



## Request for Applications

### 2017 Medical Reserve Corps Challenge Awards

#### Introduction

The National Association of County and City Health Officials (NACCHO) is pleased to announce a funding opportunity for 2017: Medical Reserve Corps (MRC) Challenge Awards. Funding for this opportunity is available through a cooperative agreement between NACCHO and the Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR) (grant # 5 HITEP150032-02-0015). Through this competitive funding opportunity, selected units will receive MRC Challenge Awards of up to \$13,000. Any applicable statutory or regulatory requirements, including 45 CFR Part 75 and 2 CFR Part 200, directly apply to this sub-award. Specific information on allowable costs can be found in [2 CFR Chapter I, Chapter II, Part 200](#), et al. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

The MRC Challenge Award is a competitive award open to MRC units that meet the eligibility requirements. The online application period is from October 31, 2016 to December 9, 2016. MRC units selected to receive the 2017 Challenge Award will be notified no later than February 1, 2017 by email along with an electronic copy of the Challenge Award contract. It is the responsibility of the MRC unit to return a signed copy of the contract no later than March 31, 2017. Funding for awards will be sent via FedEx approximately 2-4 weeks after receipt of the complete and signed contract. We are unable to make content changes to the contract or extend the deadline for receipt of the contract. Units are encouraged to be proactive in coordinating grant approval process within their housing agency or local jurisdiction to avoid possible delays.

Applications for the MRC Awards will be available online through NACCHO's Award website at <http://application.naccho.org>.

Through this request for applications (RFA), NACCHO will provide detailed information pertaining to the MRC Challenge Awards in the following categories:

- I: Challenge Award Overview and Description of Focus Areas
- II: Proposal Content
- III: Eligibility Requirements
- IV: Evaluation and Scoring
- V: Reporting Requirements
- VI: Important Dates

## **I. Challenge Awards Overview and Description of Focus Areas:**

The 2017 MRC Challenge Awards aim to focus innovation towards projects that are aligned with nationally recognized health initiatives, are significant at the local level, and demonstrate capability within the MRC network. Project proposals may draw from ASPR's [National Health Security Strategy](#) (NHSS), the six [Surgeon General's Priorities](#) which includes the [National Prevention Strategy](#) (NPS), the CDC's [Winnable Battles](#), or the strategic plans of other partner organizations.

The challenge is for MRC units to address community needs in an innovative way, evaluate effectiveness, and share their results to facilitate development of improved processes or resources. Proposed projects should include a number of approaches, such as educational programs, formation of unique partnerships or coalitions, community outreach, or creation of innovative tools or systems. Unit leaders can also use this opportunity to evaluate their programs and translate the processes and outcomes through research.

As you consider project ideas for your Challenge Award proposal, it is strongly encouraged that you search for nearby universities or other academic institutions that can assist you with developing research methods and goals and analyzing the data obtained. We would encourage MRC units to consider collaborating with others within the MRC Network to submit an application on behalf of a group of units and/or community partners. If you choose to partner as a group, only one unit can submit an application and that unit must agree to be the fiscal manager of the award.

**There are three focus areas for the 2017 MRC Challenge Awards.** Units should align their projects with a focus area and can only submit one proposal for their selected focus area. The focus areas are:

- Building and Sustaining Community Resiliency
- Enhancing Community Collaboration and Partnerships
- Strengthen Community Health

### **Building and Sustaining Community Resiliency**

Health security depends on a resilient nation able to withstand and recover from the adverse health effects of incidents. At the core of a resilient nation are individuals and communities that are knowledgeable about what they can do to protect themselves and capable of doing so.

Specific priorities in the NHSS include:

**NHSS Priority 1.1-** Encourage social connectedness through multiple mechanisms to promote community health resilience, emergency response, and recovery.

1.1.4. Local governments, CBOs, and the private sector can empower constituents to engage in their communities' resilience, response, and recovery activities by creating culturally sensitive guidance based on sociocultural research. [2016–2018]

1.1.5. CBOs and the faith community can identify at-risk individuals and connect them with personal and logistical support.

