Transcript from PS19-1909 Informational Conference Call
May 9, 2019

Good afternoon, everyone. This is Michelle Van Handel, Associate Director for the Program and Performance Improvement Office in the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Thank you so much for joining the informational call today on PS 19-1909, the *National Harm Reduction Technical Assistance and Syringe Services Program Monitoring and Evaluation Funding Opportunity*.

Two quick housekeeping things. If you could all please mute your phones while you are dialed in – and not during the Q&A portion – that would be great, so we don't have additional feedback. And secondly, I just wanted to let you all know that there are no slides currently available, but both the slides and the recording will be available on the website soon.

As you all know, the United States is facing a crisis at the intersection of opioids and infectious diseases. There has been a massive increase in drug use due to the growing opioid crisis, including increasing injection drug use. As a result, unsafe, non-sterile injection practices are increasing nationally, and many communities are susceptible to these outbreaks. Cases of acute hepatitis C have more than tripled since 2010. A hepatitis A outbreak affecting primarily people who inject drugs and people experiencing homelessness has now sickened more than 15,000 people in 20 states. And multiple HIV outbreaks among people who inject drugs is threatening progress in stopping transmission associated with injection drug use. However, we can prevent and treat infections through community-based programs that provide comprehensive services and ensure people are linked to care. Comprehensive syringe services programs (SSPs) are a proven, effective component of community-based programs, preventing the spread of infectious disease from injection drug use.

The *National Harm Reduction Technical Assistance and Syringe Services Program Monitoring and Evaluation Funding Opportunity*, also known as PS 19-1909, will be a three-year cooperative agreement supported by the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at CDC. PS 19-1909 will strengthen the capacity and improve the performance of syringe services programs throughout the United States by supporting enhanced technical assistance to ensure the provision of high quality, comprehensive harm reduction services, implementing a national SSP monitoring and evaluation program, supporting the development and implementation of best practices for patient navigation from syringe services programs to community based health and social services, and increasing their understanding of injection drug use in the United States through a survey of syringe services programs clients and their peers.

There are three expected long-term outcomes associated with this project: improved health outcomes for person to inject drugs, reduced incidence of infectious disease resulting from injection drug use, and reduced injection drug use and other high-risk substance use. We are pleased that you're interested in this new funding opportunity and look forward to partnering with you as we seek to address the infectious disease consequences of the opioid crisis.

I would now like to introduce Dr. Alice Asher, who will provide more information about this exciting opportunity. Alice?

Thanks so much, Michelle, and welcome everybody to this call. We're really delighted to -- from what it sounds like from all of the beeps -- have a lot of people participating. A few logistical details as we get started. First of all, this call is being recorded. As Michelle mentioned, both slides and the recording will be available on the website shortly. And again, please mute your phone.

We were going to do a brief roll call, but I get the sense there's a fair number of people on the phone. So if you wouldn't mind -- I don't mean to cause problems -- but if people could just quickly saw what organization is being represented on the call. Let's start on the West coast. If you are a West coast-based organization, can just say your name?

Hi, this is Huey Tran. I'm calling from the Los Angeles County Department of Public Health.

Hi, this is Jenny O'Brien with Venice Family Clinic.

This is Sara Glick from University of Washington and Public Health, Seattle-King County.

Paul LaKosky from NASEN.

Any other West coast organizations? OK how about now we'll go to the West / Central West portion of the country -- anybody from that area? All right, Midwest? All right, East Coast?

David Vlahov, Yale.

Rebecca Goldberg, New York State Department of Health.

Michelle Calvog, New York Academy of Medicine.

Daniel Raymond from the Harm Reduction Coalition.

This is Amy Kilea with NASTAD.

Hello, this is Erin Nortrup from AIDS United.

I heard AIDS United.

Hi. Emma Roberts from the Harm Reduction Coalition.

All right, any other organizations on the line?

Yeah, hi. Lauren Kessner from Center for Prevention Services and Queen City Needle Exchange Program.

Hi, Terry Reynolds from ADAP Southern Cal, Los Angeles.

All right. Well, everyone, thanks for being on the call. The purpose of today's call is to present an overview of the *National Harm Reduction Technical Assistance and Syringe Services Program Monitoring and Evaluation Funding Opportunity,* to inform and prepare prospective applicants to

develop a strong application. Today, first we're going to describe the NOFO details, provide some clarification on eligibility requirements, discuss the technical assistance and resources that are available to applicants, describe details of the procurement and grants processes, and then we have some time at the end to answer some questions to the best of our ability.

