

**Health Resources and Services Administration  
HIV/AIDS Bureau, Division of Community HIV/AIDS Programs  
Ryan White HIV/AIDS Program Part D Coordinated HIV Services and Access to Research for  
Women, Infants, Children, and Youth (WICY) Existing Geographic Service (HRSA-22-037)  
Notice of Funding Opportunity (NOFO) Announcement**

**Pre-Application Technical Assistance Webinar Questions and Answers  
December 7, 2021**

**TA Webinar Slides**

**Q: When will the slides from the TA webinar be available?**

**A:** The slides and recording from the TA webinar are available on the [TargetHIV](#) website.

**Eligibility**

**Q: Is this funding available to nonprofit organizations working internationally?**

**A:** As outlined in the Eligibility Information, Eligible Applicants section on page 13 of the NOFO, this competition is open to public and nonprofit entities that provide family-centered care involving outpatient or ambulatory care (directly or through contracts or memorandum of understanding (MOUs)) for WICY with HIV in geographic services areas outlined in Appendix B.

**Q: For this grant, does our organization have to provide primary care services to be eligible?**

**A:** Yes. Eligible entities for this NOFO are required to either provide primary care services directly or through contracts and MOUs. As outlined in the Eligibility Information, Eligible Applicants section on page 13 of the NOFO, this competition is open to public and nonprofit entities that provide family-centered care involving outpatient or ambulatory care (directly or through contracts or MOUs) for WICY with HIV in geographic services areas outlined in Appendix B.

**Q: What are the changes in HAB PCN 21-02 versus HAB PCN 13-02?**

**A:** The purpose of PCN 21-02: *Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program* is to provide guidance to Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients for determining client eligibility and complying with the payor of last resort requirement, while minimizing administrative burden and enhancing continuity of care and treatment services.

There are two major policy changes incorporated in PCN 21-02. First, it eliminates the six month recertification requirement and allows RWHAP recipients and subrecipients the flexibility to conduct timely eligibility confirmations, in accordance with their policies and procedures, to assess any changes in a client's income and/or residency status. Second, it also affirmatively states that immigration status is irrelevant for the purposes of eligibility for RWHAP services. We anticipate that the successful implementation of PCN 21-02 will reduce burden, avoid unnecessary disenrollment, and promote better overall continuity of care for RWHAP clients.

Even though the NOFO refers to HAB PCN 13-02, HAB PCN 21-02 is the operative guidance that is in effect.

### Program Expectations

**Q: Is there expectation that programs awarded Part D funding will select an evidence-informed intervention to implement?**

**A:** Yes. RWHAP Part D programs are expected to review the HAB resources and CDC compendium and select an intervention(s) to implement with their WICY and priority WICY populations. Refer to page 16, under Program Requirements and Expectations.

**Q: For the expectation listed on pages 22-23, who is expected to participate? Recipients or providers/subcontractors?**

**A:** Both recipients and/or providers/contractors will be required to comply with the program expectations outlined on pages 22-23. Organizations who are successful in securing funding through this announcement will receive additional information in their NoA.

**Q: Our organization is applying for this funding in a metropolitan area where the majority of our patients are racial and ethnic minorities. How do we apply for Minority AIDS Initiative (MAI) funding under this NOFO?**

**A:** Unlike the RWHAP Part A and B programs, applicants submitting an application for HRSA-22-037 do not need to apply for MAI funding. MAI funds are granted to health care organizations that provide culturally and linguistically appropriate care and services to racial and ethnic minorities. RWHAP Part D WICY recipients will be assigned funds under the MAI by the HAB Division of Community HIV/AIDS Programs (DCHAP), which administers the RWHAP Part D program. This assignment is based on the percentage of the RWHAP Part D WICY populations served from racial/ethnic minority communities as reported in the most recent RSR data and used to determine MAI amounts at the start of the period of performance. The amount of MAI funds awarded will be noted under the grant-specific program terms section (if applicable) of the Notice of Award (NOA), which establishes the final funding for each budget period. See page 15-16 of the NOFO for more information.

