



Request for Applications

2018 Medical Reserve Corps Challenge Awards

Introduction

The National Association of County and City Health Officials (NACCHO) is pleased to announce the following funding opportunity for Medical Reserve Corps (MRC) units: The 2018 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 # 6 HITEP150032-02-09). 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](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

MRC units may apply to **one** of the following funding opportunities:

- **Tier 1: \$2,500** – Projects designed to strengthen MRC unit capabilities through retention, recruitment, trainings, and logistical resources.
- **Tier 2: \$7,500** – Projects that are community-based initiatives, which build MRC volunteer engagement and capabilities, provide measureable outcomes, engage community partners, and improve community health and resiliency.
- **Tier 3: \$12,500** – Projects that include collaboration across multiple MRC units, stakeholders, or academic institutions to increase MRC capabilities, build MRC brand awareness, and develop shared resources.

The MRC Challenge Award is a competitive-based award open to MRC units that meet the eligibility requirements as outlined on the [MRC website](#), as well as those listed in this Request for Applications (RFA) document under "Section III: Eligibility Requirements."

MRC units may apply online at <http://application.naccho.org> between November 13, 2017 and December 11, 2017. MRC units that received funding in 2016 or 2017 must comply with reporting requirements to be considered for selection of funding for 2018. MRC units selected to receive the 2018 Challenge Award will be notified no later than January 26, 2018 by email. MRC Challenge Award contracts will be sent to selected units no later than February 9, 2018. It is the responsibility of the MRC unit to return a signed copy of the contract no later than March 16, 2018. Funding for awards will be mailed approximately 2-4 weeks after receipt of the completed 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 the grant approval process within their housing agency or local jurisdiction to avoid possible delays.

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

- I: Challenge Awards 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 2018 MRC Challenge Awards aim to focus innovation towards projects that align 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](#), including 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, strive to build their MRC unit capabilities, evaluate effectiveness, and share their results, as applicable, with a goal 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 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 2018 MRC Challenge Awards. Units should align their projects with a focus area and can only submit one proposal. In addition to the selected focus area, units will be asked to select a funding tier during the application process. Evaluation of applications will be based on the relevance to the focus area and the scope of the project in relation to the requested funding tier. The focus areas are:

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

Building and Sustaining Community Resiliency Focus Area: 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 are capable of doing so.

Specific priorities from 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, community based organizations (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. [2016–2018]

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. [2015]

1.2.4. State, local, territorial, and tribal (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. [2016–2018]

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. [2015]

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. [2016–2018]

1.3.5. State and local government and non-governmental organizations (NGOs) can implement trainings and exercises for volunteers on effective and educated bystander response. [2016–2018]

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?

Enhancing Community Collaboration & Partnerships Focus Area: Through collaboration and partnerships with partner and stakeholder organizations, MRC units can build awareness for public health initiatives; better prepare for, respond to, and recover from emergencies; improve data-sharing; use innovative systems and tools for health situational awareness and risk reduction; and improve operational capabilities to meet the full range of health situational awareness (HSA) needs across stakeholders. Partnerships are essential for MRC success, and allow units to integrate into community initiatives. Some NHSS 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). [2016--2018]

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. [HHS] [2016]

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. [HHS, NCDMPH] [2018]

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. [2015]

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. [HHS] [2016]

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. [2016–2018]

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. [HHS] [2016–2018]

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?

Strengthening Community Health Focus Area: A healthy community is integral to a community's ability to prepare for, respond to, and recover from major incidents. Chronic diseases, mental and emotional health related disorders, and health inequity 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 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 of Challenge Award projects: The following Challenge Award projects are examples of initiatives that meet the intent of the new funding tiers.

Tier 1 Projects: Strengthening MRC Capabilities

The Southwest Florida MRC took an innovative approach to strengthening their MRC unit through the “Casting a Net: Capacity Building Volunteer Recruitment, Training and Retention” project. Their approach to expand their volunteer base took them to the Florida South West School of Nursing where they formed a partnership to provide students an opportunity to volunteer and participate in exercises and community outreach. They also started a HOSA Junior MRC with the students of South Fort Meyer High School and integrated the students in a hospital decontamination exercise. The students won a regional competition for their experience and attended the state competition. Through these innovative efforts the Southwest Florida MRC has built its capacity as an integral community response partner and is now a voting member of a local Health Care Coalition and participates in county ESF 8 meetings.