Hopefully you all have had a chance to review the NOFO, but just because it is rather large, I'm going to just walk us through it. As Michelle already mentioned, this is a three year program that's intended to strengthen the capacity and improve the performance of harm reduction programs throughout the United States, implement a monitoring and evaluation of syringe services programs, help prevent the infectious disease resulting from injection drug use, and improve health outcomes for people who inject drugs.

The long-term outcomes associated with this program are to improve the health outcomes of people who inject drugs, reduce the incidence of infectious diseases resulting from injection drug use, and have reduced injection drug use and other high risk substance use.

Could everyone make sure your phone is on mute, please? Thanks.

This three-year NOFO is composed of two demonstration projects and two components. The components are technical assistance and SSP monitoring and evaluation. The activities under these will include providing technical assistance to syringe services programs, developing a national training network, and implementing a syringe services programs monitoring and evaluation program.

You're going to hear me say this several times throughout today's call, but it's because we think it's important: there are two components into demonstration projects. Whomever is funded to do component 1, which is harm reduction technical assistance, must also do demonstration project 1A, which is patient navigation at syringe services programs. Whomever gets funded to do the activities under component 2, which is SSP monitoring and evaluation, must do the activities under demonstration project 2A, injection drug use surveillance.

Component 1 is harm reduction technical assistance. Activities under this include developing a national network that provides harm reduction technical assistance responsive to the needs of states and local jurisdictions, and also to create a tool kit to support the implementation of syringe services programs in urban, suburban, and rural areas of the United States. The short- and intermediate-term outcomes related to this component include strengthen the capacity of jurisdictions to implement comprehensive syringe services programs to prevent the infectious disease consequences of injection drug use, to get improved sustainability of syringe services programs, improved linkage to medication assisted treatment from syringe services programs, and improved screening and linkage to care for infectious diseases at syringe services programs.

Again, whomever is funded to complete activities under component 1 must complete activities under demonstration project 1A, and that's the patient navigation program at syringe services programs. Activities under this demonstration project include developing a patient navigation program at 8 SSPs to link clients to medication-assisted treatment and to care and treatment for infectious disease, and to develop guidance on best practices for patient navigation. Short- and intermediate-term outcomes related to this demonstration project include strengthen connections from syringe services programs to other community programs, strengthen capacity

of syringe services programs to support people who inject drugs seeking access to medication assisted treatment and other infectious disease care, increased use of medication assisted treatment by people who inject drugs, and increased access to care and treatment for infectious disease resulting from injection drug use for people who inject drugs.

Component 2 is monitoring and evaluation of syringe services programs. Activities under this component are to work with syringe services programs to improve program data collection and reporting from local monitoring and evaluation, to develop and implement a national monitoring and evaluation program for syringe services programs, and to develop national standardized metrics for monitoring syringe services programs. The short- and intermediate-term outcomes that are related to this component are improved implementation of syringe services programs, improve capacity of CDC and other partners to monitor SSP services and program needs in the United States, improved capacity of CDC to support and sustain syringe services programs, and improved capacity of syringe services programs to measure their local impact.

Again, recipients awarded to complete activities under component 2 must also complete the activities that are under demonstration project 2a, and that is injection drug use surveillance. Activities under demonstration project 2a include developing a survey instrument to collect the individual level data from SSP clients and their peers, working with SSPs nationwide to use a data collection platform to capture client level program data, and develop and implement a survey answering services programs client and their drug using peers in the select subsample of syringe services programs.

The short- and intermediate-term outcomes related to demonstration project 2a are to strengthen capacity of syringe services programs to describe and meet the needs of their client population, strengthen capacity of syringe services programs to understand local drug use trends, and establishment of a national surveillance system to identify new and emerging issues impacting people who inject drugs and other persons who use drugs.

The total funding for this three-year program is $6,925,000. Year one is funded at $4,975,000. Component 1, technical assistance, will be funded at $850,000 annually. Component two, SSP monitoring and evaluation will be funded at $125,000 annually. The demonstration projects are funded in year one for a total of $4,000,000. Demonstration project 1a, patient navigation at SSPs, is funded at $1,000,000, and demonstration project 2a, injection drug use surveillance, is funded in year one at $3,000,000.

A question that might come up is whether the demonstration projects are optional, and the answer is no. The demonstration projects are not optional. Again, whomever is funded for component 1 must also conduct activities for component 1a in year one. Whomever is funded for component 2, which is SSP monitoring and evaluation, must conduct activities for component 2a, injection drug use surveillance in year one. Separate budgets must be submitted for components and demonstration projects. Currently resources are only available in year one for the demonstration project activities.