NHSS Priority 1.2: Enhance coordination of health and human services through partnerships and other sustained relationships.

1.2.2 State and local governments can map current local assets for provision of health and human services during and after incidents.

1.2.4. SLTT governments and CBOs can cross-train public health, healthcare and human services professionals to improve recovery service provision. [2016–2018]

1.2.5. SLTT governments can work with CBOs to ensure that community leaders, on whom constituents rely for support, have access to behavioral health services.

NHSS Priority 1.3: Build a culture of resilience by promoting physical, behavioral, and social health; leveraging health and community systems to support health resilience; and increasing access to information and training to empower individuals to assist their communities following incidents.

1.3.1. State and local governments, CBOs, and the private sector can promote general population training in health-related areas, such as first aid, cardiopulmonary resuscitation, psychological first aid, and self-and family care. [2015]

1.3.2. CBOs can use routine community meetings and events to disseminate culturally and linguistically appropriate information on the topic of health resilience and sponsor events to encourage planning for incident response and recovery.

1.3.3. Federal partners, state and local governments, CBOs, and academia can improve the dissemination and implementation of existing community health resilience learning opportunities for volunteers.

1.3.5. State and local government and NGOs can implement trainings and exercises for volunteers on effective and educated bystander response.

*Questions to Consider: What makes a community more resilient? How can you create innovative pathways for people to connect with each other and their community at large? How can you explore innovative ways to ensure all community stakeholders are involved in building resiliency? How can technology strengthen connections and foster resilience?*

Examples in this focus area from past award cycles include:

- The **Arlington County MRC Teams Program** is a project that promotes community resiliency by building capacity, enhancing response and recovery capability through sustainable program development. The project will build capacity, develop and implement sustainable function-specific teams within the Medical Reserve Corps. Function specific teams include the following key areas: Epi Response; Medical Countermeasures – Mass Dispensing; Health Education & Communications; and Psychological First Aid. Transforming ad-hoc teams into a permanent MRC Teams program will better serve the community in a resilient manner.
- The **Northeast TN Regional Medical Reserve Corps** project, “Become an Active Bystander: Help Save Lives!” focuses on building community resiliency through empowering individuals to take

action to save lives. Through resources and training conducted in a previous pilot project with FEMA and the CDC and the White House initiative, Stop the Bleed, they will train a cadre of MRC instructors who will train MRC volunteers and community partners.

### **Enhancing Community Collaboration & Partnerships**

Through collaboration and partnerships with partner and stakeholder organizations, MRC units can build awareness for public health initiatives, as well as better preparing for, responding to, and recovering from emergencies, improving data-sharing, using innovative systems and tools for health situational awareness, risk reduction, and improving operational capabilities to meet the full range of HSA needs across stakeholders. Partnerships are essential for MRC success, and allow units to integrate into community initiatives. Some priorities that address partnerships include:

NHSS Priority 4.1: Define and strengthen healthcare coalitions and regional planning alliances across all incident phases.

4.1.5. Healthcare coalitions can encourage member organizations to voluntarily share information about their mobile medical assets and training on those mobile medical asset platforms that could potentially be used through the Emergency Management Assistance Compact (EMAC).

NHSS Priority 4.3: Ensure that the integrated, scalable system can meet the access and functional needs of at-risk individuals.

4.3.3. Federal partners will work with academia, private industry, and SLTTs to conduct research on how to use social media and other data sources (e.g., records of durable medical goods providers and health plans) to locate at-risk individuals.

NHSS Priority 4.4: Strengthen competency and capability-based health-security-related workforce education.

4.4.5. Federal partners will work with all relevant stakeholders to establish disaster health education credentials (Core Competencies) in fields that currently lack them.

NHSS Priority 4.5 - Expand outreach to increase the numbers of trained workers and volunteers with appropriate qualifications and competencies.

4.5.2. Stakeholders can participate in public-private initiatives to facilitate workforce expansion during a response.

4.5.3. Before incidents, federal partners will and state and local governments and private sector businesses can identify requirements and the minimal effective number of surge staff needed, as well as local, state, regional, and federal sources of surge staff (e.g., temporary/intermittent agency staff, volunteers, and local government staff) outside of health departments, assign them to likely response tasks suited to their reassignments, and ensure that available skills and competencies match defined response requirements.

