Health Resources and Services Administration
HIV/AIDS Bureau, Division of Community HIV/AIDS Programs
Ryan White HIV/AIDS Program Part C Early Intervention Services Program

Pre-Application Technical Assistance Webinar Questions and Answers
HRSA-22-011, HRSA-22-014, HRSA-22-015

April 20, 2021

Application Package and Submission

Q: What is the application due date?

A: The due date for applications is June 21, 2021, at 11:59 p.m. ET. HRSA strongly encourages submitting applications to Grants.gov at least three calendar days before the deadline to allow for any unforeseen circumstances. Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

The three (3) notice of funding opportunity (NOFO) numbers are: HRSA-22-011, HRSA-22-014, and HRSA-22-015. Be sure to submit the application under the correct funding opportunity number.

Q: What is the page limit?

A: The total size of all uploaded files included in the page limit may not exceed the equivalent of 80 pages when printed by HRSA.

Q: Do attachments count towards the page limit?

A: The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the Application Guide and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement (if applicable) and proof of non-profit status do not count in the page limit.

Please take appropriate measures to ensure your application does not exceed the specified page limit.

Q: If an attachment is not applicable to us, do we still need to submit a document that says that the attachment is "Not Applicable"?

A: No. Do not submit any document for an attachment that is not applicable to your application**.** Attachments count toward the page limit unless otherwise noted under section IV.2.vi. on pages 29-32 of the NOFO.

Q: If we are using Work Space to apply, should we only use Forms downloaded from Work Space, or can we use Forms that are downloaded from the grants.gov Package Materials?

A: Refer to the HRSA SF-424 Application Guide's section "How to Submit an Application to HRSA via Grants.Gov," pages 13-14, for guidance. Additionally, page 41 states "Note: If you use an OMB-approved form that is not included in the workspace application package for the NOFO, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with the NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit."

Q: Will the abstract be submitted as described on pages 15-16 of the NOFO and count as one page of the page limit, or will it be submitted within the "Project Abstract Summary" form, as described by HRSA's new guidance for NOFOs posted after April 22, 2021?

A: This new guidance *"Instructions Effective April 22, 2021"* on page 35 of the SF-424 only applies to NOFOs issued by HRSA *after* April 22, 2021. Since HRSA-22-011, HRSA-22-014, and HRSA-22-015 were issued on March 29, 2021, the new abstract guidance *does not apply to this announcement*. Your Project Abstract submission should follow the guidance detailed under 2.i. on pages 15-16 of the NOFO. This information must be single spaced, limited to one page, and is counted toward the page limit.

Q: Please go over again which sections are completed in the SF-424A.

A: Pages 38-40 of the SF-424 Application Guide detail the instructions for each section of your application and indicate which documents are counted, or not counted, in the 80-page limit.

Q: How does my organization obtain a Data Universal Numbering System (DUNS) number?

A: All entities applying for funding, including renewal funding, must have a DUNS number, also known as the Unique Entity (UEI), from Dun & Bradstreet (D&B). Applicants must enter the DUNS number in the data entry field labeled "Organizational DUNS" on the SF-424 form. For more information on obtaining DUNS number, refer to Section IV.3 starting on page 33 of the NOFO and in the SF-424 Application Guide starting on page 11.

Q: For the DUNS number we have used our organizational number. We are not clear if the project director has a separate DUNS number, or is one DUNS number fine for the whole organization.

A: The project director does not need to have a separate DUNS number. A DUNS number is a unique nine-character number used to identify your organization. Contact your organization's grant administrator, financial department, chief financial officer or authorizing official to identify your organization's DUNS number.

Q: I was not able to locate in Grants.gov NOFO announcements HRSA-22-011 and HRSA-22-014. How do I locate these two NOFOs in Grants.gov?

A: Please visit grants.gov and enter the NOFO opportunity numbers in the search function on the left-hand side. Or, use the term "Ryan White" in the keyword search function, located in the upper right corner, since these two words are also used in each of the three NOFO titles.

Eligibility

Q: Does the proof of non-profit status have to be the 501(c)(3) letter from the IRS or will a State tax exempt number suffice?

A: A tax exempt number issued by a state does not suffice as proof of nonprofit status. To be considered a nonprofit organization, applicants must meet the criteria for nonprofit designation. For more information on eligibility, including the *Check your Eligibility* function on Grants.gov, please see the Grant Eligibility page on Grants.gov.

