General

1. I am having problems retrieving the full announcement. Can you please advise?

To access the announcement, please go to grants.gov at: https://www.grants.gov/web/grants/search-grants.html?keywords=HRSA-19-038
Under the Package tab, click on "Preview", then click on "Download Instructions" to access the HRSA-19-038 Notice of Funding Opportunity (NOFO).

Please call the grants.gov helpdesk if you are having additional problems accessing the announcement and/or applying: **Grants.gov Contact Center** (24/7 except Federal holidays): 1-800-518-4726 or support@grants.gov.

2. Is there a Webinar for this grant? Where can I find the link to the slides and public recording of the technical assistance (TA) webinar? Is there a call-back number? Do I need to pre-register to access the links?

The pre-application TA webinar for this announcement took place on Wednesday, February 13th at 2pm ET. We have posted the slides and link to the recording of the pre-application TA webinar at the TARGETHIV website at: https://targethiv.org/library/nofos.

You may also listen to the audio recording using the playback number.

Playback Number*: 1-888-566-0411

Note, no passcode is needed for the instant replay/playback number.

3. What are the key deadlines for the HRSA-19-038 funding announcement?

The key deadlines for HRSA-19-038 are below:

- Letters of Intent (optional) are due February 27, 2019. Letters of intent to apply are encouraged but not required.
- Application deadline: April 16, 2019 at 11:59 p.m. Eastern Time. All eligible entities are encouraged to apply.

4. Is there an instruction sheet for components of the Letter Of Intent (LOI) to apply? Who is the letter of intent sent to? Is there any additional information you can provide regarding what should be in the LOI?

The instructions for the Letter of Intent can be found on page 22 of the Notice of Funding Opportunity which are copied below as reference.

Letter of Intent to Apply (optional)

The letter should identify your organization and its intent to apply, including the proposed states that your organization intends to engage with and a brief description of your proposal. HRSA will **not** acknowledge receipt of letters of intent.

Send the letter via email by *February 27, 2019* to:

HRSA Digital Services Operation (DSO)

HRSADSO@hrsa.gov

Please use the HRSA opportunity number as email subject (HRSA-19-038)

Although HRSA encourages letters of intent to apply, they are not required. You are eligible to apply even if you do not submit a letter of intent.

5. If additional questions come in, where will people have access to that information?

The Frequently Asked Questions (FAQs), including questions from the pre-application TA webinar and received over email and will be posted to <u>TargetHIV.org</u>.

Applicant Eligibility

1. Do we have to be a current recipient or subrecipient of Ryan White HIV/AIDS Program (RWHAP) funding to be eligible to apply?

No, you do not have to be a current RWHAP recipient or subrecipient to apply. As long as you meet the eligibility requirements listed on page 11 of the NOFO, you are eligible to apply. The eligibility criteria is as follows: Entities eligible for funding under Parts A – D of Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, including public health departments and institutions of higher education, state and local governments, nonprofit organizations, faith-based and community-based organizations, tribes and tribal organizations are eligible to apply.

2. Does this opportunity allow us to subaward program funds to partners? Yes, this funding opportunity allows subawards (through subgrants, subcontracts, etc.) to partners.

Budget/Funding Request Levels

1. Can you review the funding structure?

HRSA expects approximately \$3,500,000 to be available annually to fund an estimated one (1) to four (4) System Coordination Provider (SCP) recipients. Funding request levels should be commensurate with the number of states, anticipated reach, and the scope and complexity of system-level coordination proposed for people living with HIV (PLWH) and opioid use disorder (OUD).

2. How much funding can I apply for?

You may apply for a ceiling amount up to \$3,500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. If the ceiling amount of \$3,500,000 is requested, your proposal should include 15 states. If you propose less than 15 states, your budget should reflect the *commensurate* level of scope and effort accordingly.

On page 26 or the NOFO, under the Support Requested review criterion, reviewers will score "the appropriateness of the funding request levels including the strength and clarity of the budget justification narrative commensurate with the number of states, anticipated reach, and scope and complexity of system-level coordination proposed."

Note: If more than one SCP as recommended by the ORC propose the same states, successful applicants may be asked to reduce the number of states proposed and their budget accordingly to ensure no duplication of states exist across the funded SCPs.

3. Should the line item budgets and budget justification be for all three years as well?

Yes. For subsequent budget years, the budget justification narrative should highlight the changes from year 1 or clearly indicate that there are no substantive budget changes during the period of performance.

See page 28 of the HRSA SF-424 Application Guide for further information: https://www.hrsa.gov/sites/default/files/hrsa/grants/apply/applicationguide/sf-424-guide.pdf

Selection of States:

1. How many states should I select in my proposal?

On page 10 of the NOFO, it states that "the SCP applicant will <u>select at least 5 states, but</u> <u>no more than 15 states</u> that are in the geographical area(s) chosen by the applicant." The states in the identified geographical area(s) do not need to be contiguous.

