**FAQ**

**Updated April 27, 2023**

**Syndemic**

**Answer’s thru 4/13/2023**

1. **Q: Can for-profit healthcare agencies apply for the grant? Can FQHCs apply for the grant?**

**A**: I believe this question will be clear once you see the released RFA. Once the RFA documents are released, if this is still a question for you, please reach back out.

1. **Q: Can LHJs apply with the intention of passing the funding to a non-LHJ entity?**

**A:** The Syndemic RFA does allow for subcontracting.

1. **Q: Are two organizations allowed to apply together for the Syndemic Approach to Infectious Disease Prevention & Linkage Services RFA?**

**A:** Yes, you could work in partnership with another organization, but you would have to have one agency that leads the work and is the official bidder. Then with the Syndemic RFA you could subcontract with the partner organization. It may be easier to complete 2 applications. Thank you!

1. **Q: I am writing to find out what disability accommodation services are available for the Syndemic RFP for people with learning and developmental disabilities (ADHD/Autism/Dyslexia) specifically if there are alternative submission formats such as audio/video recording or telephone interviews, individualized application supports, or other reasonable accommodations similar to those listed here:** [https://askjan.org/articles/Executive-Functioning-Deficits.cfm](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Faskjan.org%2Farticles%2FExecutive-Functioning-Deficits.cfm&data=05%7C01%7CID.RFASyndemic%40doh.wa.gov%7Cf35dd51ee4dd4f814f2d08db35f412c8%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C638163094641959562%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=GpNlIu8bNpnu16shoZXAzbjC34w82oLVDDNfoyfGCbQ%3D&reserved=0) **The RFP contains no information about who to coordinate disability accommodation requests with, if accommodations are allowed by this office as required by law, and what alternative submission formats or supports can be offered.**

 **A:** Our office is very supportive of alternative submittal formats. I spoke with the Subject Matter Expert, and they let me know that we could consider verbal or video presentations that we could record or transcribe for reviewers. Do you have a preference over either one of these options??

1. **Q: Regarding the “minimum and required qualifications” for this Syndemic RFA, are you aware, does the University of Washington meet those criteria? The U.W. Foundation has 501 c3 status, so I hope it does qualify. In addition to asking our administrators, I thought I’d ask you, in case you know the answer.**

**A:** Yes, 501 c3 status organizations would be eligible to apply if capable of meeting project objectives.

1. **Q: If our PHSKC jail health program also wanted to apply, should we submit one big proposal from PHSKC or would you rather have it separated by programs?**

**A:** If a large agency is an applicant to the RFA, with services offered by multiple areas of the agency, in order for reviewers to better understand how the services the agency wants to offer fit together, it is preferable for the agency to submit one application. We also want to clarify that the funds in the RFA are intended to support community services offerings – outreach, testing, and health navigation services – that are outside of, but connect to, foundational public health activities like the work disease intervention specialists do.

1. **Q: Could you please provide the recording of the webinar tomorrow?**

**A:** Yes, the webinar will be recorded and posted to our RFA website a few days after.

**Answer’s thru 4/20/2023**

1. **Q: Can bidders propose two different budgets, as in providing budget options (e.g., one budget with a full-time PA-C and one with a part-time PA-C)?**

**A:** No. Please submit one budget reflecting the work you propose to do. In the contract negotiation process, apparently successful bidders will have the opportunity to modify their budgets and scopes of work to reflect the awarded funding. In the example provided, if the awarded funding is less than would be necessary to hire a full-time PA-C, the apparently successful bidder will have the opportunity to modify their budget and scope of work to reflect a part-time PA-C.

1. **Q: Can bidders propose a technical approach that would blend these funds with funds from another organization, if the activities were very similar? This would be to expand the current work funded by that other funding organization.**

**A:** Yes. In the application, describe how complementary funding will be used to expand work and how duplication will be avoided. In the contract negotiation process, apparently successful bidders that are braiding funding in this way will need to work with their DOH contract manager to outline how they will track deliverables so as to ensure there is no duplication of reporting across funding streams contributing to the same effort or program.

1. **Q: Could funds from this RFA be used to purchase medications, for example, if we (an LHJ) wanted to offer test and treatment options for STIs on-site, same day, either at no cost or little cost ($20 a visit with a sliding scale option), could these funds be used to purchase meds used to treat GC/CT/SYPH? CDC recommends same day treatment for certain populations (e.g. a partner exposed to GC may be tested but also offered IM ceftriaxone same day to avoid loss-to-follow).**

**A:**  Agencies proposing a testing program that includes onsite STI treatment may include the cost of treatment medications in their budget.  Agencies that are already participating in or are eligible to participate in OID’s 340B STI medication distribution program do not have purchase medications on their own but may choose to do so. If you do not know if your agency is already participating in or is eligible to participate in OID’s 340B STI medication distribution program, contact Zandt.Bryan@doh.wa.gov.