Service Areas

Q: We reviewed Appendix B: Geographic Service Areas and noted that our geographic service area is represented under all three NOFO announcements. We are not clear which service area we should apply for.

A: Appendix B lists the current recipient name, state, funding ceiling and service area arranged by NOFO announcement number. Applicants must address the entire service area in their proposal. If you apply for more than one service area listed in Appendix B, you must submit a separate application for each service area under the correct funding opportunity number. Please contact Hanna Endale (hendale@hrsa.gov), whose contact information is listed on the first page of the NOFO, if you have any additional questions.

Q: Can applicants expand the service area to additional counties not listed in the NOFO?

A: This NOFO competition (HRSA-22-011, HRSA-22-014, and HRSA-22-015) is open to current recipients and new organizations proposing to provide RWHAP Part C EIS funded services in existing geographic service areas as described in Appendix B of the NOFO. Therefore, HRSA would not consider an expansion to new counties not listed in the existing geographic service areas listed in Appendix B. HRSA will be issuing a new geographic service area NOFO at a later date.

Q: Just to clarify, we cannot apply for a new service area unless we are replacing an existing funded organization for that area?

A: Correct. If your organization does not currently serve a service area listed in Appendix B of HRSA-22-011, HRSA-22-014, and HRSA-22-015, your organization would be proposing to replace an existing funded organization. Each service area is defined in Appendix B starting on page 45 of the NOFO. A service area may be comprised of more than one city, county, or other geographic unit, as specified in Appendix B. Applicants must address the entire service area as listed in Appendix B.

Program Requirements and Expectations

Q: Should we use individual or household income when calculating the caps on charges?

A: The annual cap on charges calculations must be based on the individual's annual gross income as described on page 13 of the NOFO.

Q: Is HRSA requiring evidence of "low income" clients or enforcing any income limit for clients?

A: Individuals receiving services through the RWHAP Part C Early Intervention Services(EIS) program must have a diagnosis of HIV/AIDS and be low-income *as defined by the RWHAP recipient*. Please see HAB PCN 13-02 Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements for additional information.

Q: Can you please clarify what is a "reasonable level" for CQM costs. Is this considered part of administrative costs capped at 10%?

A: CQM costs are not administrative costs. CQM costs include those costs required to implement HAB PCN 15-02. For more information on the elements of an RWHAP CQM program, please see HAB PCN 15-02 Clinical Quality Management and related Frequently Asked Questions for PCN 15-02.

Needs Assessment

Q: Our state surveillance data for CY 2020 is not yet available. We can note that in the application. Will that be reviewed negatively?

A: Not necessarily. Applicants are strongly encouraged to provide an explanation about the availability of surveillance or other data in the appropriate section of their narrative response. All applications are reviewed, scored and ranked by an objective review committee according to the criteria noted on pages 36-41 of the NOFO.

Q: Please clarify what data should inform our response to the question for "Item #1. Populations Currently Being Served by Your Organization (NEEDS ASSESSMENT)." Page 17 of the NOFO says: "Base this overview on the most recent three years of HIV surveillance data available for the service area and the past three calendar years (CY) of data (i.e., CY18, CY19, and CY20) for your patient population(s)." (p. 17, emphasis added) We noticed that the wording changed from "target" population in the 2017 NOFO (p. 14) to "patient" population in the FY2022 NOFO.

A: Under "Populations Currently Being Served By Your Organization" in the Needs Assessment, applicants are requested to address each bullet with a table and any associated narrative explanation. Each bullet describes the information being requested and requires that applicants address each bullet with a table. For more information, see pages 16-18 of the NOFO.

Q: Can you please specify what specific patient population data needs to be presented from the past three calendar years (CY18, CY19, and CY20), and which specific patient population data needs to be presented from the most recent five calendar years (CY16 through CY20)?

A: Please note that the second bullet under ***Populations Currently Being Served by Your Organization*****,** on page 17 of the NOFO, incorrectly requests five years of calendar year data (CY16 through CY20) for the calculation of unmet need. Applicants are only required to submit three calendar years of data (CY 18, CY19 and CY20) in response to this item.

Q: For an agency competing with an existing RWHAP Part C recipient, should the competing agency use the data for the agency they are competing against, their own data, or both in the needs assessment?

