

**Pre-Application Technical Assistance Webinar Questions and Answers  
HRSA-25-002, HRSA-25-003, HRSA-25-004**

**April 30, 2024**

**Application Package and Submission**

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

**A:** Applications are due by June 17, 2024, at 11:59 p.m. ET. The due date is the same for all three funding opportunities competed under this single notice of funding opportunity (NOFO). 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 funding opportunity numbers are: HRSA-25-002, HRSA-25-003, and HRSA-25-004, which have different starting dates, but the same application due date. 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 may not exceed the equivalent of 80 pages when printed by HRSA. See page 9 of the NOFO.

**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 toward the page limit. The *Abstract*, *Indirect Cost Rate Agreement* (if applicable), *Proof of Non-Profit Status*, *Biographical Sketches and Funding Preferences* do not count toward 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: Yes.** All required attachments must be submitted. For an attachment such as Funding Preferences, if your organization is not interested in being considered for a funding preference, or if you do not qualify for a funding preference, then you must state “Not Applicable” in the attachment.

**Q: How does my organization obtain a Unique Entity Identifier (UEI)?**

**A:** See pages 33-34 of the NOFO. Please keep in mind this may take several weeks, so start early if your organization does not have a UEI. All entities applying for funding, including renewal funding, must have a UEI number and SAM.gov registration.

For more information on obtaining a UEI number, see pages 10-12 of the [SF-424 Application Guide](#).

**Eligibility**

**Q: Does the proof of non-profit status have to be the 501(c)(3) letter from the IRS or will a state-issued 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](#).

**Q: Upon reviewing the NOFO, I encountered some confusion regarding whether organizations not listed in Appendix C are eligible to apply. Could you clarify whether the organizations listed in Appendix C are the sole entities eligible to apply for funding, or if there are additional eligibility criteria for geographical service areas?**

**A:** This competition is open to current RWHAP Part C EIS recipients and new organizations proposing to provide RWHAP Part C EIS funded services in the geographic service areas listed in Appendix C. Please refer to page 1 of the NOFO (Funding Opportunity Numbers: HRSA-25-002, HRSA-25-003, HRSA-25-004). Furthermore, please refer to pages 16 and 24 for information on the additional requirements specific to new applicants.

**Q: We received an expansion grant last year under HRSA-23-119. We thought the grant was awarded through 2026, but I see on this PART C NOFO that our service area is listed. Are we required to submit another application for this grant?**

**A:** Yes, your organization will have to submit an application for your service area to be considered for further funding after April 30, 2025. The RWHAP Part C EIS NOFO in 2023 (HRSA-23-119) covered a twenty-three-month period of performance from 6/1/2023 through 4/30/2025. HRSA established this performance period so that it can re-compete all existing geographic service areas simultaneously with a three-year period of performance for all RWHAP Part C EIS recipients.

**Funding Methodology**

**Q: I'm wondering what the reason was that our ceiling amount was reduced? I don't think that the methodology HRSA uses to determine ceiling amounts has changed a lot since our last competitive application. Is there a reason for this?**

**A:** The Part C Funding Allocation Methodology employs data-driven factors, such as RSR data, to determine funding ceilings for recipients. Variations in these factors can lead to changes in an organization's funding levels. To prevent significant fluctuations, HRSA phases in the Allocation Methodology for the RWHAP Part C EIS program. Based on the application of the methodology, your organization's ceiling amount has decreased. For more information, refer to pages 5-7 of the NOFO.

### **Program Requirements and Expectations**

**Q:** [HRSA's Performance Measure Portfolio](#), updated June 2023, has an annual retention in case measure that is annual instead of every 6 months as stated in the HHS Common HIV Care Indicators. Which reference should we be using for the NOFO and our data reporting in general?

**A:** Either measure will be acceptable for this announcement because HRSA recognizes that many clients with HIV may be stable enough where an annual office visit with a medical provider is all that is needed. [This link provides the annual measure for both 6-month and annual measures](#) along with information on how these data are captured in the annual RSR. Links to [HRSA's Compass Dashboard](#) are also on this same page.

### **Service Areas**

**Q:** We reviewed Appendix C: 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 C lists the current recipient's 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 C, you must submit a separate application for each service area under the correct funding opportunity number. If you have any additional questions, please submit your question to the **Part C EIS inbox which is [PARTCEIS@hrsa.gov](mailto:PARTCEIS@hrsa.gov)**

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

**A:** No. This NOFO competition (HRSA-25-002, HRSA-25-003, and HRSA-25-004) 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 C of the NOFO. Therefore, HRSA will not consider an expansion to new counties in the existing geographic service areas listed in Appendix C. HRSA is not funding new geographic service areas under this announcement.

**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 any of the geographic service areas listed

in Appendix C of HRSA-25-002, HRSA-25-003, and HRSA-25-004, you would be proposing to replace an existing funded organization. Each service area is defined in Appendix C starting on page 52 of the NOFO. A service area may be comprised of more than one city, county, or other geographic unit, as specified in Appendix C. Applicants must address the entire service area as listed in Appendix C.

**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 program must have a diagnosis of HIV/AIDS and be low-income *as defined by the RWHAP Part C 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 admin costs capped at 10%)?**

**A:** CQM costs are not administrative costs. CQM includes those costs required to implement HAB PCN 15-02. For more information on the elements of a 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 2023 is not yet available. We can note that in the application. Will that be reviewed negatively?**

**A:** 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: 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 or their own data or both in the need 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.

### **Work Plan**

**Q: In reviewing the NOFO for the RWHAP Part C EIS competing continuation grant, we noticed that the grant project period is described as both a 2-year project period and a 3-year project period. We want to confirm whether we are writing for 2 years or 3 years.**

**A:** The period of performance for this NOFO is three (3) years, therefore, the work plan should also cover 3 years. The listing of two years on page 33 of the NOFO is incorrect.

**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 23 and 24 of the NOFO.

**Q: If we do not support counseling and testing using RWHAP Part C EIS funds, do you 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 directly through the recipient or through referrals, contracts, or memoranda of understanding (MOUs). Additionally, if you are using RWHAP Part C EIS funds for services that support a 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: When we ask for funds are we asking only the amount in the appendix or the amount over the entire grant period and future funding periods?**

**A:** The amounts in Appendix C reflect the funding ceiling for a single budget year for each service area. 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.

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 the 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: 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 when you are submitting your application on Grants.gov.

**Q: Should the line item budget be divided into 3 sections (Clinical, Quality, and Admin) or 5 sections (EIS, Core Med, Support service, Quality, Admin)?**

**A:** Applicants 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 26-29 of the NOFO for more information.

**Q: The examples of the services that fall into the EIS Services are very similar to the services provided by Medical Case Managers, whose services are considered as Core Services. How does one differentiate these tasks when developing the budget?**

**A:** The RWHAP Part C EIS legislation requires that 50% of the total award be allocated to EIS. Core Medical Services includes all services designated as EIS with additional services that may not be allocated under EIS. These include counseling individuals with respect to HIV and Referrals/Linkage to Care of newly identified people with HIV or those who are out of care.

**Q: If EIS is a subset of Core Medical Services, and linkages and counseling are not counted to EIS budget allocation, does it mean that EIS cost category cannot equal Core Medical Services cost category?**

**A:** Since counseling with respect to HIV and referrals/linkage to care cannot be allocated to EIS budget and can only be allocated under Core Medical Services budget, it would be expected that the Core Medical Services budget total is higher than the total funds allocated to EIS.