

Request for Applications 2023-2024 MRCIL MRC-STTRONG Subawards



Introduction

The Medical Reserve Corps of Illinois (MRCIL) is pleased to announce a funding opportunity for 2023-2024 MRCIL MRC-STTRONG Subawards. Funding for this opportunity is made available through the MRC-STTRONG Award through the Department of Health and Human Services' Office of the Administration for Strategic Preparedness and Response (ASPR). Through this opportunity, selected units will receive awards of up to \$5,000.

Applications for the 2023-2024 MRCIL MRC Strong Subawards will be available online through MRCIL's website at <http://www.mrcillinois.org> on **Monday, October 30th, 2023**.

Through this Request for Applications (RFA), MRCIL will provide detailed information pertaining to the MRCIL MRCSTTRONG awards in the following categories:

- I. Award Overview and Description of Focus Areas
- II. Special Terms
- III. Definitions
- IV. Proposal Content
- V. Eligibility Requirements
- VI. Evaluation and Scoring
- VII. Reporting Requirements
- VIII. Important Dates

I. Award Overview and Description of Focus Areas

The 2023-2024 MRCIL MRCSTTRONG Subawards aim to focus on areas aligned with ASPR's Priorities and MRC-STTRONG Goals and Objectives. The purpose of the awards is to encourage MRC units to address the needs of their unit and community, specifically in the identified priority areas, and then share their results and best practices with the network.

There are eight focus areas listed below. You must choose a minimum of one area to focus your activities on using the award.

1. Underserved areas/populations

a. Activities in underserved areas/populations

i. Examples:

1. Providing vaccinations in underserved communities.
2. Providing homebound wellness checks or services.
3. Providing pop-up wellness stations in underserved communities
4. Creating a community garden program for those in food deserts.

2. At-risk individuals

a. Activities that address the needs of at-risk individuals

i. Examples:

1. Providing emergency preparedness education geared towards those with access and functional needs.
2. Provide training/services for seniors within your community
3. Work with the local Center for Independent Living and Area on Aging to provide connection to services throughout the local area to those with access and functional needs.
4. Work within the local jurisdiction to create/pilot/update an access and functional needs database where people can identify themselves in case of an emergency.

3. Health equity

a. Activities that address health equity needs in the local jurisdiction.

i. Examples:

1. Provide community outreach to assist in Digital health (or eHealth) literacy.
2. Work to develop a program for financial literacy using FEMA's Emergency Financial First Aid Kit.
3. Providing vaccinations in underserved communities.
4. Creating a community garden program for those in food deserts.

4. Severe Disaster Areas

a. Activities to serve areas impacted by more frequent or more severe disasters related to climate.

i. Examples:

1. Conduct a community CASPER to learn how climate has affected the local jurisdiction and disasters and how to better prepare for it in the future.
 2. Work with local emergency management to ensure MRC involvement in local planning efforts. Conduct training and exercises to test these partnerships.
 3. Develop specialty strike teams to assist with disaster response, for example, a medical team, behavior health team, and animal response team.
 4. Develop training on family reunification planning.
5. Workforce growth
- a. Workforce growth initiatives inclusive of future healthcare occupations for students at all levels, pre-hospital providers, and public health officials
 - i. Examples:
 1. Work with local college programs (nursing, public health, education), medical schools, or pharmacy schools, to offer opportunities for training or internships.
 2. Work with local high schools to offer opportunities for service hours for graduation.
 3. Connect your unit with HOSA (Health Occupations Students of America).
6. Bolster public-private partnerships
- a. Activities that bolster existing public-private partnerships, strengthen coordination between the local jurisdiction and region and public and private partnerships and identify innovative partnerships.
 - i. Examples:
 1. Work with local emergency management to ensure MRC involvement in local planning efforts. Conduct training and exercises to test these partnerships.
 2. Conduct a local preparedness workshop related to business continuity to connect with local businesses, foster new relationships, and increase stakeholder engagement.

3. Work with local community members, businesses, and chambers of commerce to design a whole community-based preparedness program that can be integrated at any level of education.