NHSS Priority 4.6 - Effectively manage and use nonmedical volunteers and affiliated, credentialed, and licensed (when applicable) healthcare workers.

4.6.3. State and local governments can work with institutions of higher education to ensure that individuals who volunteered as students continue to be engaged and informed of opportunities after graduation.

4.6.4. Federal partners will work with voluntary organizations not traditionally involved in national health security to assist them in defining roles in incident response and identifying ways they can contribute to community resilience in incident prevention, protection, mitigation, response, and recovery phases.

*Questions to Consider: Who are the key actors in health and safety in your community? What are the major areas in your community in need of change to enhance community collaboration or partnerships? Who can you work with in your community to educate others and enhance community collaboration and support partnerships?*

Examples in this focus area from past award cycles include:

- The **Philadelphia Medical Reserve Corps** aims to increase their community volunteer efficacy, willingness, and ability to respond to local and regional emergencies. The Philadelphia MRC, along with MRC units across southeastern Pennsylvania, deployed 169 volunteers to Philadelphia to staff medical and first aid tents during the World Meeting of Families and Papal Visit in 2015. This was a deployment rate of 2.8%, which demonstrated a significant discrepancy between a low show rate for an actual statewide deployment in comparison to the high rates of hypothetical willingness and ability to deploy as reflected in previous survey responses. MRC coordinators across the region, along with other response group coordinators, will participate in the Mid-Atlantic Regional Public Health training on the Extended Parallel Process Model to increase willingness to respond. The MRC Coordinators will follow on with training for MRC Volunteers, targeted staff in municipalities, first responders, and other emergency response volunteer groups.
- The **Livingston County MRC** will develop a Reunification Support Team to assist in the whole community inclusive planning approach to family reunification. A 2013 study by Wright State University states that family reunification is one of the most frequently overlooked aspects in emergency planning, yet is most critical to successfully prepare and respond to an emergency. The Livingston County Safe Schools Committee is a partnership between county schools, law enforcement, emergency management, and public health who work together to promote a safe and secure environment for students, staff, and community. The 2016 focus of this committee is family reunification. Public Health can play an important role and our MRC can fill this gap. Through partner collaboration, best practices will be collected to implement a MRC training program to develop a MRC Reunification Support Team for the county.

## Strengthening Community Health

A healthy community is integral to a community's ability to prepare, respond, and recover from major incidents. Chronic diseases, mental and emotional health related disorders, and health in-equity disproportionately affects those who are most vulnerable in steady state and during times of crisis. By addressing these issues, MRC units can help strengthen community health and support risk reduction efforts to promote healthy lifestyles, active living, behavioral health, and social health. We should strive to create communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote physical and emotional health, reduce the likelihood of mental illness, including substance abuse and suicide, and promote health equity. MRC units can leverage health and community systems to support health resilience and increase access to information and training to strengthen community health.

Projects in this focus area can address the following:

NPS Priorities: Tobacco Free Living, Healthy Eating, Active Living, Preventing Drug Abuse and Excessive Alcohol Use

NHSS Priority 1.3 - Build a culture of resilience by promoting physical, behavioral health, and social health; leveraging health and community systems to support health resilience; and increasing access to information and training to empower individuals to assist their communities following incidents.

CDC Winnable Battles: The current Winnable Battles (Tobacco; Nutrition, Physical Activity and Obesity; Food Safety; Healthcare-Associated Infections; Motor Vehicle Injuries; Teen Pregnancy; HIV in the U.S.) have been chosen based on the magnitude of the health problem and our ability to make significant progress in outcomes.

