



New Hampshire Department of Safety
Division of Fire Standards and Training & Emergency Medical Services



FR-CARA Cooperative Agreement Application

NH Project FIRST

First responders Initiating Recovery, Support, & Treatment

APPLICANT: _____

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Please read the FR-CARA Cooperative Agreement Guidance prior to filling out the application. If you have any questions or need clarification please contact the FR-CARA Program Staff for assistance at NHProjectFirst@dos.nh.gov.

I. APPLICANT INFORMATION

Requesting Community/Agency:	
Community/Agency DUNS Number:	
Is the DUNS Number active on SAM.gov? <input type="checkbox"/> YES <input type="checkbox"/> NO (if no, registration is required) *Please include screen shot of SAM.gov *Active* status to application packet*	
<small>*If required for MIH</small>	
Affiliated EMS Unit Name:	License Number:

Mailing Address:

Street:	
City:	New Hampshire ZIP:

Contact Information

**Please note: the requesting community represents the entity that will become the subrecipient (fiscal agent) of this grant. All contacts below for the grant must be affiliated with the community applying. Regional programs are allowed but only one community may be the subapplicant/subrecipient and must be the fiscal agent for the grant. Include copies of Agreements and/or Memoranda of Understanding (MOA) for regional programs. See FR-CARA Grant Guidance for more information.*

Primary Contact:

Name:	Title:
Phone:	Email:

Secondary Contact:

Name:	Title:
Phone:	Email:

Fiscal/Financial Agent:

Name:	Title:
Phone:	Email:

Independent Audit Report:

Has an Independent Audit Report been submitted to the NH Department of Safety? <input type="checkbox"/> YES <input type="checkbox"/> NO (if no, please include a copy of most recent audit with the application packet) *For more information on the Independent Audit Report please refer to the FR-CARA Grant Guidance*	
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II. PROGRAM SUMMARY INFORMATION

A. Proposal Narrative

☐ A proposal narrative is required for NH Project FIRST grant applications. Narratives contain information specific to the scope, project description, purpose and goals of your request for the grant funds. See Appendix A for an outline. Complete and send to NH Project FIRST staff at NHProjectFIRST@dos.nh.gov with your application.

B. Mobile Integrated Healthcare (MIH) Plan

☐ A Division approved MIH Plan is required for NH Project FIRST programs that provide activities outside the traditional scope of EMS protocol. Applicants should consult with program staff to determine if an MIH is required. See Appendix A for template. Complete and send to NH Project FIRST staff at NHProjectFIRST@dos.nh.gov with your application.

As a note, MIH plans satisfy most of the requirements of the proposal narrative with exception to milestones and goals.

III. Program Components - Eligible Costs

(See corresponding Budget Worksheet)

A. Program Components and Cost to Implement

1. Program Activities	\$
2. Training Activities	\$
3. Data Collection & Information Systems	\$
4. Supplies, Equipment, & Other	\$
Total Cost of Projects (100%)	\$

1. Program Activities

Program activities consist of funding for implementing your program. Costs can include salary and wages for personnel's time to implement the program. *(See Salary and Wages in the Grant Guidance)* Program activities may include promotional and educational event costs, to promote and educate the public and at-risk individuals/support systems on NH Project FIRST

☐ Complete Personnel Calculation Sheet
(For more than 2 personnel otherwise use Budget Worksheet)

☐ Submit MIH Plan (See Appendix A for template)

2. Training Activities

OUR in the 603 Course: Cost for personnel to attend 2 hour Division delivered training and any additional training for specific program staff.

☐ Complete Personnel Calculation Sheet

3. Data Collection and Information Systems

Subrecipients are required to submit Quarterly Progress Reports (QPRs) that provide sufficient detail to measure progress of the funded project. Data collection and information systems costs are any expenses associated with the production, collection, processing or storage of data required to fulfill reporting obligations.

