> **Frequently Asked Questions for Notice of Funding Opportunity (NOFO) HRSA-20-078**
>
> ## *Ending the HIV Epidemic: A Plan for America —*
>
> ## *Ryan White HIV/AIDS Program Parts A and B*

Use of Funds:

Q1: The Notice of Funding Opportunity (NOFO) states on page 2, paragraph 1, "the only requirement for determining eligibility for service provision is that the individual has a documented HIV diagnosis. There is no requirement that individuals meet Ryan White HIV/AIDS Program (RWHAP) eligibility requirements." Does this mean that rapid and innovative HIV and STD testing/screening programs and outreach will not be funded?

Answer: Rapid and innovative HIV and STD testing and screening activities will largely be funded by the Centers for Disease Control and Prevention (CDC). However, the purpose of the initiative resources under this NOFO, HRSA-20-078, is to develop, implement, and/or enhance innovative approaches to engaging people with HIV who are newly diagnosed, not in care, and/or not virally suppressed. Funded recipients are not limited to using the current RWHAP service categories and are encouraged to be innovative and creative as they design ways to use these funds to end the HIV epidemic in their jurisdictions.

Q2: If we propose a rigorous evaluation of pre-exposure prophylaxis (PrEP) in our jurisdiction, can this be a programmatic cost or does it fall under the 15% administration or evaluation cap?

Answer: This funding opportunity is focused on Pillars Two (Treat) and Four (Respond). PrEP services fall under Pillar Three (Prevent), which is co-led by CDC and HRSA's Health Center Program. Therefore, PrEP evaluation would not be an allowable cost under this NOFO. See Funding Restrictions, pages 22–23, of this NOFO for more information.

Q3: Can funds be used for telemedicine?

Answer: Yes, funds can be used to provide allowable services through telemedicine.

Q4: What types of education and awareness activities can be funded to support Pillar Two (Treat)?

Answer: We encourage you to look at what is currently allowable under the RWHAP as a guide, but recipients are encouraged to be innovative and creative as they design ways to use these funds to end the HIV epidemic in their jurisdictions. See Funding Restrictions, pages 22–23, of this NOFO for more information.

Q5: Is payor of last resort a requirement of the Ending the HIV Epidemic (EHE) cooperative agreement?

Answer: Yes, the payor of last resort requirement from the RWHAP applies to this funding. See Funding Restrictions, pages 22–23, of the NOFO for additional information.

Q6: Are PrEP activities such as linkage and adherence follow up acceptable funded interventions?

Answer: This funding is focused on Pillar Two (Treat) and Pillar Four (Respond), which are for treatment of people with HIV. Therefore, to the same extent as under your RWHAP Part A or Part B award, PrEP activities are not allowed under this funding opportunity. See Funding Restrictions, pages 22–23, of the NOFO for additional information.

Q7: Can we use these funds to pay for Syringe Services Program (SSP) staff (and not supplies)?

Answer: These funds can be used to support allowable costs of SSPs as long as the funds are being used specifically for people with HIV, and not the general SSP population.

Q8: Can the services under this funding only be provided to people who are newly diagnosed with HIV, not engaged in care, and/or not virally suppressed, or other people with HIV who do not meet these criteria?

Answer: Proposed methods must address Pillar Two (Treat) of the initiative, including expanding access to HIV care and treatment for people with HIV in the jurisdiction who are newly diagnosed, not engaged in care, and/or not virally suppressed, addressing barriers and unmet needs, and how proposed methods support Pillar Four (Respond) to respond quickly to HIV cluster detection efforts for those people with HIV needing HIV care and treatment.

Q9: Could funds from this NOFO be utilize to purchase and or maintain mobile testing units?

Answer: The use of these funds will have to comply with current grants policy. Written prior approval from HRSA's Division of Grants Management Operations (DGMO) is required for the purchase of vehicles.

Q10: Can these funds support capacity building for conducting molecular epidemiology?