The Lake County MRC (California) LC Connect Challenge Award focused on building capacity through recruitment of MRC volunteers, strengthening volunteer competencies, increasing MRC visibility in the community, and supporting community resiliency efforts. Through a multi-pronged approach, the number of active volunteers increased from 8 to nearly 65. Activities for recruitment and retention included quarterly meetings, MRC volunteer deployments for the Clayton Fire response, community outreach, and targeted recruitments to healthcare facilities, long-term care facilities, and healthcare coalition partners. In addition, they are working with organizations to include information on the MRC for new hire onboarding.

Tier 2 Projects: Addressing Community Based Initiatives and Engaging MRC Volunteers

Torrington (Connecticut) Area Health District MRC’s Project Mitigate was designed to bring harm reduction strategies, overdose recognition and reversal skills to targeted community members to combat the opioid crisis in their region. While the original project plan was focused on providing training to caregivers or individuals struggling with opioid addictions, they expanded their audience after they were inundated with requests from agencies in the community. A core team of MRC volunteers participated in a train-the-trainer course and trained over 500 people in the community, including 220 lay responders whose work overlaps with persons with opioid addictions. Their community engagement included faith leaders, police officers, addiction treatment facilities, fire department, homeless shelters, and other agencies.

The Green River District Medical Reserve Corps (Kentucky) Reducing Diabetes, Increasing Resiliency project was a community based education campaign. The MRC unit developed three new partnerships through the project and worked with them and experts to design educational materials based on understanding diabetes and prediabetes, as well as preparedness materials customized for those living with diabetes. MRC volunteers were trained by a diabetes educator on how to present and discuss the campaign materials with the public. Volunteers were then deployed to over ten community events to

share the education with a wide array of community members. One of their most successful outreach events was the Trail of Treats event in October where they interacted with almost 3,000 children and their families. In addition, they shared the materials with local diabetes coalitions to expand the number of community members reached.

Tier 3 Projects: Collaborative Initiative with Multiple Community Partners or MRC Units

The LeFlore Regional MRC (Oklahoma) Mass Fatality Incident Support & Traumatic Grief Counseling Regional Response Team project was a collaborative project that included the Oklahoma Office of the Chief Medical Examiner, LeFlore Co Emergency Management, Sequoyah County Emergency Management, Haskell Co Emergency Management and Latimer Co Emergency Management. The goal of the project was to develop and update the Mass Fatality Response Planning Process as well as reach out to additional governmental agencies that have response obligations and bring them into the planning process. Additional partnerships included local private funeral homes and mortuaries to include their personnel in the planning process, as well as recruit them for participation in the response capability team. The LeFlore Regional MRC unit plays a pivotal role in the regional and state organizational structure of the mass fatality team, as well as the maintenance and logistical support of all team resources. Through this project, the mass fatality response team was formed within the unit's Team Operational Structure, with all team members an OKMRC Volunteer in good standing.

The Ventura County MRC (California) Operation Bedside Credentialing project was a collaboration between the Ventura County Public Health, Ventura County Emergency Medical Services Agency, Ventura County Fire Department, and eight hospitals to address the integration of medical volunteers to support medical surge requirements. The Ventura County MRC conducted a needs assessment of countywide facilities and developed a list of required skills within each respective acute care facility in the operational area, as well as an assessment of existing MRC members to determine their skills and ability levels. A training program was then developed that integrated the information discovered from an assessment of hospital facilities and existing training of MRC volunteers, which included an exercise to test the integration of MRC volunteers during a disaster declaration. The end result was the development of a bedside credentialing toolkit that could be shared with partner agencies.

South Hadley/Granby/Northampton (Massachusetts) MRC's Sheltering Residents with Substance Dependency project addressed the physical and emotional needs of this population, eliminating barriers to access services while sheltering, reduce stigma of the disease, and ensure a safe environment to shelter residents and volunteers. They were able to meet those goals by building partnerships with substance abuse treatment organizations, collaborating with medically assisted treatment (MAT) providers, and developing a Memoranda of Understanding (MOU) to assure coordination with other key partners and to provide training for existing and prospective MRC volunteers. Additionally, they hosted a training on understanding the cycle of addiction, mental health first aid, Standard Operating Procedures (SOP's) for safe needle handling, bloodborne pathogen exposure, and Narcan administration to volunteers and community partners. The project resulted in their creation of an organized tool kit of templates, trainings, SOP's, MOU's, and resources that could be used by other agencies that shelters residents with substance dependencies.