7. Strike team

a. Development and training of deployable strike teams

i. Examples:

1. Create emergency response strike teams: suicide; opioid; behavioral health; animal response
2. Create community event support strike teams: EOC support; educators; logistics
3. Create community resilience strike teams: trainers; behavioral health; CPR; opioid; access and functional needs preparedness

8. Community resilience for Indigenous tribes

a. Provide training and improve community resilience with indigenous tribes

i. Examples:

1. Provide emergency preparedness training and education specifically focused on their native language, culture, and communication style.
2. Work with indigenous tribe leadership to promote better whole community preparedness.
3. Specifically work with indigenous tribe leadership for local preparedness initiatives within their area.

II. Special Terms

- Awardees must enter activities associated with the project(s) in the National MRC Program website with the label "MRC-STTRONG Activities."
- Allowable Expenses
 - Working meals and light refreshments are allowable for workshops, conferences & or training related to the awarded project activity and with a primary purpose of dissemination of technical information beyond the recipient and is necessary and reasonable for successful performance.
 - MRC logoed uniforms
 - Office supplies

- Educational materials
- Other expenses as deemed necessary within the scope of the project that are not restricted as listed below.
- Budget Restrictions
 - Recipients may not use funds for research or clinical care.
 - Recipients may not use funds to purchase furniture.
 - Recipients may not use funds to purchase sterile needles or syringes for the hypodermic injection of any illegal drug.
 - Recipients may not use over forty (40%) percent of the funding for administrative costs.
 - Recipients may not use funds to advocate or promote gun control.
 - Recipients may not use funds for lobbying activities.
 - Recipients may not use funds for fundraising.
 - Recipients may not use funds for the purchase of vehicles or vehicle parts.
 - Recipients may not use funds for construction, alteration, or renovation is not permitted.
 - Recipients may not use funds for promotional items or giveaways.

III. Definitions

Underserved Areas/Populations

Underserved Areas/Populations are defined by the National Disaster Recovery Framework as, “*groups that have limited or no access to resources or that are otherwise disenfranchised. These groups may include people who are socioeconomically disadvantaged; people with limited English proficiency; geographically isolated or educationally disenfranchised people; people of color as well as those of ethnic and national origin minorities; women and children; individuals with disabilities and others with access and functional needs; and seniors.*”

At-Risk Individuals

At-risk individuals are defined by ASPR as, “*people with access and functional needs (temporary or permanent) that may interfere with their ability to access or receive medical care before, during, or after a disaster or public health emergency. Examples of at-risk populations may include but are not limited to children, pregnant women, older adults, people with disabilities, people from diverse cultures, people with limited English proficiency, people with limited access to transportation, people with limited access to financial resources, people experiencing homelessness, people who have chronic health conditions, and people who have pharmacological dependency.*”

Health Equity

Health Equity is defined by the Centers for Disease Control and Prevention as, *“the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.*

Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

Achieving health equity also requires addressing social determinants of health and health disparities. It involves acknowledging and addressing racism as a threat to public health and the history of unethical practices in public health that lead to inequitable health outcomes.”

More Frequent Disasters Due to Climate

According to the National Oceanic and Atmospheric Administration, *“the number and cost of weather and climate disasters are increasing in the United States due to a combination of increased exposure (i.e., more assets at risk), vulnerability (i.e., how much damage a hazard of given intensity—wind speed, or flood depth, for example—causes at a location), and the fact that climate change is increasing the frequency of some types of extremes that lead to billion-dollar disasters. However, climate change is also supercharging the increasing frequency and intensity of certain types of extreme weather that lead to billion-dollar disasters—most notably the rise in vulnerability to drought, lengthening wildfire seasons in the Western states, and the potential for extremely heavy rainfall becoming more common in the eastern states.”*

Workforce Growth

According to the World Health Organization, *“WHO estimates a projected shortfall of 10 million health workers by 2030, mostly in low- and lower-middle income countries. However, countries at all levels of socioeconomic development face, to varying degrees, difficulties in the education, employment, deployment, retention, and performance of their workforce.”*

Bolster Local Coordination

In an article published by the National Association of County and City Health Officials, *“While much progress has been made to integrate preparedness efforts at all levels of government, more work can be done to ensure better synergy and collaborative planning. Here are four tips to guide local health departments (LHDs) in how to build strong partnerships with diverse emergency preparedness and response stakeholders in their communities.*

1. *Get to know potential partners.*
2. *Understand available resources.*
4. *Take action.*

Building strong partnerships between public health and emergency management stakeholders is a critically important aspect of disaster preparedness and response. Because of the unique resources within public health, EMS, hospital preparedness, and emergency management, increased coordination will result in more effective and timely responses.