1. **Q**: **1. What is the maximum amount that any one (1) organization can request in funding per annum for this program? 2. How many contracts do you anticipate awarding? 3. Are privatelaboratory test expenditures coverable under this contract?**

**A:** 1. See page 7 of the RFA packet. “The total funds available for the preliminary 18-month period of this RFA are up to $9,000,000 (nine million dollars). Additional 1-year budget periods will have up to $6,000,000 (six million dollars) in funding available per year. Applicants will be awarded funding based on the scoring of the applications and how well the scope and scale of their projects meets the current needs of communities in Washington. Applicants who apply for more than the total funds available will be rejected as non-responsive and will not be evaluated.” 2. There is no predetermined number.  3. OID currently contracts with several laboratories and anticipates most agencies will work with these labs. If an agency is proposing a program that would benefit from a different private laboratory, please explain the justification for using this lab and include costs in the budget.

1. **Q: Can bidders propose two different budgets, as in providing budget options (e.g., one budget with a full-time PA-C and one with a part-time PA-C)?**

**A:** No. Please submit one budget reflecting the work you propose to do. In the contract negotiation process, apparently successful bidders will have the opportunity to modify their budgets and scopes of work to reflect the awarded funding. In the example provided, if the awarded funding is less than would be necessary to hire a full-time PA-C, the apparently successful bidder will have the opportunity to modify their budget and scope of work to reflect a part-time PA-C.

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**A:** Yes. In the application, describe how complementary funding will be used to expand work and how duplication will be avoided. In the contract negotiation process, apparently successful bidders that are braiding funding in this way will need to work with their DOH contract manager to outline how they will track deliverables so as to ensure there is no duplication of reporting across funding streams contributing to the same effort or program.

1. **Q: 1) I'm wondering when the recording will be uploaded? 2) If we have questions that are specific to our current programming and how we should think about dividing our current budget between the new Syndemic buckets, should we ask those questions to you?**

**A:** 1) The webinar recording will be uploaded the week of April 17th. 2) Please send to the RFA inbox and Summer Wurst will route to the correct program folx.

1. **Q: The RFA asks for a one-year budget proposal. Since the award may be renewed for multiple periods, how should the budget account for inflation? For example, salaries and fringe benefit rates increase each year because of union negotiations and/or merit increases. If grantees do not account for inflation, the award will not support services after Year 1.**

**A:** Contracts will be negotiated yearly with DOH Contract managers and contractors. Inflation and COLA's should be accounted for in this negotiation period. Contract increase will be awarded based on need and availability of funds.

1. **Q: Will receiving funding from one application (example: syringe services) impact the likelihood of receiving funding from a different application (example: mail order condoms)?**

**A:** No, we have separate budget allocations for each program/application.

1. **Q: Should a separate budget template be completed for each Service category, or can agencies submit one excel template inclusive of all categories?**

**A:** Yes, separate budget templates should be completed for each application/service category, not rolled into one.

1. **Q: Will DOH provide the condoms, or should we budget for them?**

**A:** DOH will purchase the condoms through our existing condom distribution program.

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1. **Q: Do we need to have these MOU's or partnerships before we apply? How do we know who else is applying?**

**A:** There are some service categories where MOUs are described separately. Read them carefully for type of MOU is required.

1. **Q: Can we submit one application with partners? For example, we are a PrEP Pharmacy provider (Acts Pharmacy) in Pierce County - can we submit an application in collaboration with TPCHD, PCAF, or other pharmacy/provider partners?**

**A:** Yes, you could work in partnership with another organization, but you would have to have one agency that leads the work and is the official bidder.  Then with the Syndemic RFA, you could subcontract with the partner organization.  It may be easier to complete 2 applications.

1. **Q: Is this RFA also concerned with congenital syphilis?**

**A:** Yes, it is part of the Syndemic and should consider including, but some activities for congenital syphilis are not part of this RFA. The activities related to surveillance and Disease Investigation Services are Foundational Public Health Activities and excluded from this RFA.