The Northwest Vermont Medical Reserve Corps took the lead on a statewide educational campaign on warm weather risks after a local State Trooper lost their life to a heat related injury. The Summer Go-Kit Distribution project focused on protecting Vermonters against warm weather risks. The project was a collaboration between the Vermont Department of Health and five Vermont Medical Reserve Corps units. The project goals included each MRC unit conducting a minimum of two educational presentations in their community and at least two Go-Kit distribution events. The Summer Go-Kits included a summer safety factsheet, sunscreen, insect repellent, and a tick removal kit with tweezers, alcohol wipes, and band aids. The five MRC units met their goals and conducted 12 presentations and distribution of approximately 1500 Summer Go-Kits at 18 different activities or events. The Vermont MRC units hope to sustain this project by demonstrating the effectiveness of the campaign and building it into their state funding allocation as a defined deliverable.

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.
 - 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 project innovative or relevant to building the capabilities of your unit
2. **Work Plan (30% of total score):**
 - a. Implementation plans: Describe how the project will be carried out and how MRC volunteers are engaged in the process.
 - 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.

- b. Describe how you will measure your project's success and community impact.

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. Selected applicants must have fully updated their unit profiles on the MRC Program Office website (<https://mrc.hhs.gov/HomePage>) between September 1 and December 8, 2017, prior to being awarded funding.
 - *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. Prospective MRC units applying for a 2018 MRC Challenge Award must follow the MRC Program Office's unit registration process, have submitted their prospective unit's application for registration, and have been confirmed by their Regional Liaison no later than December 8, 2017, to be eligible.
 - *A prospective MRC unit that has applied for an MRC Challenge 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 to NACCHO by February 28, 2018.
7. MRC units that received an MRC Challenge Award in 2016 must have submitted a final project evaluation report to be eligible for funding in 2018. Contact mrc@naccho.org if you are unsure if you have submitted a report.
8. MRC units that received an MRC Challenge Award in 2017 must have submitted an initial progress report to be eligible for funding in 2018. Contact mrc@naccho.org if you are unsure if you have submitted a report.

IV: Evaluation and Scoring

Applications for the Challenge Awards will be evaluated on the relevance of the proposed project to one of the three focus areas, clear description of the intent of the project, and the overall impact of the funding to support the mission of the local MRC unit(s) applying. Evaluation of the scope of the project will take into consideration the funding tier for which the unit is applying.

Application questions will be scored in four broad areas:

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

Applications may receive a maximum score of 100% with funding awarded based on an applicant's total score, recommendation of reviewer(s), scope of project relevant to the funding tier, and the total funding available across each of the tier levels.

V: Reporting Requirements:

All awardees will be required to complete two progress reports: an initial progress report 3-4 months after receipt of funding and a final project evaluation report at twelve months. NACCHO will provide awardees with specific guidelines and requirements at the time of award. The information contained in these reports will be used to determine progress toward meeting the award goals and objectives, as well as identifying promising practices, resources or tools developed, and sharing them with the greater MRC network. 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 are encouraged to report successes through conference presentations, media articles, and research papers and share with NACCHO at mrc@naccho.org.

VI: Important Dates

September 1 - December 8, 2017	Applicants must have fully updated their unit profiles on the MRC Program Office website (https://mrc.hhs.gov)
October 23, 2017	Release of 2018 MRC Challenge Awards RFA.
November 2, 2017	Webinar: Challenge Awards Application Process.
November 13, 2017	MRC Challenge Award applications open.
December 8, 2017	Date by which prospective MRC units must have submitted their application for registration with the MRC Program Office in order to be eligible for a 2018 MRC Challenge Award.

December 11, 2017	MRC Challenge Award applications close.
December 12, 2017	Application review period begins.
January 19, 2018	Application review period ends.
Week of January 22, 2018	Notice of Awards released to awardees
Week of February 5, 2018	Challenge Award contracts emailed to awardees
March 16, 2018	Date by which NACCHO must receive signed contracts and Certification of Non Debarment forms.
August 1, 2018	Initial progress report due.
May 1, 2019	Final project evaluation due.