### Application Package and Submission

**Q: When is the application due date?**

**A:** The due date for applications is January 28, 2022, at 11:59 p.m. ET. HRSA strongly encourages submitting applications in Grants.gov at least three calendar days before the deadline to allow for any unforeseen circumstances. As stated in Section 3.6 Requesting a Waiver from the Submission Requirement of the SF-424 Application Guide, *“HRSA is very strict on adhering to application deadlines and submission requirements. Deadline extensions will not be granted for Grants.gov verification errors, last-minute registration, or submission errors on your part.”* In addition, page 47 of the NOFO states, *“If you fail to allow ample time to complete registration with SAM or*

*Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.” It is important that applicants adhere to the stated due date for the application.*

**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 all attachments count towards the page limit?**

**A:** The page limit includes the project and budget narratives, attachments, and letters of commitments and support required in the [SF-424 Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. The Project Abstract, Indirect Cost Rate Agreement (if applicable), and proof of non-profit status do not count in the 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.2vi. on pages 41 and 42 of the NOFO.

**Application Narrative**

**Q: In the needs assessment section it asks us to provide client level data on the stages of the HIV care continuum (numbers of WICY with HIV in care, number of WICY newly diagnosed with HIV (HIV diagnosis), number of WICY linked to care within 90 days of diagnosis, etc.) for the past three calendar years (CY18, CY19, CY20). I wanted to make sure that this is the right time frame to report on even though our actual grant runs from August to July each year.**

**A:** As outlined in the Needs Assessment section on pages 26-28 of the NOFO, data is required for the past three calendar years (CY2018, CY2019, and CY2020).

**Q: Should the Work Plan be included twice within the application? First, in the Project Narrative and second in Attachment 10?**

**A:** No, the work plan should not be included twice within the application. Attach the work plan for the project that includes all information detailed in the Section IV. ii. Work Plan section of the Project Narrative. You must establish measurable objectives and provide them in the five areas stated in Section IV. ii. Work plan section of the Project Narrative for each year of the proposed period of performance (four years). Include objectives for the entire RWHAP Part D program and each subrecipient individually. HRSA recommends providing this information in a table to outline the work plan. Reference pg. 43 of the NOFO.

**Q: Do you have a sample or template of what you are looking for in the work plan? The NOFO instructions for the Work Plan, page 33, states “Information such as action steps, evaluation methods, and person(s) responsible should not be included here.” However, one of the slides in**

**the TA presentation about SMART goals also included a reference to action steps. Can you please clarify?**

**A:** No, program does not have a sample template applicants can use to format their work plan. The slide in the TA presentation referring to SMART goals is there to remind applicants to ensure the goals they include in their work plans are specific, measurable, attainable, relevant, and time-based.

**Q: For the work plan can we represent the multiple years in one document, or do they need to be completely separate documents?**

**A:** The work plan should be in one document, including all 4 years. Applicants should review Section IV. ii. Work Plan section of the Project Narrative for detailed information about this requirement. Please refer to the NOFO (Page 43).

**Q: For the work plan, do we only provide the SMART object[ive]s for the items listed on pages 33-35?**

**A:** No, the reference to SMART objectives is used to ensure the goals stated for each objective meet the expectation of being - specific, measurable, achievable, realistic and time-based. Overall, applicants are expected to submit a work plan that provides measurable objectives for the HIV core medical and support services (as defined by PCN 16-02), including your CQM program, that are provided to RWHAP eligible clients as proposed in the methodology section. In addition, applicants must incorporate measurable objectives for the entire RWHAP Part D program and for each subrecipient, if applicable. You may wish to develop a more detailed work plan for internal use. Submit the work plan as [Attachment 10](#). Please refer to the NOFO (Page 33) for additional instructions.