*Questions to Consider: What chronic disease is most prevalent in your community? What is the level of knowledge around chronic illness and its effects in your community? What tools are in place to help prevent chronic disease and are they accessible to your community? What are the challenges in your community surrounding mental and emotional wellbeing? In what ways can you foster social connectedness and community engagement for those dealing with mental and emotional disorders?*

Examples in this focus area from past award cycles include:

- The **South Central Illinois MRC** is a member of the Health Improvement Coalition organized in 2014 to advance the health and quality of life through residents through assessment of needs and development of education and preventative initiatives. Using "Mobilizing for Action through Planning and Partnerships" (**MAPP**) and a health status survey conducted by the Southern Illinois University School of Medicine, the following concerns were identified as increased risks for heart disease and cancer; excessive drinking, lack of access to care, and unhealthy personal habits leading to poor lifestyle choices. The South Central Illinois MRC will use the Chronic Disease Self-Management Program, developed by Stanford University, to identify and train 20 program leaders from the coalition with diverse backgrounds reflective of the community to conduct training for at-risk individuals across the community. The training

will enhance partnerships to increase access to care and provide education to build individual and family resilience through innovative prevention strategies and self-management skills.

- The **Wasco County MRC volunteers** are following the Surgeon General’s Call to Action to Promote Walking and Walkable Communities by serving as chaperones for elementary age school kids to encourage them to walk to school. The “Step It Up Students!” program will increase physical activity in students, and provide a “real life” lesson on the benefits of being active. In addition to addressing chronic disease prevention in our youth, the program will provide the adult chaperons the same benefits. Increased access to information about the health benefits of walking will be provided through advertising the “Step It Up Students!” program, and additional information will be distributed directly to participants throughout the school year.
- To provide advanced behavioral health training for volunteers, the **University of Minnesota (U of M) and Hennepin County (HC) MRC** units collaborated on a three-phase project that enhanced the capacity of MRC volunteers to support disaster behavioral health responses. Phase 1 of the project focused on the psychological impact of disasters on family members and the overall operation of a Family Assistance Center (FAC). The exercise provided training on three behavioral health-related functions: Family Briefers (FB), Antemortem Interviewers (AI), and Family Liaisons (FL). This exercise was followed by a performance-based behavioral health training specifically for Family Briefers during Phase 2. This training gave participants an opportunity to gain more in-depth skills. Role-specific training and tools related to FAC functions was shared with MRC units throughout the state and country through a toolkit that will be developed during Phase 3.
- The **Bureau-Putnam and Marshall County MRC** units are addressing the growing abuse of opioids and opiates in their rural community. Their “Face it Together” sustainable model will rely on local expertise and resources to provide a continuum of consistent approaches to address this problem. A collaborating task force made up of the two MRC units, a local substance abuse coalition, and local health departments will include medical and mental health professionals, law enforcement, faith based representatives, youth and young adult service providers, parents and other volunteers. The project will design and implement a sustainable, volunteer driven, multi-pronged approach that will provide public education, law enforcement and public training, professional referral resources, appropriate access to opiate antagonists, and local support for persons trying to avoid or recover from addiction.

## **II: Proposal Content**

Proposals for Challenge Awards will be evaluated on the following items:

1. **Project Description (50% of total score):**
  - a. For the focus area selected, describe your program, initiative, or activity. Consider the following:
    - i. What is the program, initiative, or activity?

- ii. Who (i.e. local health department, local and national partners, etc.) is involved in developing, supporting, or leading the program, initiative, activity?
    - iii. Where is the program, initiative, or activity taking place?
    - iv. Why is this relevant to your local community/MRC unit?
  - b. Describe the goals of your project. What are the measurable objectives for your project?
  - c. Who is the target audience for your project? How are the MRC Volunteers involved?
  - d. Describe the benefits and impacts your program, initiative, or activity will have on your community and/or participants. What are the expected measurable outcomes?
  - e. Describe what makes your program, initiative, or activity innovative.
2. **Work Plan (30% of total score):**
  - a. Implementation plans: Describe how the project will be carried out and how the MRC Volunteers are engaged in the process. You should list any specific steps you will take.
  - b. List your project timeline.
  - c. What are your sustainability plans for your project?
3. **Budget (10% of total score):**
  - a. Detailed line item budget of your estimated program costs. Administrative costs should be minimized where possible. **NACCHO's MRC Award funding may not be used to purchase promotional items/giveaways or food and beverages.**
    - i. Administrative Costs and Fees
    - ii. Professional Service Fees
    - iii. Facilities, Rentals and AV Fees
    - iv. Uniforms, Equipment and Resources
    - v. Training & Exercises (T&E)
    - vi. Travel/Transportation Services
    - vii. Awards, Recruitment and Outreach
4. **Evaluation (10% of total score):**
  - a. Describe how you will obtain and report data, as well as measure your project's success and community impact. Consider:
    - i. What evaluation tools will you be implementing to measure success?
    - ii. How will success be measured for this project?