A: The needs assessment section requests data that is specific to (1) the geographic service area and (2) the applicant's own organization and target population(s) it currently serves.

Q: Are the data required from 2020 and 2021?

A: The Needs Assessment section of the NOFO requests data from calendar year 2018, 2019, and 2020. Applicants are not asked to submit any data from calendar year 2021. See Section IV.2.ii. of the NOFO for more information.

Q: We are asked to give data on the HIV Care Continuum for our patients in the methodology section. I have looked at the recommended guidelines for numerator and denominators but there is no listed numerator/denominator information for the HIV Diagnosis step of the care continuum. Where can I find the numerator/denominator description for this?

A: Page 17 of the NOFO includes a link to the HHS Common HIV Core Indicators. Refer to that page as it also includes links for how to calculate data indicators and to the CDC's Resource Library.

Work Plan

Q: Is there a specific template for the work plan?

A: HRSA HAB does not prescribe the use of a specific template for the work plan. A table format is recommended as an organizing format for submitting the requested information as stated on pages 22 and 23 of the NOFO.

Q: If we do not support counseling and testing using RWHAP Part C EIS funds, do we still need to put number of newly diagnosed patients who will enroll in care projections in the work plan?

A: Each of the early intervention services, including counseling and testing, must be available through the recipient or through other entities with which the recipient has an agreement to provide

such services. Additionally, if you are using RWHAP Part C EIS funds for services that support the linkage of newly diagnosed patients into care, then it is appropriate to put "the number of newly diagnosed who will enroll in care within three months of HIV diagnosis" in your work plan.

Budget

Q: Is the funding level in Appendix B listed for one budget period or for the entire three-year project period?

A: The funding level listed in Appendix B reflects the funding ceiling for each service area for a single year. Applicants may request up to the funding ceiling, but the budget documents must be submitted for each year of the three-year period of performance. There are three different periods of performance covered by this announcement, as stated on pages i and 6 of the NOFO.

Although applicants are required to submit budget information for each of the three years of this project, funding beyond the first year is unknown. Future funding for this project is subject to the availability of appropriated funds for RWHAP Part C HIV EIS Program: Existing Geographic Service Areas in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interests of the Federal government.

Q: Can we include a budget manager in the grant to ensure that the procurement of supplies and services are appropriate and timely to support program implementation, monitor and track expenditures to prevent unspent balances and guarantee accurate financial reporting of grant funds?

A: Any allowable expense that is classified as administrative is subject to the Ryan White HIV/AIDS Program legislation that limits administrative expenses to no more than 10 percent of the total award. For more information, please see HAB's PCN 15-01 Treatment of Costs under the 10-% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D and 45 CFR part 75 covering Uniform Administrative Requirements, Cost Principles and Audit Resolutions.

Q: Will we need to include the Subgrantee providers in the Budget Justification Narrative?

A: Applicants proposing to issue a subaward as part of their proposal must include details of services provided. For more information on subawards, contracts, or consultant costs, see pages 30-31 of the SF-424.

Q: Please clarify if the Attachment 1 Program-Specific Line Item Budget should also include the Budget Narrative, or whether the Budget Narrative is only to be uploaded in the Budget Narrative File Attachment Form.

A: The Program-Specific line item budget is a separate document from the Budget Narrative. The line item budget should not include the narrative. Instead, the budget narrative should be uploaded to its specific placeholder.

Q: Should the cost categories in the line item budget be divided into five cost categories:

(EIS, Core Medical Services, Support Services, Clinical Quality Management (CQM), Administrative)?

A: Applicant must provide the line item budget and budget narrative according to the following five allowable RWHAP Part C cost categories: EIS, Core Medical Services, Support Services, CQM, and Administrative Costs. Please refer to pages 25 to 29 of the NOFO for more information.

EIS and Core Medical Services

Q: What is the difference between EIS and Core Medical Services?

A: By definition, EIS are subcomponents of Core Medical Services, but each have separate required allotments. Due to statutory overlapping requirements, counseling and referrals/linkages to care must be provided, and should be characterized as Core Medical Services, but not EIS. All three other components of EIS (targeted HIV testing; clinical and diagnostic services regarding HIV and periodic medical evaluations for people with HIV; and providing therapeutic medications) can be characterized as either EIS or Core Medical Services.