**Q: I have a question regarding the Work Plan instructions. As mentioned at the bottom of page 34 and onto the top of page 35, how do we incorporate or express "at least one quality improvement project" in the Work Plan? Should we list a brief description of the project? We will of course be listing measurable outcomes such as retention in care and viral suppression, but not sure how to respond to this requirement.**

**A:** Applicants should identify their proposed CQM activities for each year of the proposed project period. It is expected that recipients are conducting at least one quality improvement project at any given time aimed at improving patient health outcomes. In alignment with the [HIV National Strategic Plan](#) and the common indicators for HHS-funded HIV programs, recipients are required to undertake at least one quality improvement (QI) project for HIV viral suppression and retention in care. Please refer to the NOFO (Pages 34-45).

## **Budget**

**Q: On page 40 of the NOFO, iv. Budget Narrative – Travel. The NOFO states “recipients are expected to support the travel and training for (1) a HRSA supported meeting or conference and (2) HIV related CME/CEU activities annually. HRSA encourages recipients to use their local AETCs**

**as a resource for training needs. My question is, can we budget to use grant funds for regional and/or national conference(s) and/or training?**

**A:** Yes. As outlined in the Budget section, under travel on page 40 of the NOFO, recipients are expected to support the travel and training for (1) a HAB supported meeting or conference and (2) HIV related CME/CEU activities annually.

**Q: Can the four year program specific line item budget be submitted as an Excel document reflecting a one year budget with the notation at the bottom stating “there are no substantive budget changes during the project period” as allowed for the budget narrative? This would help limit pages.**

**A:** No, in order to evaluate applicant adherence to the RWHAP Part D legislative budget requirements, you must provide separate program specific line item budgets for each year of the four year project period. It is recommended the budgets be converted into a PDF document.

**Q: Do we create a single combined budget for the Part D base award and the Part D supplemental funding?**

**A:** Yes, if you’re applying for the supplemental funding, incorporate, but clearly delineate the related costs for the proposed supplemental activity in year one of the program specific line item budget. Clearly identify the associated costs specific to the proposed supplemental activity in year one of the budget narrative. The budget narrative must clearly align with each item in the program specific line item budget. Provide a clear summary of the Part D base budget request subtotal and the Part D supplemental budget request subtotal. Take note that that total budget amount identified on the SF-424A for year one must include the supplemental activity budget total.

**Q: What are the maximum allowable percentages permitted under each budget category costs for medical services, clinical quality management, support service, and administration?**

**A:** By law, no more than 10 percent of the Part D award (including the Part D supplemental award) can be used to for administrative expenses. All indirect costs count toward this 10 percent limit. Please see [PCN 15-01 Treatment of Costs Under the 10% Administrative Cap for Ryan White HIV/AIDS Program Part A, B C, and D](#) for additional information. Refer to pages 39-40 of the NOFO for additional guidance.

**Q: I understand that recipients must limit administrative costs at 10% (including indirect costs). My question is about indirect/administrative costs for subrecipients. Page 4 of PCN 15-01 says the 10% limit on administrative costs does not apply to subrecipients under Part D. Does this mean subrecipients may use their full federally negotiated indirect cost rate toward the administrative cost category (if it is higher than 10%)?**

**A:** Yes, RWHAP Part D subrecipients may use their full federally negotiated indirect cost rate toward the administrative cost category. RWHAP Part D recipients are responsible for ensuring that subrecipient administrative costs are allowable, reasonable, and allocable to the RWHAP.

**Q: What category would food vouchers fall into?**

**A:** According to PCN 16-02 (page 17), food vouchers fall under Emergency Financial Assistance (EFA).

**Q: Please confirm that the SF-424 should include budget amounts for all years of the program, while the line-item budgets show the breakout into medical/QI/Support/admin costs.**

**A:** In order to evaluate applicant adherence to RWHAP Part D legislative budget requirements, you must separate program-specific line item budgets for each year of the four-year project period. You must provide a line item budget that reflects all costs for proposed activities, including those for subrecipients. If you are applying for supplemental funding, incorporate, but clearly delineate the related costs for the proposed supplemental activity in year one of the program-specific line item budget. Please refer to the NOFO (Page 38).