Organizations may be wondering to which component should they be applying. Organizations may apply for component 1, 2, or both, but they must submit a separate work plan and budget for each component. And again, whomever applies for component 1 must conduct activities for demonstration project 1a. Whomever applies for component 2 must conduct activities for

demonstration project 2a. No more than two organizations will be funded under this collaborative agreement.

A question that may be asked is: the logic model states a long-term outcome is to reduce the infectious disease consequences of the opioid epidemic. Does this mean we can focus on reducing infections such as endocarditis, MRSA, or STDs, or is the focus on hepatitis B, hepatitis C and HIV? The answer to this is that components 1 and 2 are funded by congressional appropriation authorizing activities that address hepatitis B, hepatitis C, and HIV. The demonstration projects, patient navigation, and injection drug use surveillance are funded under a different budget activity. Work under these activities allows funding to be used to address the infectious disease consequences of opioid use and overdose to advance the understanding of the opioid epidemic.

I'm going to talk a little bit about the strategies and activities that are associated with each component, starting with component 1, technical assistance.

For the purposes of this NOFO, technical assistance is defined as providing in-person, online, peer-to-peer, or other support to implement, expand, or sustain a harm reduction program. Technical assistance will come in the form of resources, manuals, tools, or other documents that provide support to organizations. The recipient will collaboratively develop and deliver and national comprehensive technical assistance program to increase harm reduction knowledge, skills, and competencies of staff supporting existing syringe services programs, and to local health departments or community based organizations wishing to develop and implement syringe services programs. The recipient will develop a system for syringe services programs nationwide to request technical assistance. They will develop and national training network for syringe services programs and create a harm reduction technical assistance tool kit. Training curricula, materials, and the tool kit must cover -- among other topics -- providing comprehensive services, they must teach cultural competencies for working with people who inject drugs, provide linkage to care and building community health systems, building local champions and stakeholders support, addressing syringe disposal in communities, delivering services in rural, urban, and suburban areas, educating stakeholders and policymakers in evidence-based practices, and working with law enforcement.

The successful recipient for demonstration project 1a, patient navigation, will pilot a one-year program providing patient navigators at syringe services programs. Navigators will link clients with opioid use disorder to medication assisted treatment (MAT) and to programs offering care and treatment for infectious disease associated with injection drug use, including viral hepatitis and HIV. Some of the activities associated with this project include determining metrics to be collected in patient navigation program and identifying the eight SSPs that would participate in this demonstration project. All of the participating syringe services programs must be located in areas where accessing MAT is possible with support from a patient navigator. A participating SSP must not have a patient navigation program already in place, but should have the capacity to start one quickly once resources have been made available. We're asking that at least one of the SSPs is co-located in areas where other CDC activities are taking place. And, the recipient must develop guidance and replicating successes in other locations.

The recipient for component 2, SSP monitoring and evaluation, will develop and implement a monitoring evaluation program for syringe services programs. They must develop guidance on

monitoring and evaluation for syringe services programs and provide data coordination. The recipient will work with sites to conduct data cleaning, conduct data reconciliation, and identify errors. They will combine and analyze data sets and provide a combined data set to CDC. The recipient under this component will also monitor and track syringe services programs in the United States, including openings and closures, locations, and services offered. Under this component, they will support local program evaluation and outcome monitoring at syringe services programs nationwide. Biannually they'll work with programs to gather information from syringe service program clients, focusing on how the local program succeeds in meeting the needs of their clients, measuring client satisfaction and gaps in services. The recipient will work with syringe services programs to collect summary data from individual organizations and produce an annual national syringe services programs report.

Strategies and activities associated with component 2a, injection drug use surveillance, include developing and piloting the survey that collects information on substance use and injection drug use trends and risk behaviors. The recipient will use a customizable technology solutions designed to capture self-reported client data from individuals engaging with syringe services programs. They will also collect more in-depth information from a subset of syringe service program clients and their drug-using peers their best practices, experiences with overdose, infectious disease, and bacterial infections. They will share the results of the surveys via a syringe services program report.

A question that we've heard is whether there is the expectation that a funded recipient will work with all syringe services programs in the United States. The answer to that is that the target goal is to work with at least 80% of syringe services programs in the U. S., as identified by the North American Syringe Exchange Network in the United States. These need to be in urban, suburban, and rural areas of the U.S.