Strike Teams

Using the 2021 MRC Deployment Readiness Guide, this activity would support the integration and deployment of the MRC in local and multijurisdictional medical/public health emergency responses and identify or develop tools, resources, and recommendations for national standards for volunteer deployment readiness.

Community Resilience for Indigenous Tribes

According to ASPR, “Knowledge of tribally-specific cultural beliefs and practices is essential for successfully assisting tribal communities in disasters. Public health planners and emergency responders will be better prepared to support Tribes if they have the advance training and preparation, along with some level of cultural and linguistic understanding, to provide culturally competent services. The 566 federally-recognized American Indian and Alaskan Tribes represent a rich array of diverse cultures, traditions, and histories. When coordinating or providing disaster health, behavioral health or medical services, the sovereign political structures and the diverse cultural histories can present challenges. Because of the diversity of cultural characteristics and governmental structures, it is important for those providing disaster-related support to respect the authority of elected and appointed Tribal Leaders, and their governments, and seek their input and permission before making assumptions regarding what is best for the Tribes.”

IV. Proposal Content

Proposals for the MRCIL MRCSTRONG Subawards should address the following:

- Project Description
 - Project focus area and goals
 - Target audience
 - Project benefit and impact
 - Level of innovation

- Work Plan
 - Implementation plan
 - Project timeline
 - Project sustainability plans
- Evaluation
 - An explanation of how applicants will obtain and report data, measure the success and impact of the project
- Budget
 - Detailed line-item budget*
 - MRC units should minimize administrative costs in the line item budget.*

V. Eligibility Requirements

Minimum eligibility requirements for the MRCIL MRC-STTRONG Subawards include the following:

- I. Applicants must be a current* and active unit within the state of Illinois.
 - a. *Current defined as contact information up to date on the National MRC Program Website. Activities must be entered on the National MRC Program website as current as of September 2023.
 - b. *Current defined as *in Illinois* up-to-date unit leader contact information in the state ESAR-VHP system, Illinois HELPS.
- II. Applicants must be eligible to receive funds through their housing/sponsoring agency or be a 501c3.
- III. MRC units that are not established with the state and federal program prior to the release of this RFA will not be considered for this award. There will be a different RFA available in the future specifically for units such as this.

IV. Evaluation and Scoring

Applicants for the MRCIL MRCSTTRONG subaward must meet the basic eligibility requirements to be considered for an award.

Applications for the MRCIL MRCSTTRONG subaward will be evaluated based on answers to questions in four areas:

1. Project Information (50 points)
2. Work Plan (30 points)

- 3. Evaluation (10 points)
- 4. Budget (10 points)

Applications may receive a maximum of 100 points.

VII. Reporting Requirements

All awardees will be expected to complete two progress reports: a midterm report by December 31st, 2023- and a final report by May 31st, 2023. MRCIL will provide awardees with specific guidelines and requirements at the time of award. MRCIL will use the information obtained in this report to determine progress toward goals and objectives. These reports will also look to share best practices once the project period is completed.

Awardees will also be encouraged to report success through conference presentations, media articles and research papers.

VIII. Important Dates

RFA Released	<i>September 28th, 2023</i>
Application Submissions Begin	<i>October 30th, 2023</i>
Application Close	<i>February 5th, 2024, or before if all 42 awards are dispersed.</i>
Awardees Announced	<i>The first 42 eligible applicants will be awarded on a rolling basis. Once the 42 awards are dispersed for this year, the application will close.</i>