Also, Complete Sections A – F of the SF-424A Budget Information – Non-Construction Programs form included with the application package for each year of the period of performance. The budget period is for 1 year. However, you must submit 1-year budgets for each of the subsequent budget periods within the requested period of performance at the time of application. In Section A, use rows 1–4 to provide the budget amounts for the first 4 years of the project. Enter the amounts in the “New or Revised Budget” column- not the “Estimated Unobligated Funds” column. In Section B 6. Object Class Categories of the SF-424A, provide the object class category breakdown (i.e., line item budget) for each year of the period of performance specified in Section A. In Section B, use column (1) to provide category amounts for year 1 and use columns (2) through (4), if applicable, for subsequent budget years. If applicable for year 5, submit a copy of Section B of the SF-424A as an Attachment (specific attachment number will be listed in the NOFO - not counted in the page limit). Please refer to the [SF-424 Application Guide](#) on (Page 18).

**Q: Please clarify the Form 424A: Do the rows on Page 1 represent the cost categories? On page 1, is column E just year 1 or all 4 years?**

**A:** In Section A of the SF 424A- Budget summary, applicants should use rows 1-4 to provide the budget amounts for each year of the project. Applicants enter the amount in the “New or Revised” Budget column and not the estimated unobligated funds column.

**Q: Does a certain percentage of our Part D budget need to be allocated to medical services vs. support, CQM, etc.?**

**A:** The RWHAP Part D statute requires recipients to expend not more than 10 percent of the Part D grant on administrative costs. Please see HAB [PCN 15-01](#) and [Frequently Asked Questions for PCN 15-01](#) regarding the statutory 10 percent limitation on administrative costs. There is no legislative requirement that a certain percentage of the Part D budget be allocated to core medical services or support services, but Part D recipients must either directly, or through contracts or MOUs, provide family-centered care involving outpatient or ambulatory care for WICY with HIV.

## Attachments

**Q: Who is the appropriate addressee and address to put on our required Part A letter attachment?**

**A:** Please refer to Page 43 of the NOFO for instructions for the Part A and/or B letter as Attachment 8. The Part A and/or B recipient can address the letter to the applicant organization.

**Q: Regarding the biographical sketches requirement within Attachment 3. I see that the instructions say each biographical sketch is limited to 1 paragraph. Can you please confirm applicants should *not* submit 2-page biographical sketches?**

**A:** The biographical sketches are limited to 1 paragraph per personnel.

**Q: There aren't page limits listed for each attachment like there were for the Ryan White Part C competitive grant application this past spring. Is that correct?**

**A:** Unless otherwise noted, attachments count toward the application page limitation. Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation. Clearly label each attachment. You must upload attachments into the application. HRSA will not review/open any *hyperlinked* attachments. See page 41 of the NOFO for additional information.

## Part D Supplemental Award

**Q: If we have not previously applied for Part D supplemental funding in previous years, do we have to apply this year?**

**A:** Applicants for this NOFO (HRSA-22-037) **do not** have to apply for Part D supplemental funding. However, all applicants who submit a proposal to provide Part D services for one of the published service areas in Appendix B have the option to apply for up to \$150,000 in FY22 supplemental funding.

**Q: Will the Part D Supplemental (Attachment 13) be scored separately from the Part D base award application?**

**A:** Yes, the supplemental funding request, if included as part of the application, will not be reviewed by HRSA's objective review committee. The supplemental funding request will undergo HRSA review of completeness and eligibility. Supplemental funding, if requested, will be awarded according to the rank order of the RWHAP Part D base awards.