1. **Q: If organizations apply together, will they be funded under one SOW and one budget or separate SOWs and budgets?**

**A:** There would need to be a lead bidder that submits the application. The successful bidder would have the SOW and Budget and then the Successful bidder would be responsible for subcontracting out funds to their partners.

1. **Q: Are all the reviewers OID staff?**

**A:** Some will be OID staff and external reviewers. We will also be very aware and work on ensuring that there are no conflicts of interest with external reviewers.

1. **Q: If we have additional staff, can we modify the form by adding rows?**

**A:** Yes. By using the expand button in the excel sheet there are more fields available. If you need more than 25 staff per activity, please reach out to the Syndemic In-box and we can make an adjustment to the template for you.

1. **Q: Could you point me in the right direction to the recording of the webinar?**

**A: 1)** The webinar recording will be uploaded the week of April 17th. It will be posted to this website <https://doh.wa.gov/about-us/executive-offices/health-and-science/disease-control-and-health-statistics/funding-opportunities>.

**Answer’s thru 4/27/2023**

1. **Q: Will you be releasing a format guidance for this grant? I have not been able to locate one under the links for this specific grant.**

**A:** For the Syndemic RFA there are no specific formatting requirements. Most responses are set up in a Question-and-Answer format, and you should use the templates/forms in the application materials to complete your answers.

1. **Q: Please see the below questions for the RFA- Syndemic Approach to Infectious Disease Prevention & Linkage Services.**

**1. Please provide the original Funding Opportunity Number from the appropriate federal agency, as well as the CFDA Number for this opportunity.**

**2. How many awards will be made?**

**3.During the webinar, DOH staff confirmed multiple agencies would be awarded for each category. However, the application package overview section of both the Mail-In Naloxone and Mail-In Condom programs would have only one award for each. Please clarify which service categories will have multiple awards?**

**4. Please confirm if an agency is applying for multiple Service categories such as Syndemic Services Navigation, and Community-Based Testing, the applicant should submit two application packages.**

**5. Should a separate budget template be completed for each Service category, or can agencies submit one excel template inclusive of all categories?**

**A:**

1. Funding sources are dependent on the service category. We will be using state funding and various federal funding sources depending on the service category and funding limitations.

2. No preconceived notion on the number of awards that will be made.

3. Apologies for the confusion. All service categories will have multiple awards with the following exceptions:

• PrEP housing, 1-3 awards

• Mail-order naloxone, 1 award

• Mail-order condom, 1 award

4. If an agency is applying for multiple service categories, they should submit an application package for each service category. If an agency is applying for multiple service categories and expects that work in those categories will be integrated or connected, please feel free to describe the relationship of the work across categories in your applications.

5. If an agency is applying for multiple service categories, they should submit an individual budget for each service category.

1. **Q: Is the mail order condom project meant to distribute condoms just inside your LHJ service district/region with other agencies awarded the work to cover other regional areas in the state?  Or those awarded this work are meant to provide distribution throughout the entire state of WA and not just inside their service district/region?**

**A:** The mail-order condom project is intended to be statewide. Only one applicant will be funded to facilitate this project.

1. **Q: For the Syringe Services Program application, it states that there are optional enhancements, which include the program is led by “people who use drugs”. My question is whether or not that includes individuals who previously used drugs and are in recovery, or if it only includes individuals who are currently using drugs?**

**A:** The intent of this enhancement is to promote leadership and staff representation within SSPs that reflect the community served. Depending on your geographic region, achieving this representation may require a mix of people who previously used and currently use drugs.

1. **Q: As a small and geographically fractured LHJ. Much of the application packet is focused on agencies other than LHJs. Are LHJs also eligible for this RFA? Because we are so small, linkage to services, and other wraparound care for MSM STIs, HIV, and Syphilis, are all provided by our regional DIS. Does this disqualify us from meeting RFA criteria? We are still in the process of launching our testing program, with a target date of June 16. Are projected and planned services sufficient to meet RFA criteria since we cannot provide current data on costs, testing volumes, etc.? Lastly, is there a minimum volume of testing and/or outreach events that are/is required? If so, what would that number be?**

**A:** Local health jurisdictions are eligible to apply for the RFA. Participation in the shared services model that includes local health jurisdiction disease surveillance activities and state field services response does not disqualify any LHJ from being eligible to apply. At the same time, funds in the RFA are not designated to support foundational public health services that are part of the prevention and control of communicable disease. Please note the service categories covered in the RFA. Applicants do not have to have a current program in place, and in an application, can describe projected volume of clients, events and testing as appropriate for their community. Although the RFA does not explicitly cite a required volume of testing, per se, it is suggested that a prospective applicant review the service category descriptions and requirements.