Another question is regarding the use of funds for incentives to ensure participation in the survey of 50 syringe services clients and 250 of their drug-using peers. The answer is that yes, applicants may budget in survey incentives. Applicants will be required to prepare a detailed budget as part of the application consistent with instructions in the funding opportunity announcement and application instructions. Applicants need to understand the types of classes that are allowable under the program or award, the cost principles to which it will be subject, differences between direct and indirect costs, circumstances requiring establishment of an indirect cost rate or research patient care cost rate, and the requirement for non-federal participation in the form of matching or cost sharing.

So what can you expect from CDC throughout this? Once funded, this is a cooperative agreement, and CDC will work with programs recipients to support your activities, support staff and programmatic trainings, provide technical assistance and guidance, assist in conducting monitoring and evaluation activities, provide current information and any data and recommendations, provide standardized data collection forms and templates, and perform yearly evaluations and provide feedback to all recipients.

Recipients will be required to routinely exchange information and work closely with other recipients under this NOFO and, as directed, other groups funded by CDC to conduct related activities.

So, a big question always is who can apply, and who is going to actually get awarded. You might be aware that there is unrestricted eligibility, meaning that anybody is able to apply. Recipients must have a minimum of a five-year history of establishing, building, and maintaining working partnerships that facilitate ongoing development and delivery of their respective services, so technical assistance or SSP monitoring and evaluation, for example. Recipients also must have demonstrated capacity to reach syringe services programs nationwide, and that includes urban, suburban, and rural areas. Recipients are also expected to have subject matter expertise in harm reduction and syringe services programs.

The successful applicant will describe an overall approach consistent with the approach and purpose of the NOFO to conduct activities required for the selected component. They must demonstrate coordination and collaboration with harm reduction organizations, local health departments, and community-based organizations. The successful applicant will demonstrate a quality comprehensive plan that has the potential to meet the outcomes described in this NOFO's logic model, and they must demonstrate that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes. Strong applications will include an SSP engagement and communication strategy and describe how at the applicant will develop programs associated with the selected component.

Looking at the timeline, as you are all on this call, the funding announcement was released on May 1st, and today we have done our informational call. The next step is letters of intent, which are due on May 24th, and applications are due June 26th, 2019. We anticipate that the notice of award will come around September 2nd, however that is an estimate and subject to change. Letters of intent must be received by May 24th. Both on the NOFO and on grants.gov -- and when we publish this site -- we will provide you a U. S. mailing address should someone want to send by U.S. express mail or delivery service, however they can also be emailed to harmreduction@cdc.gov. The letters of intent are not required, but they are very appreciated. They give us a sense of how many how many applicants we can expect, and that helps us better prepare for the review process. Please include any organizations expected to be collaborating on this project in your letter of intent, the component or components to which you will be applying, and indicate that your organization has the current capacity to work with us a syringe services programs nationwide.

Again, the application deadline is June 26, 2019 at 11:59 p.m. EST. Within applications, you should always include CDC assurances and certifications. Include a project abstract (that's a maximum of one page) that includes a summary of the proposed activity suitable for dissemination, a maximum 20-page project narrative that includes the work plan, and activities being conducted over the entire project period. It should all be done in 12-point font with one-inch margins, and all pages should be numbered. Any appendices should be included in the application, note of any fund restriction, and they should be submitted via grants.gov. Know that the validation process can take up to two days.

Once applications have been received by CDC, they are initially reviewed for completeness by our Office of Grants Services. Eligible applicants then will be jointly reviewed for responsiveness by both the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention and the Office of Grants Services. The technical structured review will be conducted by the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Scoring criteria is important, so know that there's a total of a hundred points available. Thirty points will be awarded to approach, 25 on the

evaluation and performance measurement, 45 points will go to organizational capacity to implement the approach. Budgets and budget narrative are reviewed, but they are not scored. Award notices will come from the Office of Grants Services, then notice of grant award will be signed by an authorized grants management officer and the recipient can receive the notice of award from GrantSolutions. All grantees are subject to the DUNS and CCR requirements in GrantSolutions.

45 Code of Federal Regulations (CFR) Part 75, uniform administrative requirements cost principals and audit requirements for HHS awards are required. An annual performance report is required to send to CDC, as well as quantitative indicator data that's due quarterly each budget year, and the final performance and federal financial reports due 90 days after the end of the project period. Agency contacts are listed both on Grants.gov and on our website, and they'll be posted on our slides. I'm Alice Asher. You can always call me if you need programmatic technical assistance, and my number is (404) 718-8284, or you can send any questions regarding technical assistance for your application to harmreduction@cdc.gov.

