Frequently Asked Questions: HRSA-24-107

A System-Level Syndemic Approach to Improve HIV Care and Treatment for People from Racial and Ethnic Minority Groups - Demonstration Systems

- Our indirect rate expired at the end of last month (attached). We are waiting for the new one to be approved. The last agreement indicated a provisional rate for this period. Is this acceptable? If your indirect cost rate agreement will expire, you could use the de minimis rate of 10% until you acquire your new indirect cost rate agreement.
- 2. Do 10% admin cap and 75/25 rule apply to this project?

If you have a negotiated indirect cost rate through your agency, you could use that. If you do not have an indirect cost rate negotiated, you can use the de minimis rate of 10% for your indirect costs.

3. Our clinic receives funding from Parts A and B in the state of Maryland, but also C directly from HRSA. Are we eligible to apply per the first statement or is this NOFO intended for jurisdictions?

The intended recipients for this funding opportunity are system-level entities such as states, local/metropolitan areas, territories – NOT single providers. However, providers who wish to apply for this funding could partner with those jurisdictions in a proposal to develop system-wide strategies.

- 4. A single RW provider/non-profit cannot apply?
 - The intended recipients for this funding opportunity are system-level entities such as states, local/metropolitan areas, territories NOT single providers. However, providers who wish to apply for this funding could partner with those jurisdictions in a proposal to develop system-wide strategies.
- 5. A single site can apply if they can collaborate with other agencies across the county? The intended recipients for this funding opportunity are system-level entities such as states, local/metropolitan areas, territories – NOT single providers. However, providers who wish to apply for this funding could partner with those jurisdictions in a proposal to develop system-wide strategies.
- 6. An individual RW provider partnering with providers from multiple systems across a region is not appropriate?

The intended recipients for this funding opportunity are system-level entities such as states, local/metropolitan areas, territories – NOT single providers. However, providers who wish to apply for this funding could partner with those jurisdictions in a proposal to develop system-wide strategies.

7. Do standard Ryan White client eligibility criteria apply to this project? Standard Ryan White client eligibility criteria apply, and additional eligibility criteria may be proposed by the applicants as desired to meet the goals of the initiative. 8. Is there a more specific target population preferred outside of just ethnic/racial minorities with HIV?

No. Applicants should describe and prioritize the specific population within the framework of ethnic/racial minorities with HIV they will engage based on needs in their community.

9. Can jurisdictions hire consultants to assist with the development of demonstration project materials in collaboration with ETAP?

HRSA does not prescribe a specific staffing strategy. The applicants can propose staffing structure they determine that will meet program requirements and provide justification in response to the criteria specified in the NOFO.

10. The Budget Period for is September 1,2024-August 31 AND the Project Period is September 30, 2024-September 29, 2029?

The budget period is 9/30/2024 - 9/29/2025, and the project period is 9/30/2024- 9/29/2028.

- Attachment 7: Non-profit status. What is acceptable for a government agency to submit? W9 indicating tax status? Is this applicable for government entities?
 Attachment 7 is for non-profit organizations. If you are not a non-profit organization, then you don't need to provide Attachment 7.
- 12. Attachment 4: For agencies that have contracts for RW services, can a document identifying what contracts we hold be submitted in lieu of the contract? They are several hundred pages. This would fall under attachment 4 and counts towards the page limit.

Provide any documents that describe working relationships between your organization and others you refer to in the proposal.

- 13. High level work plan: should this be in narrative format or bullet points or table? What's the difference between attachment 1 and the high-level work plan?
 High-level work plan is a brief summary in the narrative section of the proposal of the overall goals and activities. The actual detailed work plan in table format must be included as Attachment 1.
- 14. There needs to be a budget summary and budget narrative, but attachment 8 requires a lineitem budget year by year. Can the budget summary and narrative be combined with attachment 8? What's the difference between SF-424a and Attachment 8?

This is a programmatic request about line-item budget. The SF-424 A Form is the itemized budget approved by OMB that you must submit. Program has also requested a budget on the excel spreadsheet. Approved OMB SF-424 Form and the other one in an excel spreadsheet using the object class categories in the SF-424A information, and they'll be in Attachment 8.

15. How much detail should be included in Attachment 9 (List of eligible RWHAP services), services delivery locations, hours of operations, staffing details? Or just service categories funded?

Please include as much detail as needed. You have an objective review committee who will be reviewing these, and to make sure you get the information conveyed over to that committee.

16. Our organization recently conducted a longitudinal pilot and now seeks to solidify and create a package/toolkit based on this pilot, which is one of the responsibilities listed in the current NOFO. Can you clarify whether HRSA sees that as not too advanced and "just right" for its investment and impact.

It will be based on the actual initiative that you're currently doing. However, HRSA encourages you to submit this question in more detail to the email included so we can give a clear response.