1. **Q: How should organizations approach submitting Memorandums of Understanding when the content of the MOU is dependent upon funding received through the contract?**

**A:** Please review the RFA closely. It contains information on what to provide if MOUs cannot be obtained. Specific guidance is on pages 63-68 and page 70.

1. **Q: Can we list priority populations other than those listed in the category descriptions as part of our proposal? For example, most (if not all) of the categories list people systematically marginalized and underserved due to racism, MSM, gender expansive/transgender individuals, people who use drugs, and people engaged in sex work. However, Exhibit A of the RFA also lists people experiencing homelessness and people outside of urban areas with limited access to “brick and mortar” services but these are not called out in the categories we plan to apply for. Locally, we also see difficulty in getting partners to confirmed cases of STIs linkage to timely and affordable testing and treatment. Is it permissible to include these as part of our Priority Populations, particularly asking related to the Community Based Testing and Linkage, Service Navigation and Innovative categories? Or must we stick to those priority populations listed within each category description?**

**A:** We expect applicants to be responsive to the communities of interest listed for that service category, and if including other priority populations, provide data to support that inclusion. We further note that for the conditions that OID follows, significant health disparities exist for the noted priority populations. If an applicant is connecting the work for which they propose to foundational public health communicable disease control work, it is likely that populations disparately affected by these conditions will overlap with priority populations outlined in the RFA service categories.

1. **Q: For service category 2.2.1-Community focused integrated……and linkage to care, one of the outcome requirements is “# of cases of viral hepatitis identified.” Is this only new HCV diagnoses? Or may it also include previously diagnosed, but untreated, individuals? Often times folks have records outside our county with a previous diagnosis so we may think it is a new diagnosis only to be de-deduplicated later by the state, or someone endorsed no knowledge of a history but later we learn they have a previous positive in WDRS.**

**A:** We recognize that many people who may acquire hepatitis C have at some point been made aware of their status. For many of those folks, linkage to care is still needed and extremely valuable to improving their health and in reducing the prevalence of hepatitis C. Applicants should consider and provide detail as to how they may be able to identify prior status for testing clients to focus testing for those who still need to learn their status. Regardless of a case being new or long-standing, linkage to care is valuable and applicants should describe their process for providing for this service.

1. **Q: For 2.2.2 Syndemic Service Navigation – I don’t see any core activities related to provider education and outreach to increase the number of community providers who offer certain services (PrEP, PrEP DAP enrollment, HCV testing). Can this be added into this proposal by an applicant for consideration of funding as part of a Service Navigator role (say 0.2 of their FTE)? Or would that need to be applied for separately through the Innovative Category (0.8 FTE requested through Service Nav, 0.2 FTE of the same person through Innovative)?**

**A:** We acknowledge that there is a role for ensuring connection to services provided by the medical community. The primary purpose of the service navigation work is navigation directly for community members. Including limited activity in a navigator role that relates to provider engagement and education is acceptable but should be described and should not be the primary function of a role funded in this service category.

1. **Q: If we are successful for funding through multiple categories, how will the finalized Scope of Work be combined or separated? For example, for our current Ryan White funding, two separate funding sources are listed under one Scope of Work/Program Name. Will all categories be under one Scope of Work/Program Name or separated out by category?**

**A:** If you are successful for receiving funding in multiple service categories, you would be awarded one contract that would fund multiple service categories. The one Scope of Work/Contract would have each service category split out into separate tasks.

1. **Q: What are the separate budget allocations for each application?**

**A:** There are no set budget allocations for each application/service category. Funds will be allocated based on applications received and awarded, based on need.

1. **Q: Can you clarify what the following pasted section of the RFA means. What is the difference between an informal application process and a formal competitive process?  "This is an informal application process and not a formal competitive procurement. A formal competitive procurement is not required for this project, however DOH has elected to conduct an informal application process so that we can assure a fair and open opportunity for any qualifying applicants to request funding from DOH. Any similarities to a formal competition are merely to assure consistency and an open and fair competition."**

**A:** Our agency has a formal and informal competition process. The formal process includes working with our agency contracts office to coordinate all applications, have applications posted to WEBS and ensure we follow all statewide competitive contracting rules.

The informal process allows the program to still compete activities, but we have more flexibility with some of the formality of the competition, such as not posting to webs and coordinating within our office vs our agency.