Answer: As discussed in the Purpose section of the NOFO, CDC is leading Pillar Four (Respond) to rapidly detect HIV clusters and networks. HRSA's RWHAP and Health

Center Program will support CDC's efforts by providing HIV care and treatment through this funding.

Q11: When you say HRSA's expectation is that the Health Center Program will do PrEP, are you referring only to current RWHAP grant recipients at health centers?

Answer: HRSA's Health Center Program will be funding PrEP services through this initiative. Please contact your Bureau of Primary Healthcare (BPHC) Project Officer (PO) for more information.

Q12: Can funds be used for social marketing activities?

Answer: Refer to the outreach service category definition in PCN 16-02, Eligible Individuals and Allowable Use of Funds, for the HRSA HIV/AIDS Bureau's (HAB's) guidance on community and public awareness activities.

Q13: Can you clarify what the role of the RWHAP Part A will be in supporting Pillar Four (Respond)?

Answer: Pillar Four (Respond), led by CDC, will work with health departments to identify outbreaks.

Eligibility:

Q14: Are RWHAP Part A and B subrecpients eligible to apply? Is the funding only for the counties within the Eligible Metropolitan Area (EMAs) or for the entire EMA?

Answer: This NOFO is limited to RWHAP Part A and B recipients listed in Appendix A: List of Eligible Applicants. Subrecipients are not eligible to apply.

Q15: Will there be related funding sent directly to the Federally Qualified Health Centers (FQHCs)? Or should we plan to include FQHC capacity building in the proposal? Do any FQHCs involved in this initiative have to be currently receiving RWHAP Part A and B funding?

Answer: In the architecture of this initiative to date, and its first year, $50 million will be available for the community health centers, specifically for PrEP services. To achieve the goals of the EHE, you will be expected to expand your partnerships and reach more people which could be through community health centers.

Data and Reporting:

Q16: Will Ryan White Services Report (RSR) data be due at the same time as the RWHAP Part A data submission?

Answer: The RSR submission date is the same for all awards. Specific information on reporting requirements for this award will be provided in your NoA.

Q17: Can you share when the triannual reports (page 28 of the NOFO) will be due?

Answer: Specific information on reporting requirements will be provided in your NoA.

Q18: Will these funds be tracked separately on the RSR, or will we capture data the same as we do for the RWHAP Part B program?

Answer: Specific data reporting requirements will be provided in your NoA.

Q19: Will the requirement to use 340B rebates and/or program income first apply to the EHE award?

Answer: Yes. This award is subject to 45 CFR part 75, including 45 CFR 75.305(b)(5) which governs expenditures of program income and rebates before grant funds. See Funding Restrictions, page 23 of the NOFO, for more information.

Q20: Do we need to report data to HRSA via CAREWare? Will the triannual reports be submitted via CAREWare?

Answer: HRSA HAB does not require the use of CAREWare. Specific data reporting requirements will also be provided in your NOA.

Q21: The NOFO states that grant recipients must submit RSR data. What are the RSR data elements for each of the following: increasing organizational capacity, information dissemination and public outreach, community engagement, implementation of non-Part A services (i.e., emerging practices and disruptive interventions), and data infrastructure development and systems linkages?

Answer: Specific details regarding data reporting for this initiative will be provided in your NOA.

General Application:
Q22: Is there a minimum font size, line spacing, or margins requirement?

Answer: See SF-424 Application Guide section 4.2, Narrative and Attachment Formatting Guidelines, for specific guidance on font size, line spacing and margin requirements.

Q23: Can HRSA reconsider the 40 page application limit? More than 15 pages are required attachments and the narrative needs to describe 5 years of activities.

Answer: No. The page limit is firm. Please carefully review the NOFO and the SF-424 Application Guide to ensure you are only including required information in your application.

Q24: Must the work plan be included in the 40 page limit?

Answer: Yes. See the SF-424A Application for Federal Assistance – Table of Contents for additional information.

Q25: Do attachments count in the 40 page maximum?

Answer: Yes, unless otherwise stated in the NOFO and SF-424 Application Guide.

