RFA A-328
Questions and Answers
August 24, 2016

General Questions:

1. **Multiple attachments are required for each agency requesting a contract. Can multiple emails be submitted?**

   Yes. If emailing one file is too cumbersome, agencies can submit attachments as separate emails.

2. **Are MOAs required for agencies that refer patients to another agency?**

   Each agency is encouraged to have an MOA with any agency they are collaborating with.

3. **Is it a priority to fund previously funded organizations in the Networks of Care or new organizations with capacity and experience?**

   No. The CD branch has no preference for new or previously funded agencies. As long as the agencies are qualified, experienced and able to complete RFA requirements then they can be included in the applications.

4. **How is the RFA application organized?**

   Please refer to pages 43-54 and page 33 of the RFA for specific guidance on organizing applications for this RFA.

5. **Can agencies have their own attachments? Can agencies have multiple attachments?**

   Yes agencies can submit multiple attachments and can submit individual attachments. The attachments do not count towards the 125 page limit.

6. **Do the required 125 pages include all program areas?**

   Yes. This page limit includes all program areas in the application.

7. **Is the required cover letter and application face sheet considered attachments and count towards page limits?**

   No, they are not considered attachments and do not count towards the 125 page limit.

8. **The budget provided for our region is lower than what is currently received. What number do we use for the budget?**

   All applicants should use the budget amount provided to you in the RFA. The Care amount is a pre-determined amount which will not change. The Prevention amount is an average and your actual funding level could be up to 10% lower or higher than your average amount depending on the quality of your application.

9. **Can you post the RFA attachments (i.e., FACE Sheet, MOA forms, and other form items on pages 77-93, 113-117 and 151-152) in a Microsoft Word file so we can make enter information and/or make changes)? It would save us a lot of time to not recreate these forms.**

   Yes, we will post it on the CD Branch website.

10. **Also, the Attachments are labeled as "Appendix" in the RFA. It is confusing to go back and forth to identify which Appendix should be which Attachment. Can the Appendices have a label indicating the proper Attachment letter?**

    The RFA Attachments and Appendices cannot be changed at this point. Follow the guidance on the Application Checklist on pages 40 and 41 and ensure that you label your attachments accordingly. A Word version of this RFA will be posted by the end of August. You can also click on the "Navigation Pane" in the WORD document to access Attachments and Appendices easily.

11. **May I receive an electronic copy of the RFP?**

    Both a PDF and a Word version of the RFA is located on the CD Branch website at http://epi.publichealth.nc.gov/cd/stds/program.html . You may also click on http://epi.publichealth.nc.gov/cd/stds/docs/RFA_A328.pdf for the PDF file.

12. **When attaching MOAs to our applications, do we need all recently signed MOAs? If we have MOAs that were signed in the past and we are still testing with these locations, do we need an updated MOA for the application?**

    MOAs should be updated at least every three years. New MOAs should be submitted with your application.

13. **Do we have to attach original MOAs? For example, if the MOAs were signed, scanned, and emailed back to our organization can we send those copies?**

    Original signatures on MOAs are not needed; copies are fine.

14. Should Attachments be grouped by Organization, or by Letter? (Do you want all the attachments from CCP, then from MCHD, and so on, or do you want all the Attachment A's, then B's, and so on?)

Attachments should be grouped by organization/agency in the order that is indicated on pages 40-41, i.e., Agency 1, Attachment A, Attachment B, etc.; Agency 2, Attachment A, Attachment B, etc.

15. Is this group application going to be funded to one agency in the network to disperse funds? Or will there be a group application with individual awards?

The Branch will award contracts to a maximum of three to seven Prevention providers, two Care providers and two HOPWA providers per region as indicated on page 9 of the RFA. The Network can choose to have all contracts come directly from the state or the Network can choose to have some or all of the Network's prevention contracts subcontracted through another agency. Any agency intending to monitor HIV/STD prevention services should have the background, experience and capability to do so. Application reviewers will look for evidence that agencies monitoring HIV/STD prevention services have qualified staff with experience in effectively monitoring HIV/STD prevention services.