1. **Q: To clarify, is there a certain parameter for geographic makeup that would indicate if the program leadership should be currently using drugs vs previously used drugs in order to receive the enhancement points?**

**A:** No, the representation should reflect the community served in the geographic region.

1. **Q: Can we copy answers from one application and use them for another application?**

**A:** If there are sections of one Syndemic application that are relevant to another Syndemic application work can be copied and pasted from one application to the other.

1. **Q: Where do we find the guidance on what the minimum and maximum in each service category?**

**A:** There is no minimum or maximum. We want to see the mix of applications and make sure that we’re providing an appropriate regional mix of services, so we purposely did not include a minimum and maximum in each service category.

1. **Q: Is there a limit to how many partners can be in a region?**

**A:** There is no limit. Reviewers will be looking for a mix of services across the regions as they review.

1. **Q: I'm still really confused on the regional approach. Is DOH hoping we officially partner and provide services with all 7 counties in our region?**

**A:** In the application, we ask you where you will be providing services, so we will be looking for something that is clarified by applicants about where they plan to provide services. We are not expecting every applicant to provide services throughout an entire region. We will document this question and post a formal answer on the website.

1. **Q: As we are all applying for similar funding, we wouldn’t necessarily know what other organizations are putting in applications. If we don’t have communication with partners before we all submit our application, is that then something you are all going to look at and then let other applicants know they are doing the same testing as another organization? I’m just trying to make sure we are orienting ourselves.**

**A:** Before applications are due, any discussions you all have outside of this process are entirely up to you all. Agencies could pursue talking to other agencies in their region that they think might apply and have a conversation. We can’t facilitate that because it is before the application process, and we can’t get too involved in your processes prior to applications being submitted. Note: This question will be documented, and the answer will be posted for more clarity on the website.

1. **Q: Can you talk more about the innovative projects approach - as well as targeted populations. This is the first time DOH has included specific language about Transgender populations. Is there a specific idea about what services would be sought?**

**A:** This is really intended for you all to tell us, e.g., if there is something you would like to do that you think has strong support from, and is needed in, your communities.

1. **Q: Would an application to provide direct services at our LHJ (STI testing and treatment, HCV testing and treatment, naloxone distribution, etc.) be considered community-based integrated testing or innovative? or something else?**

**A:** That would be a situation where you would want to consider multiple applications for each service category.

1. **Q: Will one grant be awarded per category or is it possible multiple grants will be awarded in each category?**

**A:** It is possible/likely we will have multiple awards per service category so that DOH can ensure regional coverage.

1. **Q: How many total agencies do you anticipate making awards to?**

**A:** No preconceived notion about that.

1. **Q: We are considering applying to two program areas (Community-based integrated infections disease testing and linkage to services in high impact settings and Syringe Service programs). Should those be completed as two completely separate applications or combined?**

**A:**  These should be two separate applications.

1. **Q: Are there any suggested budget boundaries for programs (maximum or minimum awards)?**

**A:** For most service categories there is not. PrEP housing is an exception – the ceiling is $1,000,000. Please submit a budget amount that is appropriate for you to successfully achieve the work you propose to do.

1. **Q: If we are part of the same organization w/a PrEP provider, an MOU would not make sense.  What would you like to see.  A letter of support?**

**A:** Please include a letter of support.

1. **Q: You are wanting to know our organization’s total budget; if we are part of a large healthcare organization, are you wanting to know the actual total budget for the healthcare entity, or is it better to provide our Program budget?**

**A:** We are asking for your organization’s total budget figure to understand the size and scope of your organization. We also need your program budget as part of the application (see the budget template included in the RFA packet).

1. **Q: On the budget template, should we list administrative (non-direct patient care) positions/salaries on the Salaries list/rows?  Such as program manager, data analyst, etc. Or only positions/salaries that provide direct client services?**

**A:** The budget template is provided for you to detail all positions/salaries for which you are seeking funding. Please include any positions/salaries associated with the project for which you are seeking funding from OID**.**

1. **Q: If we plan to include offering MPOX vaccines and/or education as part of our syndemic approach to health, can we include funding r/t to MPOX as part of our proposal/budget for this RFA (it’d be in the Innovative category)?**

**A:** Like many other agencies, OID's scope of work is expanding to include mpox, and this condition affects communities of interest for the RFA. We appreciate the desire to include services and information related to mpox in integrated service offerings to these communities. That said, mpox is beyond the scope of the RFA.