As stated in the NOFO, under EIS costs, at least 50 percent of the award must be expended on targeted HIV testing, clinical and diagnostic services regarding HIV and periodic medical evaluations for people with HIV, and providing therapeutic medications. Clinical and diagnostic services may include medical case management, mental health, oral health, and other clinical services, in addition to outpatient ambulatory health services. Likewise, at least 75 percent of the award must be expended on Core Medical Services, including EIS.

Q: Medical Case Managers could be providing services that fall under both cost categories of EIS and Core Medical Services. How does one differentiate these between these two cost categories when developing the budget?

A: Since the provision of counseling and referrals/linkage to care are required for a Part C program, but are not counted in the 50 percent EIS cost calculation, these services (i.e., counseling and referral/linkage to care) must be allocated under the Core Medical Services cost category (not the EIS cost category). Therefore, when calculating the 50 percent budgetary requirement for EIS, both counseling and referral/linkage to care are excluded. This is in accordance with the RWHAP Part C legislation.

Q: Can EIS and Core Medical Services be the same if we allocated all funds to medical providers offering HIV primary medical care?

A: Yes, it is possible that EIS and Core Medical services are identical.

Q: Can you clarify the "except HIV Counseling and Linkage to care" line under the EIS description of the budget? Did I hear correctly that this should now be counted under Core Medical Services rather than EIS?

A: Yes, HIV counseling and Referral/Linkage to Care cannot be allocated to EIS and, therefore,

must be allocated under Core Medical Services. For more information please see IV.2. iii. Budget on pages 25-27 of the NOFO.

Q: Are indirect costs (including the 10% de minimus indirect cost rate) considered administrative costs of the grant? Also, how do you get a federally negotiated indirect rate? In the past we have not put in any indirect costs, but they are now part of our organizational policy.

A: 45 CFR 75.414(f) allows recipients to apply a 10% de minimis indirect rate to their budget allocations. For organizations seeking a Federally negotiated indirect cost rate and/or guidance on how to develop an indirect cost rate proposal, please visit our Submission Requirements webpage. If you require further assistance, please contact the appropriate CAS field office. For more information on the treatment of administrative costs in RWHAP please see HAB PCN 15-01 (updated 09/01/2020).

Maintenance of Effort

Q: What effect does the ongoing pandemic have on the calculation of Maintenance of Effort?

A: The Maintenance of Effort (MOE) calculation is derived from an applicant's last fiscal year *prior* to this application. This NOFO does not request that applicants submit MOE data for any other period of time. We will also take into consideration any MOE fluctuations due to the current public health emergency and the significant challenges experienced by RWHAP recipients.

Q: Can administrative costs that are associated with EIS services be included in MOE?

A: Yes. Applicants are required to provide a baseline aggregate total of the actual expenditures on non-federal funds for the fiscal year *prior* to the application. This legislative requirement makes no distinction about the nature of the costs incurred other than what is provided reflects the actual EIS expenditures, accompanied by a description of baseline data and the methodology used to calculate the MOE, as stated on pages 30-31 of the NOFO.

Q: Does Attachment 7: Maintenance of Effort need to be signed?

A: No, the Authorized Organization Representative (AOR) does not need to sign Attachment 7. The signature of the AOR on the SF-424 application serves as the required certification of compliance with the maintenance of effort requirements.

Attachments

Q: Are we able to utilize MOUs with our prevention grants with other organizations for targeted HIV testing who have a robust infrastructure set up for testing across the parking lot from the RW program?

A: RWHAP legislation requires that recipients avoid duplication of services and the RWHAP Part C EIS legislation requires the provision of targeted HIV testing. If an applicant is not proposing to

support HIV Counseling, Testing and Referral (CTR) services with their RWHAP Part C award, and instead is using other funds to provide that service, that should be stated in the appropriate sections of the application. Applicants not directly providing CTR services should provide documentation of formal relationships, such as an MOU or letter of support, with those entities providing targeted CTR services in the applicant's service area.

Q: We have MOUs with the various agencies that we work with. Are we required to submit separate Letters of Support from these agencies with our application?

A: If any of your proposed Part C EIS activities are being conducted by an external provider, then documentation of formal arrangements, such as contracts or MOUs, should be included as Attachment 11.

Q: How should we submit the biographical sketch for key personnel for attachment 3? Would you prefer separate individual biographical sketch paragraphs for each key position AND a separate staffing plan for all positions funded by Part C in a table format? Or combine both components in a table?

