

**Health Resources and Services Administration
HIV/AIDS Bureau, Office of Program Support
Ryan White HIV/AIDS Program (RWHP) Part F Regional AETC Program**

HRSA-24-059 Notice of Funding Opportunity Announcement (NOFO)

Pre-Application Technical Assistance Webinar Questions and Answers

General

Q1. When is the application due date for HRSA-24-059?

A1. The due date for applications under this NOFO is February 5, 2024, at 11:59 p.m. ET. HRSA suggests submitting applications to grants.gov at least 3 calendar days before the deadline to allow for any unforeseen circumstances. See the *Application Guide, Section 8.2.5 – Summary of emails from Grants.gov* for additional information. You may also refer to pages ii. and 38 of the NOFO for more information.

Q2. Where can I find the PowerPoint slides and recording from the HRSA-24-059 technical assistance webinar?

A2. The PowerPoint slides and recording can be found on [TargetHIV website](#).

Application and Submission

Q3. What is the anticipated award notification date?

A3. The anticipated award date is at least 30-60 days before the period of performance start date.

Program Expectations and Requirements Section

Program Transformation (PT)

Q4. Are we expected to increase the number of PT sites each year?

A4. As stated on page 14 of the NOFO, applicants are to increase the number of health care facilities participating in PT each year of the grant above the baseline established for each region to meet the performance goals provided in your work plan (See Appendix B – Established Baseline for PT Sites by Region).

Q5. Will funding increase if needed to fund additional PT sites?

A5. Applicant should submit their budgets for the 5 year project period of performance based on the amount of funds stated in the funding table Appendix A. Please refer to pages 52-53 of the NOFO.

Q6. Is there an upward maximum number of clinics used?

A6. The NOFO does not state an upward maximum number clinics to use.

Q7. Do clinics need to remain eligible to continue receiving PT services?

A7. Yes, the clinic would need to continue meeting the eligibility criteria to receive PT services.

Q8. What post award activities are expected or required to be completed?

A8. Pages 22-23 of the NOFO provide recipients with post award expectations for 1) attending RWHAP Part F Regional AETC Orientation, 2) implementing services as part of the Primary Care HIV Prevention (PCHP) program and 3) attending HRSA Supported Meetings, Conferences and Trainings, and 4) participating in NASC-Led Activities. All other post-award activities will be included in the Notice of Award (NOA) should you be successfully awarded funding under this opportunity.

Q9. Can we add the total number of required clinics for the five years by year two or three?

A9. Yes, you are allowed to add the total number of required clinics for the five years by another year within the period of performance period.

Q10. How do AETCs partner with other entities to collect data?

A10. As stated on page 19 of the NOFO, *“HRSA expects AETC Program recipients to build collaborative, bi-directional relationships with projects and organizations that have a clear interest in the expansion and training of the HIV care workforce.”* HRSA cannot tell you how to develop these partnerships. This is the sole responsibility of successful applicants.

Q11. What is the minimum number of sites that need to be identified?

A11. As stated in page 54 of the NOFO, HRSA recommends that 20% of Base AETC funds be used to establish PT sites. The minimum number of PT sites per Region are based on a cost of \$50,000 per site. The total number of PT sites may be adjusted based on the actual base AETC funding amount awarded to recipients. Successful applicants will receive additional instructions in the NOA.

Q12. The NOFO lists Appendix D in Program Requirements and Expectations, is this an error?

A12. On page 14 of the NOFO please note that the chart related to the PT sites is in Appendix B not Appendix D.

Interprofessional Education (IPE)

Q13. The NOFO states, “HRSA has prioritized the implementation of HIV IPE training with an emphasis on Minority-Serving Institutions (MSIs); Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities, Hispanic-Serving Institutions, and Asian American Pacific Islander-Serving Institutions).” Are applicants expected to implement this HRSA priority?

A13. As stated on page 16 of the NOFO, the expectation to prioritize these institutions is related to *“the statutory intent to increase the number of minority-serving providers”* as noted on the funding preference. As stated on pages 37 and 46, HRSA will evaluate information you provide to assess whether you qualify for a funding preference.

Q14. Are existing regional AETCs expected to add new IPE programs?

A14. As stated on page 16 of the NOFO states, *“Current recipients of HRSA-19-035 must establish new IPE programs during the five-year period of performance. Recipients can incorporate an HIV IPE program into an existing non-HIV IPE program as a new component.”*

Q15. Is an IPE program required to have both a nursing and a medicine program, or can it include at least one of each?

A15. As stated on page 16 of the NOFO under the Program Expectations and Requirements section - IPE: *“HIV IPE programs must include both medical and nursing students at a minimum.”*

Q16. Are IPE projects expected to train students directly, or only to train faculty?

A16. As noted on page 16 of the NOFO, AETCs cannot training students directly. It is to support increase their training of faculty for students.

Q17. Is there a funding percentage expectation for IPE in this NOFO?

A17. There is no funding percentage expectation for IPE in this NOFO (HRSA-24-059).

