Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB)
Special Projects of National Significance (SPNS) Program
Frequently Asked Question for Notice of Funding Opportunity (NOFO) HRSA-20-114
Building Capacity to Implement Rapid Antiretroviral Therapy (ART) Start for Improved Care
Engagement in the Ryan White HIV/AIDS Program – Implementation Sites

Please note NOFO MODIFICATION: MAY 15, 2020 – total annual funding increased from $2,000,000 to $3,075,000; award ceiling amount increased from $200,000 to $205,000; number of implementation sites increased from 10 to 15.

General

1. **I am trying to retrieve the attachment of the full notice of funding opportunity announcement. Can you advise?**

   The full announcement is on https://www.grants.gov/   To access the announcement, please go to: https://www.grants.gov/web/grants/search-grants.html?keywords=HRSA-20-114
   Under the Package tab, click on "Preview", then click on "Download Instructions" to access the HRSA-20-114 Notice of Funding Opportunity (NOFO).

   You may also find it on the HRSA webpage at: https://www.hrsa.gov/grants/find-funding/hrsa-20-114

   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 pre-application technical assistance (TA) webinar for this grant? Please send the webinar link. Do I need to pre-register?**

   The pre-application TA webinar for this announcement (HRSA-20-114) took place on Wednesday, April 29, at 1 pm ET. Pre-registration was not required. Participation in a pre-application TA webinar is optional. The weblink was**:** https://hrsa.connectsolutions.com/hrsa-20-114.

3. **Where can I find the link to the slides and public recording of the pre-application TA webinar?**

   The slides, frequently asked questions (FAQs), and link to the recording of the pre-application TA webinar is posted at the TargetHIV website at: https://targethiv.org/library/nofos.

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4. **What are the key deadlines for the HRSA-20-114 funding announcement?**

   The key deadline for HRSA-20-114 are below:
   o Application deadline: **June 15, 2020,** at 11:59 pm Eastern Time**.**

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 7 of the NOFO, you are eligible to apply.

   Eligibility for HRSA-20-114:

   Eligible applicants include entities eligible for funding under Parts A - D of Title XXVI of the Public Health Service Act, including public and nonprofit private entities, state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; community health centers receiving support under Section 330 of the PHS Act; faith-based and community-based organizations; and Indian Tribes or Tribal organizations with or without federal recognition.

2. **Are sub-recipients of Part A or B eligible applicants?**

   Yes, sub-recipients of Part A and B are eligible. As stated in the eligibility information, public and nonprofit private entities; state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; community health centers receiving support under Section 330 of the PHS Act; faith-based and community-based organizations; and Indian Tribes or Tribal organizations with or without federal recognition, are eligible to apply. This includes RWHAP recipients and sub-recipients.

3. **If we are a private, for profit, clinic that receives Ryan White Part A funding, are we eligible to apply?**

   Per the eligibility information for this announcement, private for-profit entities are <u>not</u> eligible to apply. However, you are welcome to partner with an eligible entity as the

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prime applicant if interested. A signed and dated letter of agreement or memorandum of understanding (MOU) should be included as Attachment 4 as applicable.

4. **Are organizations who are not direct recipients of Parts A through D eligible if they have an arrangement with a recipient?**

   You do not have to be a currently funded recipient of Parts A through D to be eligible. As mentioned in the eligibility information listed in the NOFO, as long as you're eligible to apply for Parts A through D of the Ryan White HIV/AIDS Program (RWHAP), including the eligible entities listed in the NOFO, you are eligible to apply directly.

   Thus if eligible, you could apply as a prime recipient. If not eligible, you may partner with another entity who can be the prime applicant to apply for this funding opportunity announcement. Please include any applicable written agreements as Attachment 4.

5. **Do I have to be a direct provider of HIV services?**

   As mentioned on page 16 of the NOFO, organizations must have the ability to provide HIV services, either directly or through an agreement with an organization that will provide such services (Attachment 4). Thus, if you are not a direct provider of HIV services, you can partner with a direct recipient or subrecipient of RWHAP Parts A through D. If so, please include that written agreement in Attachment 4 of your application.

Budget/Funding Request Levels

1. **How much funding can I apply for?**

   Per the NOFO modification posted, May 15, 2020 - as listed on the front cover, page i, and page 6 of the NOFO, you may apply for a ceiling amount up to **$205,000 total cost** (includes both direct and indirect, facilities and administrative costs) per year.