A: On page 30 of the NOFO, the instructions for *Attachment 3: Staffing Plan and Biographical Sketches for Key Personnel* detail the information to be included under this attachment. There is no required format for this information, although a table format is suggested. Applicants may want to consider the most effective format for this information considering the page limit.

Q: Please identify the key positions that should be included in the biographical sketches.

A: Key staff include, at a minimum, the program coordinator and the program medical director, all medical care providers funded directly or through a contract or covered by MOU, and the quality management lead. Please refer to *Attachment 3: Staffing Plan and Biographical Sketches for Key Personnel* on page 30 of the NOFO and Section 4.1 of HRSA's SF-424 Application Guide for more information on what staff constitute Key Personnel.

Q: This is regarding *Attachment 11: List of Providers with Contracts and/or MOUs (if applicable)*. Please clarify if this applies only if we are partnering with provider organizations specifically for the implementation of our RWHAP Part C EIS program. If we are not partnering with other provider organizations for our EIS program, then this attachment would not be applicable to us, even if we partner with provider organizations for our other programs.

A: An applicant not directly providing the required EIS services must include linkage letters or MOUs with the agencies providing these services on behalf of the applicant. Linkage letters or MOUS are not required of applicants proposing to provide all services directly.

Q: For attachment 10, who is the Part B Recipient's AOR? Our Part B recipient is the state Dept. of Health. Would the Director of the Division of HIV Disease at the state Dept. of Health be an appropriate person to write the letter?

A: Please contact the RWHAP Part B program recipient, so that it can provide you its AOR that will document your organization's involvement with RWHAP Parts B HIV Body and/or Planning Council, if applicable, and address why RWHAP Part C EIS funds are necessary to support the needs described in this application, and how your proposed services are not duplicative of other available services.

Q: Attachment 10: Letter(s) from RWHAP Part A and/or Part B Recipient of Record – If we are a "new" organization competing against a current recipient, how do we get a letter that says services are not duplicative?

A: The purpose of the letters from RWHAP Part A and/or Part B is to indicate that the proposed services are not duplicative of RWHAP Part A and/or Part B-funded services.

Q: Attachment 10: Letter(s) from RWHAP Part A and/or Part B Recipient of Record – If our agency is not funded by Part A or Part B and is not an active participant in the Planning Council, would you advise getting a letter regardless?

A: If your organization is located in a RWHAP Part A Eligible Metropolitan Area or a Transitional Grant Area, you must obtain a letter regardless of whether your specific organization is funded by RWHAP Part A. All applicants must submit a RWHAP Part B letter. If a letter(s) cannot be obtained, provide an explanation as to why.

Q: Attachment 11: List of Provider Organizations with Contracts and/or MOU (If applicable) – In Attachment 11, should we list all organizations/providers we have MOUs or contracts with? Or just those organizations/providers that would be supported by Part C funding?

A: Applicants not directly providing any RWHAP Part C service, and are instead providing those services through agreements with other agencies or organizations, should include this information in Attachment 11. This should include a list of organizations proposed in your application for which signed Letters, Memorandum of Understanding, or Contracts are available, with a brief description of the activities/services to be provided by each identified organization and the location of the partner(s). HRSA recommends that this information be submitted in table format.

Q: Attachment 13: Table of Provider Medicaid and Medicare Numbers and Clinic Licensure Status (Required) –Do we list the information for all providers or just those on the budget?

A: Provide information for all providers who are supported by the RWHAP Part C EIS Program.

Funding Preferences

Q: Is the funding preference data to be submitted from the previous two federal fiscal years, grant fiscal years, or calendar years?

A: The relevant time period for qualifying for this preference is the two-year fiscal year period

preceding the fiscal year for which the applicant is applying to receive the grant.

Q: For the funding preference, can you please clarify that applicants must qualify for Qualification 1 (at the very least) and then, as applicable, additionally qualify for #2 and/or #3? Stated differently, is it possible to qualify for just #2 or #3 without qualifying for #1?

A: Applicants must demonstrate the existence of ALL of the specified factors for *Qualification #1, Increased Burden*, in order to be considered for *Qualification #2: Rural Areas* and *Qualification #3: Underserved Areas.* For more information, see pages 40-41 of the NOFO.

Q: Must we submit Attachment 8 to be considered for a funding preference?

A: Yes. If you do not submit Attachment 8, HRSA will not consider you for a funding preference.