4. Supplies, Equipment, & Other Activities

Equipment needs will be considered on a case by case basis (*see Grant Guidance*). Supplies are items that are expended or consumed during the course of the program (i.e., copy paper, printer ink, etc.). Other activities are costs associated with phone subscriptions, printing and publishing, miscellaneous expenses and indirect costs.

☐ Attach an itemized breakdown of supplies, equipment, etc.

☐ I agree that I have followed all applicable federal, state, and local procurement policies.

5. Program Budget

The project budget is a statement of proposed expenditures. The budget should reflect the dollar value of your proposed program and fit within the goals, objectives and activities of your proposal.

A budget worksheet is provided with this application for your use; however applicants may submit their own budget templates so long as they address the four major cost areas. **Program Activities, Training Activities, Data Collection & information Systems, and Equipment, Supplies & Other.**

Included with your budget should be notes or a budget narrative that describe your expenditures and their purpose. See Appendix C for template. Complete and send to NH Project FIRST staff at NHProjectFIRST@dos.nh.gov with your application.

All costs must be reasonable, allocable, and necessary.

B. Naloxone

Naloxone Kits: _____ kits (*See Grant Guidance*)

Are you aware all first responders must be licensed to administer naloxone in the State of New Hampshire?

☐ YES ☐ NO

Do all your first responders participating in your proposed program have the appropriate licensure to administer naloxone in the State of New Hampshire?

☐ YES ☐ NO (*if no- see the Grant Guidance for information on becoming licensed*)

IV. COMPLIANCE CONDITIONS

Agreement to the following conditions is required for consideration of the grant application. Failure to fulfill any of these conditions may jeopardize receipt of federal funds, pursuant to 45 CFR 75.371/Remedies for Noncompliance and 75.207/Specific Award Conditions.

1) By checking the box below, I certify that I agree to comply with all federal, state, and local laws, regulations, codes, standards, ordinances, etc.

☐ I understand and agree to abide by all applicable laws and standards as they apply to the project contained within this application.

2) By checking the box below, I certify that federal funds received through the FR-CARA grant will be used to supplement and not replace or supplant non-federal funds.

☐ I understand and agree that FR-CARA funds will not be used to supplant existing program funds as they apply to the project contained within this application.

3) By checking the box below, I certify that I have read and I understand the NH FR-CARA Grant Guidance and any remaining grant compliance requirements outlined within.

☐ I understand and agree that I have read and understood the NH FR-CARA Grant Guidance and any remaining grant compliance requirements outlined within.

4) Assurances

☐ A copy of the Assurances -Non-Construction Programs (Standard Form 424B) has been signed and included in the application packet.

***Mobile Integrated Health Programs Only**

5) By checking the box below, I certify a Mobile Integrated Health (MIH) Plan will be submitted to the Division for approval and the project may not be started until such plan is approved and the grant is awarded.

☐ I understand and agree an MIH Plan must be submitted to the Division for approval and may not start until the plan and the grant award are approved.

V. SIGNATURE & CERTIFICATION PAGE

PLEASE NOTE: Priority will be given to applications that are all-inclusive.

Certification by Official Authorized to Sign

I certify I understand and agree to comply with the general and fiscal provisions of this grant application including the terms and conditions; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the applicant to perform the tasks of the Official Authorized to Sign as they relate to the requirements of this grant application; and, that costs incurred prior to Grantee approval may result in the expenditures being absorbed by the subrecipient.

Print/Type Name & Title

Statement of Acknowledgment/Signature

By signing below, I am attesting that the information I provided in this application is true and accurate to the best of my ability. I also acknowledge failure to provide accurate and/or misleading information may be grounds for application disqualification. Lastly, I certify I understand this application **DOES NOT** constitute a grant award. Initiation of the proposed project identified in this application will **NOT** be paid for or begin until official notification of award and MIH plan acceptance have been formally received from the FR-CARA staff.