2. How large or small can a geographic area be?

The geographic area is by state in terms of system-level coordination. Depending on the size of your state(s), the geographic area could be small or large. If you are concentrated in the Northeast, it would be smaller. As mentioned in the NOFO, So you need to be working in an entire state to coordinate care and have at least five and up to 15 states. Again, the states in the identified geographical area(s) do not need to be contiguous.

3. Do the states need to be in a particular geographic area of the United States?

No. The states do not need to be in a particular geographical area and do not need to be contiguous.

4. Does HRSA/HAB have a preference for states with varying expertise in linking opioid and HIV services?

No, there are no preferences. HRSA/HAB does not have a preference for states. Per the NOFO, pay close attention to the program expectations in the narrative and the corresponding review criteria for how you will propose those states and the justification for it. The reviewers will look at the states you propose and the needs that you are proposing.

Per pages 13-14 of the NOFO carefully, the 5-15 states you propose to engage with throughout the project to implement system-level collaborations as they pertain to the opioid epidemic for PLWH should be described in your narrative section based on the following needs:

- HIV burden, including HIV incidence and prevalence as demonstrated from surveillance or other data sources;
- Impact of the opioid epidemic on the target population, PLWH and OUD, on each state as demonstrated from surveillance and other data sources
- Gaps and barriers in OUD care, treatment, and recovery services for PLWH

- New and/or expansion of OUD funding, behavioral health, and other resources to address the opioid epidemic in each selected state; and
- Demonstrated need for increased system-level coordination and integration of care for PLWH and OUD within each selected state.

For this state selection section, the reviewers will score based on the corresponding review criteria on pages 23-34 of the NOFO in the review criterion Need, i.e.:

- The strength and clarity with which the applicant identifies the proposed states (to include at least 5 and no more than 15 states) to engage with throughout the project to implement system-level collaborations and describes the needs as they pertain to the opioid epidemic for PLWH, utilizing the most recent available relevant local and/or national data and published research.
- The strength and clarity with which the applicant describes the proposed states, based on the following needs:
 - The extent to which the applicant describes the HIV burden, including HIV incidence and prevalence, as demonstrated from surveillance or other data sources; the extent and clarity with which the applicant describes the impact of the opioid epidemic on the target population, PLWH and OUD, as demonstrated from surveillance and other data sources; the clarity with which the applicant describes the gaps and barriers in OUD care, treatment, and recovery services for PLWH; the extent to which the applicant describes new and/or expansion of OUD funding, behavioral health, and other resources to address the opioid epidemic in each selected state; and the strength and clarity with which the applicant demonstrates the need for increased system-level coordination and integration of care for PLWH and OUD within each selected state.

Application Submission Requirements

5. Are there guidelines (e.g. page limit or format) for the biographical sketches?

There is no set format for biographical sketches but there is a page limit. See pg. 19 of the NOFO: **Attachment 3:** Biographical Sketches of Key Personnel. Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

6. Are applicants required to submit a Letter of Agreement for each and every state they propose to work with?

Correction/clarification: We do ask for letters of agreement as part of your application. Per pages 16 and 19 of the NOFO, under the Methodology section of the narrative, we ask that you "Include written letters of agreement from the proposed states, including letters of support from the relevant state and local health departments and other public health entities you intend to work with on this project in **Attachment 4."**

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Include written agreements or letters of support with relevant state and local health departments and other public health entities. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

As part of the Response review criterion on page 24, reviewers will score "the strength of the written agreements and letters of support from the relevant state and local health departments and other public health entities that were provided in **Attachment 4."**

Note: While each state may provide letters of support for more than one SCP applicant, the final awards will reflect non-duplication with each state working with one (1) funded SCP only.

Allowable Uses of Funds:

What aspects of Syringe Service Programs (SSPs) are allowed under this funding?

Per page 21-22 or the NOFO, you <u>cannot</u> use funds under this notice for the following purposes:

- To develop materials designed to directly promote or encourage intravenous drug use
- Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. For more information, see https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs

Per the SSP policy, the federal government is not allowed to pay for syringes or any injection paraphernalia. Other types of services that are being provided at SSP locations (e.g. HIV counseling) may be allowable under this funding opportunity, with restrictions.

In March 2016, HHS issued guidance for HHS-funded programs regarding the use of federal funds to implement or expand syringe services programs (SSPs) for people who inject drugs. Please see the HHS-SSP guidance for more specifics: https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf

2. Should proposed states have existing agreements/approval from HHS for syringe service programs and/or plan to receive approval for SSPs?

There are requirements in terms of getting approval for SSPs that are done at the state level in coordination with the Centers for Disease Control and Prevention (CDC). If awarded, those would be reviewed with your Project Officer in terms of what may be allowable under this funding opportunity announcement.

3. Should the state have existing agreements or approval from HHS for syringe service programs and or plan to receive approval for SSPs?

That will be up to what the state proposal is. There is no requirement that they have to be approved for SSPs. They may want to pursue that as part of this project. Again, there is no requirement that they have approval for SSP. If they plan to do the work in SSP, they would need to use this funding in an SSP and get approval for that.