Q26: The page limit is 40 pages, which includes the abstract, project and budget narratives, the attachments and letter of commitments. However, on Grants.gov there are 10 documents that need to be completed. When HRSA prints the complete package, are these 10 documents in Grants.gov included in the 40 page limit?

Answer: Standard application forms are not included in the page limit. Please refer to the SF-424 Application Guide for details on what is included in the page limit.

Q27: Can one letter of support/agreement be submitted with all parties signing (Parts A, B and counties identified in the NOFO)?

Answer: Yes. A letter(s) of support must be dated and specifically indicate each partner's commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

Budget:

Q28: Does the SF-424A count toward the page limit?

Answer: No, the SF-424A, BUDGET INFORMATION - Non-Construction Programs, does not count toward the 40 page limit maximum. See SF-424 Application Guide for specific information.

Q29: Explain where to enter year 5 budget information in the application.

Answer: The 5th year budget should be included as Attachment 7.

Q30: The ceiling is defined for year 1, but no ceiling is defined for years 2 through 5. Can you explain since the full 5 year budget is required, but applications exceeding the ceiling will not be accepted?

Answer: The ceiling amount provided in Appendix B applies to year 1 only. When describing years 2 through 5, your projections should show budget progression and provide detail on activities associated with program implementation and scale up to meet the goal of this initiative in your jurisdiction.

Q31: Is it 10% administration, 10% planning and evaluation to equal no more than 15%?

Answer: As stated on page 23 of the NOFO, "grant administration costs may not exceed 10 % of the grant award. Planning and evaluation costs may not exceed 10 % of the grant award. Collectively, recipient administration and planning and evaluation costs may not exceed 15 % of the grant award."

Q32: Can you provide more information about the detail required for service activities that may be conducted by subrecipients? We will have to go through a procurement and contracting process once these funds are awarded by HRSA.

Answer: In this section, we are asking that you provide a clear explanation of the purpose of each contract, how you estimated the costs, and the specific contract deliverables. List the amounts allocated for personnel or services contracted to outside providers for all HIV services (subrecipients). Although contracts will not be in place at the time of application submission, provide as much detail as possible based on the activities you are proposing to provide in your work plan. See Budget Narrative, pages 17–18, of the NOFO for more information.

Q33: How detailed does the narrative and budget need to be for years 2 through 5? A number of jurisdictions may receive the CDC 19-1906 1-year planning grant (September 30, 2019 –September 29, 2020) and will use the next year 2019–2020 to develop a strategy.

Answer: When describing years 2 through 5, your projections should show budget progression and provide detail on activities associated with program implementation and scale up to meet the goal of this initiative in your jurisdiction.

Q34: Page 13 of the NOFO instructions states, "please reflect the increasing activity resulting from these increased funds in years 2 through 5 of the work plan". Do you want us to create a budget that increases each year?

Answer: Yes. Based on the information provided in the NOFO, Years 2 through 5 should show budget progression associated with program implementation and scale-up. See Summary of Funding, pages 7–8, of the NOFO for more information.

Q35: Are the ceilings and minimums for each year or for all 5 years?

Answer: See page 8 of the NOFO and Appendix B. The ceiling and minimum listed in Appendix B are for year 1 only. The amount available, in addition to the ceiling amounts stated, is based on current projections. It is anticipated that the total annual amount available over the 5-year period of performance could increase from $55 million to an amount that achieves the initiative's 5-year goal. Applicants should submit the Years 2 through 5 work plans and proposed budgets accordingly. Future year ceiling and award amounts may be adjusted to reflect any changes.

Q36: Where should I submit the SF424A for the first four years?

Answer: Please see the SF 424 Application Guide for instructions on how to submit your budget.

Q37: Can you clarify which capacity building and infrastructure activities need to be included within the administrative budget and what types could be funded through direct services?

Answer: The budget narrative section describes the 4 cost categories. Please use these descriptions to appropriately allocate costs in your budget. See Budget Narrative, pages 17–19, of the NOFO for more information.