Project Narrative Section

Need – Map of Service Area

Q18. What should be included in the service area map?

A18. As stated on page 27 of the NOFO, you are required to include a Map of the Service Area with your application as Attachment 9. Please note that you can include one or more maps to depict the data and determine the best way to summarize the data.

Approach

Building Provider Skills and Capability Foundation of HIV (FH) (page 13 of the NOFO) and Capability and Expertise Expansion (CEE) (page17 of the NOFO)

MAI (page. 28)

Q19. For MAI supported activities, the NOFO indicates you must choose a minimum of three categories and indicates to describe up to three activities. Please clarify this requirement.

A19. The Program Expectations and Requirements section of the NOFO (pages 18-19) list the MAI activities from which you can select. The Approach section of the Project Narrative (page 28 of the NOFO) refers to these same activities.

Q20. Are applicants describing the need for MAI services in the community or the need for MAI training?

A20. As stated on page 28 of the NOFO, you are specifically describing the need for MAI services in the community.

Q21. Are MAI funds for PT and IPE used for additional PT and IPE programs or are they used to enhance those already in the Regional Base Program funding requirement?

A21. As stated on pages 18-19 of the NOFO, MAI funds are used for specific MAI IPE and PT activities. The funds are not to be used to expand IPE and PT activities under the Regional Base Program. Remember, MAI are distinct activities. MAI funds can only be used for the MAI activities you select for your project.

Q22. What does it mean by didactic and clinical trainings listed for MAI activities?

A22. As noted on page 18 of the NOFO, didactic and clinical training opportunities are developed specifically to encourage minority-serving providers to incorporate HIV prevention, care, and treatment into their practices.

Work Plan (Project Narrative – pages 30-31)

Q23. Do applicants have to provide information about the number of trainings they will provide during the 5-year project period or performance?

A23. As noted on pages 30-31 of the NOFO, applicants must provide projections for the number of trainings you will be able to conduct per year using SMART objectives. Successful applicants will be able to update these numbers as part of their mid-year progress reports.

Evaluation & Technical Support Capacity (Project Narrative – page 32-33)

Q24. Some quality managers conducting data collection are compensated by their clinic for this activity. Is this salary administrative cost or clinical quality management?

A24. This activity can be considered clinical quality management. Please refer to page 39 of the NOFO for program specific restrictions.

Q25. In the Evaluation & Technical Support Capacity section, is the evaluation focused on how to collect evaluations for education and training or focused on the tools, metrics and outcomes developed for a regional program evaluation?

A25. As stated on page 32 of the NOFO, the focus is on how the organization will collect data to track the impact of your Regional AETC for the states that you cover.

Attachments

Letters of Agreement, Memoranda of Understanding (Page 36-37)

Q26. May we include multiple partners to reduce the number of pages to meet the page requirement (i.e., 2 or 4 letters per page)?

A26. Yes, you may include multiple letters per page.

Q27. For each Local Partner (LP), are applicants required to submit a Memorandum of Understanding (MOU), Letter of Agreement, or a statement that summarizes the LP's responsibilities?

A29. As stated in the Attachment section of the NOFO on page 36 under Attachment 4, applicants are required to provide letters of agreement for each Local Partner. Provide any documents that describe working relationships between your organization and other entities and programs you cite in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of the contractors and any deliverable. Make sure you sign and date any letters of agreement.

11-15: Other Relevant Documents

Q28. Given page limitations, how important is it to have letters of support?

A30. Letter of Agreements are required as stated on page 36 of the NOFO.

Q29. The NOFO states that we should not include "personally identifying information" in Attachment 3, biosketches. What constitutes PII?

A31. As stated on page 36 of the NOFO for Attachment 3, do not include personally identifiable information (PII). You should use a unique identifier for each person in the application. However, you should include the name of the institution.

Budget

Q32. Are applicants only allowed to obligate \$50K/PT site for education and training and administrative expenses?

A32. Yes, as stated in Appendix B, HRSA recommends that 20% of the Base AETC funds be allocated to support the PT component. This equates to \$50K/per PT site. Keep in mind, the total number of PT sites may be adjusted based on the actual base AETC funding amount awarded to recipients. Please refer to page 54 of the NOFO for additional information.

Q33. Does HRSA recommend that applicants provide FTE requirements for administrative vs training time for personnel?

A33. No, HRSA does not state in the NOFO any FTE requirements for administrative vs. training time for personnel.

Q34. Are applicants required to provide a line-item breakdown for admin/training for Local Partners?

A34. Applicants are required to adhere to the specific budget instructions pertaining to complete line-item budgets as stated on page 33 of the NOFO.

Q35. Is there a specific format to submit budget information for this NOFO (HRSA-24-059)?

A35. The format for the budget submissions, apart from standardized forms, is up to you to determine as long as it is done in a manner that allows for a clear, accessible review of the budget by all HRSA staff. *Please refer to pages 33-35 of the NOFO.*