Any type of financial grants management our budget assistance questions should go to our grants management specialist Rhonda Perry Colbert. Her phone number is (770) 488-2848 and her email is hvx1@cdc.gov.

If anybody is having difficulty with submitting an application, you would want to contact the Grants.gov service center. You can either email them at support@grants.gov or call them at 1-800-518-4726.

Submission questions are the responsibility of Technical Information and Management Section, or TIMS, and you reach them at ogstims@cdc.gov, or (770) 488-2700.

So a question that might come up is whether or not resources from this NOFO can be used to support the implementation of services in SSPs. And the answer is yes. However, SSPs receiving federal funds must be located in a jurisdiction that has received a determination of need concurrence from CDC. I'll talk about that right now.

The Consolidated Appropriations Act of 2016 permits use of federal funds to support syringe services programs. They modified the restrictions on use of federal funds, however it still prohibits the use of federal funds for sterile needles or syringes for the injection of drugs. It does allow for federal funds to be used for other components of syringe services programs based on evidence of a demonstrated need by the health department and in consultation with CDC. Thus, any SSP receiving technical assistance or support to conduct other activities under this NOFO must be located in a jurisdiction with a determination of need. The good news is that more than 35 states or local jurisdictions do have a determination of need in place. The most updated website that shows a map of states or local jurisdictions that have received CDC concurrence is on CDC's website, and you can find either written into the NOFO or once we post the site you can easily look at the map and check out the website.

So what can federal funds be used for? They can be used for staffing, for supplies such as alcohol pads, sterile water, or cotton, testing kits for viral hepatitis and HIV, syringe disposal services, navigation services, communication, outreach, and educational materials, as well as planning and evaluation activities.

Use of federal funds must be in the alignment with the objectives and associated activities for each component. Please contact CDC with any questions about how federal funds may be used. Again federal funds cannot be used for needles and syringes or other devices that are solely use for illegal drug injection, however nonfederal funds such as tribal, state, or private funds may be used for the purchase of these supplies.

Thank you for taking the time to listen to me. Again I hope you have a chance to visit our CDC website that has a brief overview of the funding opportunity. It's where slides and the recording of this call today will be posted, as well as the answers to questions that we've received online. At this point I'd like to invite you to ask questions that you may have, and I and my other CDC colleagues who are on the line will do our best to answer today.

Q: Hi. Thanks for the information. That that was a really helpful overview. I heard you say that the funding is only allocated for the demonstration projects in year one. Do you anticipate carry forward availability for the year one demonstration projects in years two and three?

A: At this point funding is only available for year one, however it is possible that no cost extensions will be available after year one if there's funds left over, but at this point there's going to be no additional funds.

Q: Hi. This is Elena Boyer from the National Health Care for the Homeless Council. Just a follow up question to that. I was wondering if you could share a little bit more around the demonstration project things started in year one at the same time we're building the component for year one. Just trying to think around what that might look like -- doing the demonstration while we're still trying to build infrastructure.

A: This was when the finding was made available, so we aware that year one is a heavy lift for organizations. We are going to be providing program guidance and a kick-off meeting to try to do our best to support programs to be able to get the work done efficiently, because we do understand that year one is a heavy lift.

Q: Hi it's Sara from the New York State Department of Health. I'm just wondering whether if for component 2 there could be a bit more information given around the rationale between why the first year is over $3 million, and the subsequent year is $125,000 for just maintaining this database and all of the pieces that part of that. Just wondering if we could get a little bit more information of why it's structured that way.

A: Yes, so the three million is really for component 2a, which is basically one-time event where we're asking people to get client-level data from syringe services programs and also conduct a one-time survey of select syringe services programs of their clients and their peers. So they're different activities that are related to each of the funds.

Q: So one of the questions that I have is the demonstration project 2a and some of what's been discussed before is about having a customizable electronic data capture system. The words that are used to describe that is "deploy and implement," and so does that mean that this is already been developed and just needs to be implemented and deployed, or is the expectation that this be

constructed?

A: There are existing technological solutions that exist already had that are in use by many syringe services programs right now. So we would not expect anybody to have to build their own, and we what we actually think that many SSP are already using such systems. We will, however, support SSPs that don't have this in purchasing one.