1. **Q: Looking over the DOH RFA for the “community-focused integrated infectious disease testing and linkage to services in high-impact settings”,  I’m not clear what non-clinical testing means. Does that mean someone needs to collect their own sample in a CBO or at home, then tests are run in a community lab like LabCorp?**

**A:** Generally, nonclinical settings are sites where broad clinical services are not routinely provided, but where select diagnostic, screening, and minor invasive services are routinely offered. Examples of nonclinical settings where HIV, STI, and viral hepatitis testing may be offered include, but are not limited to, community-based organization on-site testing, mobile testing units, churches, bathhouses, parks, shelters, syringe services programs, health-related storefronts, homes, street outreach, bars, festivals/events, and other social services organizations. Clinical settings are locations like health clinics (e.g., federally qualified health centers, community health clinics, free clinics, rural clinics, reproductive and sexual health clinics), hospitals, and private doctors’ offices.

1. **Q: Referencing section 4.3 Organizational Background: For larger agencies that have multiple divisions and programs, should the description section focus on and include the overall agency’s organizational makeup/budget or the program’s (e.g., HIV/STI program) organizational makeup/budget?**

**A:** Please provide a high-level description of your organization’s divisions and overall budget, and then include detail specific to your division and program regarding organization structure and budget.

1. **Q: Referencing MOU’s/ LOS: f we are applying for both navigation and testing projects, can the same MOU/LOS be used for both? For example, a clinic agrees to offer both PrEP prescribing and STI treatment and states that in their MOU/LOS .  Could we attach that MOU/LOS with our Navigation application as well as the Testing application?**

**A:** Yes, you can use the same MOUs/LOS for both applications. Please be sure to provide them as attachments in each application submission.

1. **Q: What type of equity, diversity, and anti-bias training do these reviewers undergo? How does DOH ensure that all communities are reviewed equitably?**

**A:** We appreciate you raising this question. As we develop our review committee we will be looking into appropriate equity, diversity and anti-bias training as well as all state required contract trainings. If you have suggestions on specific trainings that may be helpful, please let us know.

**Ryan White**

**Answer’s thru 4/13/2023**

1. **Q: I understand the purpose to writing the RFA, but I really have no idea what it’s supposed to look like or who the audience we’re writing to is and what information they’re looking for.**
**If you could please provide some guidance or a list of some sort explaining the information needed that would be super helpful**

**A:** Your audience for the RFA is Department of Health, Office of Infectious Disease HIV Community Services Staff. They would be looking for which service categories you would be applying to implement. How your organization plans to implement the work of each services category (Proposal: program approach) and if you implemented the work you are proposing what would the goals and outcomes be of the work (Proposal: outcomes).
 Exhibit F of the RFA provides a consolidated checklist for all information that is required for the application (see below).

1. **Q: Are two organizations allowed to apply together for the Services for People Living with HIV RFA**

A: One major factor to keep in mind with this solicitation, is contracts awarded to successful bidders will not allow subcontracting. Our suggestion would be two applications with strong MOUs between the 2 organizations to collaborate work.

1. **Q: I wanted to know if that also includes evidence based recreational activities for stress reduction and social emotional health.**

**A**: HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client’s gym membership. Please reference the following for more information [\*PCN 16-02 RWHAP Services Eligible Individuals and Allowable Uses of Funds (hrsa.gov)](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fryanwhite.hrsa.gov%2Fsites%2Fdefault%2Ffiles%2Fryanwhite%2Fgrants%2Fservice-category-pcn-16-02-final.pdf&data=05%7C01%7CID.RFARyanWhite%40doh.wa.gov%7C6ed65f24883d4e3bff6908db37b2dbb8%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C638165013562593840%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Kq4%2F6PbPoFY%2Fnq0qyYrcWgOhylr70nT95Vx4VSBBnUs%3D&reserved=0)

1. **Q: I would like to schedule a time to talk to the RFA coordinator to see if our organization is eligible, or not.**

**A:** All eligibility requirements are listed in the RFA. If you have specific questions for your agency, please let us know and we will route them to the correct Subject Matter Expert. Thank you.

**Answer’s thru 4/20/2023**

1. **Q: What does it look like for an organization to extend their contract? Does the organization have to reapply?**

**A:** At the end of the initial contract period DOH reserves the right to extend contracts up to 4 additional, one-year periods. If the contract is extended, a new contract will be negotiated every year with revised/updated budgets and Scope of Work language. DOH will work with the contractor to make updates to contracts yearly. No new service categories would be awarded that weren't included in the initial RFA.