**Q: If an organization is a new applicant, must that organization apply for the full amount described in Appendix B for the service area? For example, if the ceiling is \$300,000 can the organization apply for \$200,000 and not the entire amount listed?**

**A:** Applicants may apply for **up to** the published ceiling amount in Appendix B per year. All applicants must demonstrate that they have the capacity to serve all eligible WICY populations with HIV in the proposed service area. New applicants must provide at least the same scope of

comprehensive care and treatment services as the current Part D recipient they are proposing to replace.

**Q: Are applicants required to serve all target populations referenced in the NOFO?**

**A:** Yes, all target populations – women, infants, children, and youth – must be served, whether it be directly or through MOU or contract.

**Formatting**

**Q: On pages 41-43 of the application guidance, there is a list of all the attachments, project abstract and attachments. There is only a mention of a total of 80 pages for the limit of the application with the only stipulation being that the abstract has to be single spaced and one page. Also that attachment 2 and 12 are NOT counted. Does this mean that the rest of the required documents have NO individual page limits just as long as the entire application is 80 pages or less?**

**A:** The page limit includes the project and budget narratives, attachments, and letters of commitments and support required in the [SF-424 Application Guide](#) and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please refer to Section 4.3 of the [SF-424 Application Guide](#) for complete list of documents that count toward the page limit.

**Q: The SF-424 Question #14 requires an attachment listing the Areas affected by the project. Does this attachment count toward the total 80 pages? The SF-424 Application Guide updated October 19, 2021 does not cover this item in the Table of Contents on pages 38 & 39.**

**A:** Unless otherwise noted, attachments count toward the application page limitation. Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limitation.

**Q: Is a table of contents required for the Project Narrative document? A table of contents is not mentioned in NOFO HRSA-22-037. However, the SF-424 Application Guide instructs to “Provide table of contents specific to this document only as the first page.” (page 40 of Application Guide).**

**A:** Yes, a Table of Contents for the Project Narrative is required based on the instructions included in Section 4.3 Application Content Order (Table of Contents) and SF-424 Application for Federal Assistance – Table of Contents of the [SF-424 Application Guide](#).

**Q: As of page 40 of the SF-424 guidance, table of contents do NOT count towards the page limit. So that on page 38 of the SF-424 there is a request for a Table of Contents for the Narrative. Therefore, this table of contents does NOT count towards the page limit?**

**A:** The Table of Contents for the Project Narrative does count toward the page limit. Per the instructions in the [SF-424 Application Guide](#), the Mandatory Project Narrative is a required document and counted in the page limit. As part of that narrative, applicants must “Provide table of



*contents specific to this document only as the first page.*” Since the Table of Contents is specific to the Project Narrative, it is therefore counted in the page limit as part of this required attachment. Please refer Section 4.3 Application Content Order (Table of Contents) of the [SF-424 Application Guide](#) for complete instructions on the Table of Contents and a list of documents that count toward the page limit.

**Q: Can footers be less than 12 font? The SF-424 on page 36 does not specify.**

**A:** Based on Section 4.2 Narrative and Attachment Formatting Guidelines of the [SF-424 Application Guide](#), *“For charts/graphs, footnotes, and budget tables, you may use a different pitch or size font but not less than 10-point or size font. It is vital that the charts/graphs are legible when scanned or reproduced.”* Please review this entire section for additional information on appropriate font sizes to include in the application.

**Q: For the staffing plan, who at the minimum should be represented? We have a multi-disciplinary team and with the space limits we wanted to know how far down we should go?**

**A:** The staffing plan should include all positions funded by the grant, as well as staff vital to program operations and the provision of RWHAP Part D-supported HIV services whether or not paid by the grant. 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 an MOU, and the quality management lead. For each staff, note all sources of funding and the corresponding time and effort. Please refer to the NOFO (Page 42).

**Q: In grants.gov do we contact the helpdesk for assistance with getting a role assigned to our registered account?**

**A:** Yes, please contact Grants.gov Contact Center at:

- 1-800-518-4726, or
- [support@grants.gov](mailto:support@grants.gov), or
- <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>