### **III: Eligibility Requirements**

Minimum eligibility requirements for the MRC Challenge Awards include the following:

1. MRC units must have an account at NACCHO's Awards website ( <http://application.naccho.org> ) to submit an application.
2. Applicants selected for funding will ensure their unit profiles are updated with the MRC Program Office prior to acceptance of an award. Awardees will be notified in early February and will be asked to update their profile at that time through the website (<https://mrc.hhs.gov/HomePage>). A fully updated unit profile is one in which ***all*** questions have been answered or updated (particularly unit leader contact information, numbers of volunteers, and activity reports, if applicable). The MRC



Program Office strongly encourages units to update their unit profiles with any previously unreported activities for the calendar year, as well as new activities.

3. Applicants must be eligible to receive federal funds through their housing/sponsoring agency or be a 501(c) (3) non-profit organization.
4. Applicants must provide both their Employer Identification Number (EIN) and their Duns & Bradstreet Number (DUNS), as required by Federal regulations.
5. New MRC units applying for an FY2016-2017 MRC Challenge Award must be registered with the MRC Program Office by October 31, 2016. Likewise, prospective MRC units who are interested in applying for an award must follow the MRC Program Office's registration process, have submitted their prospective unit's application for registration, and have been confirmed by their Regional Coordinator no later than October 31, 2016 to be eligible.

-A prospective MRC unit which has applied for a NACCHO MRC Award **will not be awarded funding** until it is an approved and registered MRC unit.

6. MRC Units selected for funding will receive a notification of award and contractual agreement. Units that accept the funding agree to comply with the terms of agreement outlined in the contractual agreement and submit all documents within the terms of agreement timeframe. NACCHO will not be able to accept any requests for changes to the content language of the contractual agreement. Requests for corrections or changes to designated approving authorities, housing agencies, or addresses to the contract must be submitted by February 28, 2017.

#### **IV: Evaluation and Scoring**

Applicants for the MRC Challenge Awards must meet the basic eligibility requirements in order to be considered for an award.

Applications for the Challenge Awards will be evaluated based on answers to questions in four broad areas:

1. Project Information (50%)
2. Work Plan (30%)
3. Evaluation (10%)
4. Budget (10%)

Applications may receive a maximum of 100%

#### **V: Reporting Requirements:**

All awardees will be required to complete two progress reports: an interim report at six months and a final report at twelve months. NACCHO will provide awardees with specific guidelines and requirements at the time of award. NACCHO will use the information contained in these reports to determine progress toward meeting the award goals and objectives. NACCHO is also interested in ensuring that Challenge Award projects can be sustained beyond the project timeline. Therefore, progress reports should include plans to ensure the sustainability of efforts initiated under the award.

Awardees will also be encouraged to report success through conference presentations, media articles, and research papers and shared with NACCHO at [mrc@naccho.org](mailto:mrc@naccho.org).

**VI: Important Dates**

October 6, 2016	Release of FY2015-2016 MRC Challenge Awards Request for Applications (RFA).
October 31, 2016	MRC Challenge Award applications open.
December 9, 2016	MRC Challenge Award applications close.
December 10, 2016	Application review period begins.
January 20, 2017	Application review period ends.
Week of January 23, 2017	Notice of Awards released to awardees Contracts available for download from NACCHO's MRC Awards website at <a href="http://application.naccho.org">http://application.naccho.org</a>
March 31, 2017	Date by which NACCHO must receive signed contracts and Certification of Non Debarment forms. Unfortunately, no contract extensions will be granted.
September 2017	Six-month project evaluation
March 2018	Final project evaluation