1. **Q: One of the enhancements is providing low barrier services. Can you define low barrier?**

**A:** Services that proactively engage clients outside the conventional care delivery system. For example, extended hours of operation, offer field service delivery (meeting clients in the community), walk-in intakes and/or same day appointments, respect client’s autonomy, and follow a harm reduction model. Low barrier services should work to remove obstacles for clients seeking services and resources.

1. **Q: Do we need to make separate applications if we are applying for multiple services under this RFA?**

**A:** For the Ryan White RFA only one application is needed, and it may encompass multiple service categories.

1. **Q: Does there need to be a separate application for each geographic area served if we are proposing providing services at multiple locations across the state?**

**A:** No. However, your application should refer to the Washington State Ryan White Regional Data Summary. Please be as descriptive as possible about your work plan so there is a clear idea of what you are proposing - including key activities, counties to be served, and priority populations.

1. **Q: Other than title 19, are awarded grantees needing to track and report Program Income?**

**A:** Yes. Any income generated from Ryan White funded services should be tracked and reported. Programs must also have mechanisms in place to track all expenditures related to the contract.

1. **Q: I am just wondering if you will only be selecting one organization in a region to provide services, or will you be selecting multiple, depending on what is applied for? I am just trying to be prepared and put my energy where it needs to be.**

**A:** Through the RFA process DOH will award funding to any candidates that successfully demonstrate in their applications an understanding of the type of services proposed, HIV-related health disparities in the service region, and how the proposed staffing plan will ensure implementation of the services as described in the Proposal section.

1. **Q: The RFA asks for a one-year budget proposal. Since the award may be renewed up to four times, how should the budget account for inflation? For example, salaries and fringe benefit rates increase each year because of union negotiations and/or merit increases. If grantees do not account for inflation, the award will not support services after Year 1.
My plan is to submit the same question to the Syndemic RFA Coordinator so apologies if you have to read it two times.**

**A:** Contracts will be negotiated yearly with DOH Contract managers and contractors. Inflation and COLA's should be accounted for in this negotiation period. Contract increase will be awarded based on need and availability of funds.

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1. **Q: Will awarded grantees of this RFA process need to track and report 340B Program Income to the Department of Health?**

**A:** Any program income generated by services funded thru contracts awarded thru the RFA should be reported.

1. **Q: 1. On the Staffing Capacity Form, do we need to list out every current staff member, or is listing the same job type sufficient. For example: Case Managers (17), Supervisors (3), Peers (2), etc. 2. Can you please define low barrier services? 3. On the budget template, should we add additional rows for additional staff or add them on the following tab? 4. On the budget template, should we list administrative (non direct patient care) positions/salaries on the Salaries list/rows? Such as program manager, data analyst, etc. Or only positions/salaries that provide direct client services?**

**A:** 1. You can list the job type/description along with the anticipated number of positions. Specialized positions (ex. Mental health MCM) should be listed separately.

2. This question has been answered

3. Additional rows should be added (there are currently hidden rows that can be expanded by clicking the plus sign on row 57).

4. Any positions, including administrative, that are funded through Ryan White should be included in the budget template. For example, if you have a case manager assistant providing 25% of their time, they should be listed on the budget template at .25 FTE.

1. **Q: How should organizations approach submitting Memorandums of Understanding when the content of the MOU is dependent upon funding received through the contract?**

**A:** A draft MOU with anticipated partners, a collaborative vision for the partners, and high-level roles and responsibilities for each partner should be submitted. DOH will work with successful bidders to ensure final MOUs are in place by the start of the contract period.

**Answer’s thru 4/27/2023**

1. **Q: 1. Please provide the original Funding Opportunity Number from the appropriate federal agency, as well as the CFDA Number for this opportunity.
 2. Please confirm that we need to submit a single application regardless of the number of service categories applied for.
 3. Exhibit C, Submission Cover Form, #6 asks: What service category is this application for? Are we to submit one Exhibit C for each service category for which we are applying? Or do we list all of the service categories being applied for at #6 in one Submission Cover Form?**

 **A:** 1. No Federal funds will be put in the Ryan White RFA, the activities are funded with Pharmaceutical Rebate Revenue that follows the same rules and guidelines as the Ryan White Federal Grant. Additional information can be found at the following website: PCN 16-02 RWHAP Services Eligible Individuals and Allowable Uses of Funds (hrsa.gov)

1. **Q: For Ryan White RFA there is one application regardless of the number of service categories applied for.**

**A:** All Service Categories being applied for may be listed in #6 in one Submission Cover form

1. **Q: How do we write for the increase in employee costs each year ? Cost of living , raises, salary compensation studies . Each year that we have the grant will increase in staff costs and how to reflect that in our RFP?**

**A:** Contracts will be negotiated yearly with DOH Contract managers and contractors. Inflation and COLA's should be accounted for in this negotiation period. Contract increase will be awarded based on need and availability of funds.