Q: One of the questions raised online -- and just to bring it up -- is there's no research in this, and so it's understood to be service grant. And the second part of that is there are data that are going to come out from this, and so it's described as being annual reports or more frequently to the CDC, and then generically it talks about meetings and conferences, which could be internal to CDC and its partners, or it could also include external conferences. And the discussion of publications didn't come out so, again just want some guidance on this in terms of are the people that are doing 2 and 2a -- can they look forward to publication and, you know, some of that -- peer reviewed publications and so forth -- either is co-authors or as primary authors?

A: Yes. CDC and the recipients may publish findings from the survey in peer reviewed journals, provided that all the data is de-identified and meets the basic standards, such as using appropriate methodology and analysis. A successful applicant will be able to publish in peer-reviewed journals as primary authors or co-authors with CDC.

Q: My phone cut out a little bit, so I just want to clarify the criteria for determination of need. For component 1, in terms of building a national network for the provision of training and technical assistance: for those areas that don't currently have a determination of need, are we able to provide any services, or is it no services (or just some services) in those areas and a wider range in those areas that have a DON?

A: I would like to review the exact language before I say things too broadly, but federal funds may not be used to support any SSP if it doesn't have a determination of need in place. So likely we couldn't go to an SSP, however some of the technical assistance could be things like online webinars, and that's more, you know, they would be coming to access resources, and we would not stop them from doing that.

Thank you.

Q: Going back to the question about the demonstration project in year one. Is it possible to defer the demonstration project, knowing that you'll only get that funding for one year, if you did the demonstration project in year 2 or year 3 after you've set up the infrastructure?

A: They are fiscal year 2019 funds, so the answer would be no.

Got it. Thank you.

Q: Just in follow up to that question. This is Joe Kelly, by the way, working with NASTAD. Would you recommend an applicant come prepared to propose the set of eight SSPs for the demonstration project in 1a, or should it be held off in anticipation that CDC will want to determine jointly the selection of sites?

A: I think that we imagine that there would be a very rapid RFA that was released by the recipient in order to ask the SSPs who are interested in implementing this program, and in conjunction and collaboration with CDC, you would award 8 sites to do the patient navigation program and support them while doing that.

Q: To follow up too with logistical questions about the application process. First of all, is one application required if one organization is intending to apply for both components one and two, or was that separate applications for one and two?

A: You would need to submit separate work plans and budgets for each of the components and each of the demonstration projects.

Q: Got you. But it's one overall submission required, meaning one application -- not like two separate applications.

Is someone on from OGS to confirm that?

Alice, this is Michelle. If no one is on from OGS, then let's go ahead and just follow up, and we'll make sure the rest of that answer is online and available soon.

Hello. Hello?

Hi.

This is Rhonda. I was on mute. Could you repeat the question, please?

Q: Sure. I was asking if an organization is intending to apply for both components one and two, is that one application -- one umbrella application -- or two separate applications?

A: It is one application, but under that one umbrella, if you have to do separate budgets, you should just do separate, but it would be under one umbrella.

Q: Got you. Can I follow up too? I'm sorry I'm hogging up all the time. But if one application is required, so that would entail essentially four distinct work plans to be included within that twenty page narrative limit -- so work plans for components 1, 1a, 2, and 2a – that seems kind of tight, given the space limitations. I just wonder if you would consider allowing the work plans to stand outside of that twenty page narrative limit – perhaps with a separate page limit for the work plans themselves? I'm just throwing it out there.

Alice, can you…? I'm not really clear on the number of pages and how that fits in.

A: Yes. The twenty page narrative -- because we do understand that people may have multiple work plans -- you may submit the work plans outside of the twenty page limit.

Awesome. Thank you.

Q: Kind of following up on that – you may not be able to answer -- but do you know is the CDC is preferring an organization that's going to address all four pieces, or does that not necessarily

matter if you only submit for two of the four pieces?

A: No. We will look at the different strengths of the specific components. So we are looking at two separate awards, whether or not it goes to the same organization.

Q: Could you say more about how you anticipate, for component 2, how the $125,000 would be spread to meet the needs of managing the data for so many programs?

A: I can't answer that directly. We can try to provide an answer online, but I think that would also be part of the application.

Is there any other question? We have about ten more minutes.

If you have further questions, please go ahead and send them to harmreduction@cdc.gov. We have been collecting questions already. Again, we'll start posting them on our website within the next few days. And again there will be a recording of this call and slides from this call – I'm sorry you guys didn't get to see them. I appreciate you hanging on to my voice.

I'm giving you guys a few minutes to jump out with a question.

All right. Well, thank you all so much for your time. Reach out to us with any other questions, and we will try to post more thorough answers to some of the questions that came up today as well. Bye.

Thank you so much.

Thanks.