2. **How long is the project period?**

   The period of performance is 3 years, from September 1, 2020, through August 31, 2023. Funding beyond the first year is subject to the availability of appropriated funds

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in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. Also, HRSA may reduce funding levels beyond the first year if recipients are unable to fully succeed in achieving the goals listed in the application.

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

Program Expectations

1. **Clinics may be at various stages of implementing rapid ART start from having fully functional rapid start programs to clinics who have only discussed it. Is this funding opportunity announcement for sites who haven't done any rapid treatment start activities or those who have only partially implemented it?**

    As mentioned on page 1 of the NOFO, this program will fund organizations that have the capacity (e.g., staff, personnel, workforce trainings) and infrastructure (e.g., clinical system, procedures/workflows) to support rapid start implementation, but have not yet been able to, with the goal of replicating and expanding successful rapid start models.

    The funding will support sites in leveraging their existing staffing and clinical infrastructure to launch and implement rapid start interventions with the goal of improving engagement in care, including accelerating the period of time from new HIV diagnosis to entry into care, increasing faster linkage and re-engagement into care for those out of care, and achieving and sustaining viral suppression.

    Because this announcement is intended for applicants that are interested in doing rapid start but not yet implemented or there have been very minimal rapid start activities in their organization, we are also funding in conjunction, an evaluation and technical assistance provider (ETAP), to help provide technical assistance to startup and help build capacity to implement a rapid start intervention.

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2. **A question about methodology. If you're already getting Part A funding and we can get a lot of folks in fairly rapidly, what's the expectation in terms of changing the proportion of folks we can get in rapidly? Should we propose to do a subset of folks?**

    While the NOFO does not address this directly, in terms of making sure your application meets the goals and objectives overall of the initiative, we ask that you reply to the NOFO as it relates to your environment. You should write your application in a way that it meets the needs and expectations of innovation in response to the NOFO at your local level.

3. **When does the countdown start for somebody you are trying to get back into care as opposed to somebody who is newly diagnosed?**

    As described on page 11 of the NOFO, the time period defined as "rapid start" is defined as the expedited linkage to HIV care and the rapid initiation of ART administered within the same day, next day, or within the week. This "rapid start" timeframe is the same for individuals newly diagnosed with HIV, new to care or who are out of care.

Evaluation-related Expectations

1. **Can you please say more about the ETAP (*funded separately under HRSA-20-113*) and how that works in conjunction with this grant? Did you say we have to apply to both?**

    No, you do not have to apply to both opportunity announcements. You only have to apply for one announcement. However, successful applicants are expected to collaborate with the evaluation and technical assistance provider (*HRSA-20-113, funded under a separate announcement*), so applicants should read the companion ETAP announcement, so you're familiar with the requirements that they are expected to fulfill through this initiative.

2. **What are the collaboration and program expectations of working with the ETAP?**

    As noted in HRSA-20-114, there are specific programmatic expectations and requirements listed in the NOFO on how you are expected to collaborate with the ETAP. Some of these examples include data collection and submission to ETAP as well as submitting to your local IRB for review. There's also participation in the technical assistance (TA) that will be provided by the ETAP. Some of these will be through learning collaboratives and peer-to-peer learning. Again, more specific and detailed

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instructions on collaboration with the ETAP is listed in this NOFO (HRSA-20-113) as well as in the companion NOFO (HRSA-20-114).

3. **Has the ETAP been identified yet?**

   No, the ETAP has not been identified yet. Applicants for the ETAP will also have to go through an application submission process along the same timeline as the applicants for this NOFO. Note: The ETAP will have the same project start date as the Implementation Sites funded under this initiative, i.e. September 1, 2020, through August 31, 2023.

4. **Is the evaluator intended to be a local evaluator, or are we meant to include some funding for the ETAP evaluation activities?**
   As mentioned on page 16 of the NOFO, "Since implementation sites will report relevant quantitative and qualitative outcome, process, and cost measures data to the ETAP, proposed staffing plans must include an evaluator to oversee the multi-site evaluation and a data coordinator to assist in data management, collection and reporting (Attachment 2)." Thus, the evaluator and data coordinator positions proposed are intended to oversee data collection at your site and submission of this multi-site evaluation data to the ETAP.