Print/Type Name and Title

Signature

Date mm/dd/yyyy

Email completed application to:

NH Department of Safety
Fire Standards & Training and Emergency Medical Services
Attn: Asa M. Bourrie, Program Specialist II
NHProjectFIRST@dos.nh.gov
33 Hazen Drive
Concord, NH 03305
(603) 223-4384

Proposal Narrative Outline

The proposal narrative is your ability to explain to the program staff why you are applying for the sub-award. This is done in addition to your application. The proposal letter is traditionally written in letter format on official letterhead. There is no specific format for proposal letters; however certain information is required to be addressed in your proposal.

In general, the following outline will help you tailor your proposal letter to provide program staff with a clear understanding of your plans or intentions for using the grant funds.

Please ensure your proposal letter addresses each of the following topics in the following outline:

- ☐ 1. Executive Summary or introduction
- ☐ 2. Scope of Project
- ☐ 3. General Project Description w/milestones
- ☐ 4. Goals, Objectives, Outcomes
- ☐ 5. Needs Assessment
- ☐ 6. Staffing Plan
- ☐ 7. Training Plan
- ☐ 8. Data Collection and Evaluation Plan
- ☐ 9. Sustainability Plan

Please contact Division staff to assist you in this process.

APPENDIX A: Mobile Integrated Health (MIH) Plan

Mobile Integrated Healthcare Prerequisite Protocol Checklist

- ☐ 1. Prerequisite Application signed by both EMS Unit leader and Medical Director.
- ☐ 2. Letter of Intent
- ☐ 3. Scope of Project
- ☐ 4. General Project Description and Needs Assessment
- ☐ 5. Patient Interaction Plan
- ☐ 6. Staffing Plan
- ☐ 7. Training Plan
- ☐ 8. Medical Direction/Quality Management Plan
A letter from the Medical Director attesting to the training and competency of the providers.
- ☐ 9. Data Collection and Plan
Name of Medical Director or designee overseeing training.

Please refer to the Mobile Integrated Healthcare (MIH) Prerequisite Protocol packet and use the MIH templates to develop your agency's MIH plan.

APPENDIX C: BUDGET EXAMPLE

Budget Example

The project budget is a statement of proposed expenditures. The budget should reflect the dollar value of your proposed program and fit within the goals, objectives and activities of your proposal.

A budget worksheet is provided with this application for your use; however applicants may submit their own budget templates so long as they address the four major cost areas. **Program Activities, Training Activities, Data Collection & information Systems, and Equipment, Supplies & Other.** Included with your budget should be notes or a budget narrative that describe your expenditures and their purpose.

Example Budget Template

Sub-recipient Budget Projection		
NH Project FIRST/SAMHSA FR-CARA Grant		
FFY20 September 30, 2019 - September 29, 2020		
Organization:	Vendor ID:	
Address:	Location Code:	
City/Town, St:		
Phone:	Project Title:	
Email:		
Grant Award		
Federal Funds (FR_ CARA 20):	\$	-
Other Funds:	\$	-
Total Award Amount:	\$	-
Expenses		
Program Activities		
Salaries Expense:	\$	-
Advertising/Outreach Expense:	\$	-
Program Travel Expense:	\$	-
Other Program Expense:	\$	-
Total Program Activities:	\$	- Line A
Training Activities		
Training Salaries Expense:	\$	-
Other Training Expense:	\$	-
Total Training Activities:	\$	- Line B
Data Collection & information Systems:	\$	- Line C
Equipment, Supplies and Other		
Equipment:	\$	-
Supplies:	\$	-
Other		
Telephone, Postage, and Utilities:	\$	-
Printing and Publishing Expense:	\$	-
Misc. Expense:	\$	-
Indirect Costs:	\$	-
Total Equipment, Supplies & Other:	\$	- Line D
Total Program Costs	\$	- <Total Lines A,B,C & D

Version 4 REVISION HISTORY

Version #	Implemented By	Revision Date	Reason
001	«±@»	/ /1	Initial Release