Q38: Would a budget template be available for Attachment 6? Also, is the budget narrative in a specific format?

Answer: No, we do not have a specific template that we can supply to you for Attachment 6. You can use formats that you have used in the past to apply for RWHAP funding. Please follow the instructions, include all required information for your line-item budget, and assure that your budget is in a PDF file format.

Q39: Investment in data infrastructure is described in the NOFO separately from administration, so is funding in that area not subject to administrative caps?

Answer: Yes. The Initiative Services and Infrastructure cost category, which includes the development and expansion of data systems, is not subject to the 10 % administrative cap.

TAP/SCP:
Q40: What is the estimated time period for which an award recipient would be assigned the Technical Assistance Provider (TAP) and Systems Coordination Provider (SCP)?

Answer: Technical Assistance through the TAP and SCP in year 1 will be prioritized based on need. It is important that all jurisdictions communicate their technical assistance needs to the TAP and SCP as well as to HRSA HAB.

Q41: Will TAP providers also be helping to revise the work plans?

Answer: The TAP is responsible for collaborating with recipients on the development, implementation, coordination, and integration of initiative activities. Each recipient is expected to develop a work plan that meets the requirements of the NOFO.

Q42: What is the opportunity to propose a planning process with a portion of the grant money? What is the expected timeline for implementation?

Answer: HRSA understands that jurisdictions will need to plan for these additional EHE resources. Please note that a SCP will be funded under HRSA-20-089 to assist with planning and coordination efforts. Applicants are required to propose a realistic timeline for implementation of activities in their work plans.

Q43: How should planning for these grants intersect with the plans developed through CDC planning grant through the states if your state received a CDC planning grant?

Answer: A Systems Coordination Provider will be funded under HRSA-20-089 to assist with planning and coordination efforts.

Implementation:
Q44: Is there any role of the planning councils regarding this NOFO?

Answer: The planning councils and planning bodies do not have a legislatively mandated role in this initiative. However, funded recipients will use these initiative resources in conjunction with the current RWHAP Parts A and B systems of care. Therefore, planning councils and planning bodies should be included in the discussions and planning, even though they are not responsible for the priority setting and resource allocation of these EHE funds.

Q45: Throughout this cooperative agreement will our contact be our current PO?

Answer: This information will be made available in your NoA.

Q46: Is it HRSA's expectations that subrecipient contracts will start on March 1, 2020, or will you allow time for local Request for Proposal processes?

Answer: HRSA HAB's expectation is that all subrecipient contracts are executed in a reasonable and timely manner.

Resources:
Q47: In the work plan section, it states the CDC will provide additional guidance about the EHE plans. Where and when will this be received or available?

Answer: We do not have any additional information at this time.

Q48: Page 13 of the NOFO states: "the CDC will provide you additional guidance about the Ending the HIV Epidemic Plan". Which plan is this statement referring to? Our CDC/HRSA Integrated Prevention and Care Plan? The Ending the Epidemic Plan that is due to CDC on September 29, 2020 if we receive the CDC 19-1906 grant? CDC 18-1802 Integrated Surveillance and Prevention Component A Work Plan?

Answer: The CDC released a NOFO for EHE plan development. The statement on page 13 references this plan.

Q49: Will the PowerPoint slides be available right after the presentation?

Answer: Yes. You can access the PowerPoint slide deck on the TargetHIV website via this link (HRSA-20-078).

Q50: Do you know when the Pillars One and Three NOFOs will be released?

Answer: We do not have information on these NOFOs at this time.

Q51: Will the National Institutes of Health Centers for AIDS Research be releasing supplemental funding under this initiative? Will that be released separately?

Answer: The initiative is a collaborative effort among key Department of Health and Human Services agencies. Any initiative funding will be released by the assigned agency.

ADAP:

Q52: We are thinking that our EHE efforts may have an impact on our state ADAP. What considerations are there to support this potential increase in ADAP clients/costs?

Answer: These EHE funds can be used to support the state ADAP either directly or through a subaward from another Program Part to the ADAP.