16. How will the grantors determine how much funding will go to each agency within the network?

The Communicable Disease (CD) Branch will directly fund Prevention, Care and HOPWA providers in each Network region. Please see the table on page 9 of the RFA for a breakdown of the number of applications that can be funded per Network region. The entities directly funded by the CD Branch may in turn sub-contract with additional agencies within each Network region. Please see the tables on pages 11 and 12 of the RFA for the Ryan White Part B, HOPWA and Prevention allocation amounts per Network region. Prevention, Care and HOPWA providers within each Network should decide which agencies will be funded and the total allocation amount for each funded application. The total amount awarded to each application will be determined by the quality of the application per the ability of the applicant to respond to the RFA as directed.

17. Where is the link for the FAQ page regarding the RFA??

The FAQ is located on the CD Branch website at http://epi.publichealth.nc.gov/cd/stds/program.html .

Prevention Questions:

1. **Will each subcontractor be required to complete Attachments A-O (pages 40-41)?**

   Yes. All of these items should be answered in the application except for items F and D.

2. **ITTS projects may have to reduce the overall number of individuals tested in order to reach the required 25% of total tests among African American MSM. Will this reflect poorly on the agency?**

   No. As long as the agency is attempting to reach young African American MSM and can show the program monitor that a good faith effort was made to reach this population, the agency won't be penalized for not meeting the 25% requirement. Agencies should do everything in their power to meet this requirement though and work with their monitors if they realize that they can't.

3. **Why did the focus change to Prevention for Positives?**

   The Centers for Disease Control and Prevention requires prevention for positive interventions and recommends prevention for high risk negatives. The budget this year has been very tight and the state is trying to focus on the most highly productive interventions. Also, past history shows that outcomes for interventions for high risk negatives tend to be lower than those of prevention for positive interventions.

4. **Explain the federal and state funding cycles for ITTS.**

   There is a chart in the RFA that shows each of the contract cycles. The differences in the cycles is due to the timing in which each funding source is received by the CD Branch. A twelve month budget should be submitted with all applications.

5. **What is the difference in providing prevention services for drug treatment centers in the ITTS and Substance Abuse Center programs?**

   The main difference here is that SAC programs can only test in substance abuse treatment facilities whereas ITTS programs can test wherever they think they can reach high risk people including in SAC sites as needed.

6. **Patient navigators funding through CAPUS is ending September 29, 2016. Will the state continue to fund patient navigators?**

The Prevention portion of this RFA won't fund patient navigators specifically although agencies conducting prevention activities to include testing can conduct patient navigator activities as a part of their testing protocol. Patient navigators can be funded under the Care section of this RFA if the network requests them. Any patient navigator activities provided under Ryan White Part B funding must only include services provided to clients that are HIV positive.

7. **Explain why an agency would be on high risk.**

   High Risk is a specific designation that is given by a Project Monitor to an agency currently funded by the CD branch as a result of some deficiency by the agency. Examples include; the absence of an Executive Director, agency not meeting contract goals and outcome requirements or if an agency has a significant audit finding. Also all agencies with no prior funding history with DHHS are automatically given a high risk designation. Agencies on high risk will be notified of this designation by their monitors in writing.

8. **Why is it required for 25% of total tests to be among African American MSM in the ITTS Program Area?**

   This was required because of the abundance of data suggesting that this population is by far the one that is the most impacted by HIV. Rates in this population are far higher than in any other population in North Carolina and generally across the US.

9. **What social media strategies will be funded for ITTS?**

   Social media messages that enhance testing services and increase awareness of and access to these testing services by key priority groups may be funded by the Prevention portion of the RFA. General social media for risk reduction only purposes will not be funded.

10. **Rural area social media exposure is difficult. Are there any suggestions in reaching this population?**

    Agencies can review www.efectiveinterventions.org for examples for integrating social media into health campaigns utilizing trends in social media. Also, agencies should work with project monitors for specific best practices for this and any other social marketing, testing or other problems they are having. Training is also available by the CDC CRIS system which agencies can access by contacting Kristena Clay-James (HIV Prevention Coordinator) at 919-733-2030.

11. The RFA states Prevention with Positives can only be funded through local health departments and community based organizations. Are colleges and universities included?