5. **Can the evaluator be an internal staff member who can engage in evaluation activities? Or should it be someone external to the agency?**

   The staffing plan proposed is up to each applicant. Thus, the evaluator you propose can be an internal staff member or someone external (subcontract) to your agency. Please read the review criteria on page 25 of the NOFO as it relates to these positions, i.e. "The strength and extent of the applicant's description of their current ability and plan to collect and manage data for this project, including a specific description of the experience of the proposed evaluator and data coordinator in assisting in data collection and reporting, and how they will collect and share data with the ETAP."

6. **Is there a minimum FTE requirement for these positions?**

   While proposed staffing plans must include an evaluator and data manager to oversee implementation of multi-site evaluation activities and data management, collection and reporting, we do not specify the minimum level of FTE required.

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Please note, per review criterion #6 (Support Requested), your proposed budget should be reasonable and reflect "the extent to which key personnel have adequate time devoted to the project to achieve project objectives."

Application Submission Requirements

1. **Are there requirements for page limit of applications?**

   Per page 8 of the NOFO. The total size of all uploaded files may not exceed the equivalent of **60 pages** when printed by HRSA. 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 in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.

   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.

2. **I am having difficulty applying, including establishing Workspace in my grants.gov. How do I resolve this issue?**

   You may contact grants.gov to get assistance with establishing Workspace.

   The link to apply can be found on grants.gov here: https://www.grants.gov/web/grants/search-grants.html?keywords=HRSA-20-114.

   If you have technical or application submission issues, including any error messages, please contact the Grants.gov help desk. The contact information is listed below.

   Grants.gov Contact Center (24/7 except Federal holidays)**:**

   1-800-518-4726, or
   support@grants.gov, or
   https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

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<u>Allowable Uses of Funds:</u>

1. **Can funds be used to cover HIV care for those without insurance if the clinic does not have Ryan White funds, or if the client is not eligible or able to get insurance coverage?**

   As mentioned on page 16 of the NOFO, organizations "must have the ability to provide HIV services, either directly or through an agreement with an organization that will provide such services (Attachment 4)."

   As mentioned on pages 21-22 of the NOFO, funds under this notice <u>cannot</u> be used for any charges that are billable to third-party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare); or to directly provide medical or support services (e.g., HIV care, counseling, and testing) that supplant existing services.

   Thus, since SPNS is a payer of last resort, and according to the funding requirements, funds may not be used to supplant existing resources.

2. **Can funds be used to purchase starter packs of ART?**

   On page 11 of the NOFO, "Purchase of starter packs of ART can be supported through this funding initiative if alternative mechanisms of payment (including RWHAP or the AIDS Drug Assistance Program (ADAP) is not available)."

   As reminder and described on page 5 of the NOFO, all RWHAP recipients are encouraged to review and integrate a variety of SPNS evidence-informed tools within their HIV system of care in accordance with the allowable service categories defined in [PCN 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#).

   Thus, funds should be used in line with PCN 16-02 in terms of what is allowable in terms of allowable uses of Ryan White funding, including funding to cover health insurance.

3. **Can funds be used to supplement testing and counseling services, e.g., rapid testing?**

   Thus, the infrastructure to conduct counseling and testing, facilities and supporting staff should already be in place and funded by other means (e.g. local/state health departments, CDC, etc.).

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Please see pages 1, 10 and 22 of the NOFO, which specifies that this program will fund "organizations that have the capacity (e.g., staff, personnel, workforce trainings) and infrastructure (e.g., clinical system, procedures/workflows) to support rapid start implementation, but have not yet been able to." Funds may not be used "to directly provide medical or support services (e.g., HIV care, counseling, and testing) that supplant existing services" and "on-site or partnerships with currently established testing programs" are required.

4. **Can funds be used to support staff to educate at-risk individuals, e.g. prevention navigators that will provide referrals?**

SPNS funds cannot be used for prevention and testing expenses (including support staff for at-risk individuals) due to the legislative requirement for the RWHAP. As mentioned above, these programs need to be in place already. SPNS funds are for strictly for HIV care and treatment for people with HIV. SPNS funds may pay for the innovative aspects of rapid linkage to care, ART initiation, and retention that enhance existing services, but counseling and testing services should be funded through CDC or other state/local funds.