1. **Q: 1.Often times medical case management (MCM) topics and non-medical case management (NMCM) topics are covered by our HIV Case Managers while working with clients within a given visit. A single case manager addresses both medical issues and non-medical issues that may prevent clients from staying in care (e.g. unstable housing) for their given caseload. We have historically only received funding through RW for Medical CM. Can you clarify how the Scope of Work would be laid out, and how we would invoice for this circumstances if we applied for both MCM and NMCM?**
**2.** **Is it possible to get a more detailed map (county level) of the rural, urban, periurban delegations mentioned in the WA State Integrate HIV Prevention and Care Plan CY 2022-2026 (p. 37)?**
**3.** **Is allowable within the Housing category also allowable within EFA category aside from needing approval for spending >$1,000 in EFA?**

**A:** 1. Refer to PCN 16-02 for definitions of allowable services for Medical Case Management and Non-Medical Case Management <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf> . NMCM is traditionally used to provide additional supportive services and are funded at .5-1.0 FTE.

2. 

3. The housing service category covers transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment that extends beyond a one-time service. If a RWHAP recipient makes a one-time payment for a client’s utility or housing bill, this should be categorized as emergency financial assistance. A housing assessment and individualized housing plan would not be required for a one-time housing payment provided under emergency financial assistance.

1. **Q: 1-** **Page 11 or “Request for applications” states under Outreach Services that services provided cannot be delivered anonymously, so my question is, if we did a group meeting or something like that, would we need to have a sign in sheet or would we just have to identify the name of the group?**
 **2-** **How much staff FTE is a normal amount to allot for things like psychosocial group support? Like if our staff was trying to create support groups for smaller demographics within the population we serve.**
**3-** **Where are we supposed to include our “Proposal- Scope of work” for each service category? Page 19 of the “Request for applications” document shows under “4.3 Proposal” has “Scope of work” listed as “a”**
**but then on the application, there’s only “Project approach” and “Outcomes” My question is, where are we supposed to add our Scope of Work Service Categories we are applying for?**

**A:** 1. Outreach Services are designated for Peer Navigation. Any services delivered must be tracked on an individual client level in DOH database. See also Psychosocial Support. Refer to PCN 16-02 for additional clarification <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf> .

2. You can designate staff time based on the number of anticipated hours per week spent preparing and/or leading group. You could also enlist a vendor to provide additional facilitation. Note: sub-contracting is not allowed in the Ryan White program.

3. There is no Scope of Work required. There was an error in the RFA. thank you for pointing that out. the table has been corrected in the RFA online. Project approach and Outcomes are what is needed.

1. **Q: Are two organizations allowed to apply together for the Services for People Living with HIV RFA**

**A:** Yes, you could work in partnership with another organization, but you would have to have one agency that leads the work and is the official bidder. One major factor to keep in mind with this solicitation, is contracts awarded to successful bidders will not allow subcontracting. Our suggestion would be two applications with strong MOUs between the 2 organizations to collaborate work. Thank you

1. **Q: We are still trying to understand the program. We are a dental office, which is capable and willing to help AIDS community. I am wondering how we can use this program. Is it like an EIP program? a patient comes to us and the program pays the office for the patients?**

**A:** Ryan White provides funding for Medical Case Management and other supportive Services. Outside of King, Island, and Snohomish counties, dental Services are reimbursed through EIP. For more information: Resources for Contracted Providers | Washington State Department of Health.

**23. Q: When we are writing our narrative, do we need to use the application forms (with DOH header – image below) or can we use a separate word document to answer the questions?**

**A:** You can use a separate word document to answer the questions as long as you your application adheres to the following: Keep the application packet materials in the same order they appear when you download and maintain original formatting for narrative responses (letter-sized (8 ½ x 11 inch) format, with 1-inch margins, single spacing, and use either Arial, Calibri, or Times New Roman, in a minimum of 12-point font). When you submit the application packet, please be sure the name of the document includes the name of your organization and the service category you are applying for.

**General**

**Answer’s thru 4/13/2023**

1. **Q: Regarding the RFA calls on 4/11 and 4/12. Will they be recorded?**

**A:** Yes, they will be recorded and posted on our website