The page limits for each section within the project narrative are suggestions, not hard limits.

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, including extended family, 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: IHS clinics are not eligible to apply for the Opioid grant. If the health facility is operated under a P.L. 93-638 Compact/Contract, then a Tribe or Tribal Organization has taken over and is running the health facility. Therefore, the Tribe or Tribal Organization will need to apply for the Opioid grant.

The purpose of the tribal resolution is to indicate the tribal council/business council that oversees the health facility is aware of, supports, and authorizes the submission of the grant application.

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: Your office must submit letters of support and/or Tribal Resolutions from the Tribes to be served. One reason for this is to ensure they are aware you are competing for this award, and they will not be competing against you if they chose to apply.

Q: My organization is interested in applying to the Community Opioid Intervention Prevention Program 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: The Compact Agreement would not be satisfactory. Your office must submit letters of support and/or Tribal Resolutions from the Tribes to be served. One reason for this is to ensure they are aware you are competing for this award, and they will not be competing against you if they chose to apply.

Q: Can you provide examples of opioid and overdose prevention programs 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](#) at NIH.GOV. There is also a report available on the COIPP website located here <https://www.ihs.gov/asap/coipp/>.

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

A: No, the co-Principal Investigators do not need to be members of the Tribal Organization.

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](#) and the [COIPP Budget & Budget Justification TEMPLATE](#) 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](#), the [COIPP Biographical Sketch TEMPLATE](#), and the [COIPP Logic Model TEMPLATE](#), are attachments that do not count toward the page limits. Templates are docx files are safe for download.

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

A: Yes, you may refer to the <https://www.ihs.gov/asap/coipp/> and read the list of [2021 COIPP Grant awardees](#) [PDF - 471 KB].

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.

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.

Q: Can awarded funds be used for fentanyl and/or xylazine test strips?

A: Yes. Funds may be used for fentanyl and/or xylazine test strips?

Q: Am I able to purchase food with the award funds?

A: Yes. Food is an allowed purchase and the restricted limit is \$10,000.00. There are multiple variables that impact the wellbeing of our AI/AN population and food is a social determinant of health. The populations we serve have limited access to resources, many live-in food deserts and experience home insecurity. Healthy food can depend on factors such as income, education, where they live,

transportation, and social support. Those at risk for opioid use disorder have little to none of those factors.

The limit of \$10,000.00 for food allocation in the budget is for the full 5 years of the program; not \$10,000.00 annually for the 5 years.

Q: Am I able to use the award towards the Contingency Management part of our opioid intervention program?

A: Yes, as long as you include the required objectives. You may use award towards Contingency Management (CM), which is an evidence-based treatment that provides motivational incentives to treat individuals living with substance use disorder and support their path to recovery. There is a limit on how much monies may be used per person and guidance regards to what may not be an allowable purchase. Please check with the COIPP Project Officer for details.

Q: Am I able to include the purchase or lease a vehicle in my proposal?

A: Vehicle purchase requests are evaluated on a case-by-case basis. The purchase request will be evaluated on such factors including, (but not limited to): Cost and justification for the vehicle; how the vehicle relates to the scope of work; the grant work that will be accomplished with the vehicle; providing IHS with three (3) bids from three different car dealerships; providing a cost comparison of leasing vs purchasing a vehicle. Vehicle leasing is allowable if it is more economical.

Q: Am I able to apply to the COIPP to for a Neonatal Abstinence Syndrome and/or Maternal Opioid Use Disorder programming and activities?

A: Yes, as long as you address the required objectives.

Q: Am I able to use money to purchase incentive cards?

Yes, and these are the rules apply:

- Incentives cannot exceed a value of \$30 per item.
- MasterCard/Visa gift cards are considered as cash, and are not allowable.
- Gift cards or passes to places such as movie theaters, skating rinks, museums, concerts and amusement parks are not allowable as this is considered as "Entertainment."
- All incentives must clearly relate back to the COIPP program/activities being offered, such as providing patients with exercise garments or water bottles to encourage participation in an Opioid Prevention Walk/Run.
- Information about incentives can be found on the IHS page here:
<https://www.ihs.gov/ihtm/circulars/2005/grant-programs-incentives-policy/>

Q: We are currently a recipient of the State Opioid Response (TOR) grant. Are we eligible to apply for the COIPP in addition to our SOR grant?

A: There are no restrictions related to State Opioid Response (SOR) 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 SOR activities. We highly recommend avoiding any duplication of goals, objectives, and budgeting from a current grant. We also recommend to expand on your current SOR activities.

Q. What is the guidance around using COIPP to serve non-American Indian/Alaskan Native populations?

A. The proposed program must meet the purposes of the grant, which is to serve the AI/AN community in addressing the opioid crisis in AI/AN communities by doing the following: first, developing and expanding community education and awareness of prevention, treatment, and recovery activities for opioid misuse and opioid use disorder; second, increasing knowledge and use of culturally appropriate interventions and to encourage an increased use of medication-assisted treatment/medications for opioid use disorder (MAT/MOUD); third, supporting Tribal and Urban Indian communities in their effort to provide prevention, treatment, and recovery services to address the impact of the opioid crisis; and fourth, increase harm reduction within their communities.

If your site is a tribe or tribal organization that does serve non-natives in its clinic, for example pursuant to an 813 resolution under its ISDEAA program, your site would not be prohibited from using some grant funding to serve non-natives, as long as the overall program still conforms to the purposes of the grant. A grant program proposing to serve majority non-natives would likely not meet these purposes, for example.

However, the authority for IHS to provide funding to Urban Indian Organizations (UIOs) is more restrictive, and grant awards to UIOs should only be used on eligible urban Indian. UIOs are not permitted generally to use IHS funding to serve non-natives, and therefore the grant program should be similarly restricted.

Q: If our site is a current recipient of the 2021-2023 COIPP grant, are we eligible to apply for the 2024 COIPP?

A: If your site is a current COIPP grantee and going to seek approval for a No Cost Extension (NCE), you will not be eligible to carry over unused/unspent COIPP funds and be awarded the new COIPP.