State colleges and universities can be included in this application The following agencies are eligible for funding under this application: Other state agencies, Local governmental agencies, Colleges and Universities (private and public) and community-based organizations (501(c)(3) designated).

12. If PrEP is not provided in your region, can an agency collaborate with a provider in another region?

Yes, an agency can collaborate with a provider from another region. The referral process and a list of PrEP providers in your region should still be included in your application.

13. What are the required condom distribution sites for the SAC program?

Required condom distribution sites are venues or locations outside of the substance abuse centers. Each agency funded for prevention activities in this RFA is required to describe how they will integrate condom distribution activities into their program.

14. Are resumes required for prevention contracts?

Yes, resumes are required for each person that will be funded through Prevention contracts.

15. If our agency is submitting an application for ITTS, can we submit it separately from the "Network" for our region?

All applications for Prevention should be included in the larger Network application. They can be in a separate section or program area but should be part of the Network application.

16. If we are submitting the ITTS application, do we need to write the "Regional Network of Care and Prevention" section as the "Network", (agency) or, do we not provide information for this section?

See answer above. Each application should have a Network section describing the entire Network plans and may also include individual sections for each program area.

17. **In an earlier FAQ document, it is stated that ITTS and EBIS can be in the same contract. We did not see anything in the RFA to dispute this, and wanted to make sure this is still the case, as it will greatly affect our network structure.**

    That is still the case. ITTS and EBIS can be one contract and SAC will be a separate contract.

18. **If a direct contractor is getting funding for both ITTS and SAC activities, do you want that reflected in one budget?**

    Agencies should submit a budget for each program area.

Care Questions:

1. **Does staff resumes include case managers and admin staff or only for medical providers? The question was clarified to address the requirement in the RFA that staff resumes must be submitted with the RFA response.**

   Resumes for all staff involved in any part of delivering the requirements of the application and those requested to be funded by any source within the RFA should be submitted with the application.

2. **Is there any indirect cost allowable for Part B?**

   Indirect cost is allowable for Ryan White Part B. Indirect cost cannot be allowed in addition to the 10% administrative cap for Ryan White Part B.

3. **Are resumes required for Part B funded staff only?**

   Resumes for all staff involved in delivering the requirements of the application and those requested to be funded by any source within the RFA should be submitted with the application.

4. **Is CAREWare going to have a place for non-medical case management?**

   CAREWare has fields to record any services funded by Ryan White Part B and HOPWA. Other outside funded services can also be recorded in CAREWare.

5. **If MAI funding is automatic, is there any indication of the amount each region will receive and what is the basis?**

   The 10 Regional Networks of Care and Prevention should submit each budget for $29,010 annually for MAI activities in their applications. MAI activities must all be targeted at enrolling minority populations into the NC ADAP program or other HIV medication assistance programs as Ryan White is payer of last resort. As with any other funding, the MAI amount available per region is strictly based on the amount of MAI funding received from the federal Ryan White Part B award each

year. The amount may fluctuate from year to year and the amount received per region may change each year and at any point during the 12 month funding period as a result of the federal award. All funding is contingent on the federal award.

6. **EC funds are not included in this application. Should they be discussed as part of the application (including the budget) or will an agency within the EMA be asked to produce a budget and budget narrative independent of the RFA?**

   Emerging Community or EC funds are not part of this RFA process. EC funds will be distributed to an agency within the Emerging Community service area separate from this RFA process.

7. **The RFA places needs assessment responsibilities with the Care program. Is the expectation of the RFA that future needs assessments include or exclude prevention and HIV testing questions? If they are to be included, are prevention programs expected to share the costs of those programs? If they are not expected to share the cost, will Ryan white finds be allowed for regions to knowingly survey high risk HIV negative individuals and then to pay for the analysis and the presentation of that analysis?**

   AIDS Care Program and Prevention staff is currently reviewing the Needs Assessment process. As a result, a determination has not yet been made as to the process for completing and submitting Needs Assessments. All Networks will be notified of the Needs Assessment process prior to execution of the 2017 Prevention, Care and HOPWA contracts.