

**Rapid Antiretroviral Therapy (ART) Request for Applications (RFA)
#25-10047**

Questions and Answers (Q&A)

Q: Would an HIV and regular care (non-HIV) specialty clinic fall under the category of any community-based organization (CBO) located within any California local health jurisdiction (LHJ) and therefore qualify for this RFA?

A: Yes, any CBO (a public or private nonprofit organization that operates within a local community for the greater common good) located within California may apply.

Q: Can current recipients of the Strategic Rapid ART 2023-2025 grant (RFA #23-10041) or the previous Strategic Rapid ART 2021-2023 preclude us from applying for the RART Project 2025-2027, RFA #25-10047?

A: No, current and previous recipients of Strategic Rapid ART awards are not precluded from applying to RFA #25-10047.

Q: Will we be provided a copy of the Pre-Application Webinar?

A: We will post the slides with speaking notes to the RFA website.

Q: What information needs to be included in the Letter of Intent (LOI)?

A: The LOI must include the applying agency name and indicate your intent to apply in response to this RFA. The LOI must be electronically signed by an official authorized to enter into a grant agreement on behalf of the applicant. A typed signature will suffice. An example of the language for the LOI may be: *"This letter confirms that [name of applying agency] intends to apply for Rapid ART funding."*

Q: Is there a template available for the LOI?

A: No. An example of the language for the LOI may be: *"This letter confirms that [name of applying agency] intends to apply for Rapid ART funding."*

Q: Is this funding only for one year?

A: No, the terms of the resulting awards will be two years in duration.

Q: Are previous awardees eligible to apply?

A: Yes.

Q: Can a local health department (LHD) subcontract with more than one organization?

A: Yes. Please refer to the RFA for more information regarding subcontractors.

Q: The funding amount is \$500k/per year for a 2-year grant period, correct?

A: Yes. State General Fund local assistance in the amount of \$2 million annually, approved on a continuing basis, allows for the establishment of four innovative HIV

prevention demonstration projects. Each award will be \$500k annually, and the terms of the resulting awards will be two years in duration.

Q: What is an LHD?

A: Local health department.

Q: Is this funding confirmed, or is there a risk that it may not be secured?

A: State General Fund local assistance in the amount of \$2 million annually, approved on a continuing basis, allows for the establishment of four innovative HIV prevention demonstration projects. All funding is contingent on the availability and continuation of state general funds allocated for this purpose.

Q: Will the grantees receive free HCV/HIV/Syphilis rapid tests and testing supplies during the two-year period?

A: No, free HCV/HIV/Syphilis rapid test kits and testing supplies will not be provided to grantees. However, awardees may use their funding to purchase test kits and testing supplies.

Q: Are there any limits of grant budget percentages to be used to hire staff?

A: There are no limits of the budget to be used to hire staff.

Q: Is “rapid” considered 0-7 business or calendar days?

A: Calendar days.

Q: Our organization has received previous ART Funding. Do we need to propose different RART activities, or can we continue and/or expand on our current success?

A: No, current and previous recipients of RART funding do not need to propose different RART activities and may continue and/or expand on current activities; however, as these are demonstration projects, applicants may receive higher scores for proposing new activities that differ from their current or previous RART activities whether they are current/previous Strategic Rapid ART awardees or they are new to this funding.

Applicants are encouraged to propose new or expanded activities.

Q: Can you tell us more about the street outreach component?

A: Projects may include a street outreach component and may use this funding to develop the linkages and relationships with street outreach. While optional, applicants are encouraged to use this funding to develop linkages and relationships with street outreach. Street outreach activities would include the required programmatic objectives in a street setting. This would include the following:

- a. For newly or previously HIV diagnosed people who are not currently on ART* and who are among the indicated priority population(s), start them on ART within 0-7 days (rapid ART).
- b. Provide adherence counseling and HIV education to support viral suppression and retention in care, reduce stigma, and normalize ART.

- c. Conduct follow-up shortly after starting ART (preferably 2-4 days) to confirm treatment began, identify and address barriers with adherence and retention in care, and provide additional resources and/or referrals as appropriate.
- d. Educate clients, the community, and medical and clinic/agency staff on the benefits of U=U.

** Previously HIV diagnosed and off ART for 6 months*

Q: Will these efforts go into Local Evaluation Online (LEO)/ARIES or both?

A: This project will be tracked in LEO.

Q: Can the cost of labs be included in the budget?

A: Lab costs that support RART services are allowable.

Q: The “Attachment 4: Budget Guidance” is just a reference for us to utilize and we do not submit it with the rest of the application package, correct?

A: Yes, that is correct.

Q: What is the limit for indirect?

A: For LHJs applying as the applicant, the Indirect Cost Rate (ICR) the applicant submits in their budget must be the approved rate on file with CDPH (see what your [county's indirect cost rate is here on the CDPH website](#)). Applicants may allocate less than this rate but cannot exceed the rate. For non-LHJs applying as the applicant, the ICR should not surpass 25% of total personnel costs and all ICRs will be reviewed for reasonableness.

Q: If we are an emergency department (ED) interested in applying, would you recommend touching bases with our LHD?

A: Yes; all applicants must submit a Letter of Support (LOS) from the LHD(s) where services will be provided.

Q: Is there a report summarizing the work/outcomes from the previously funded projects?

A: As of posting this Q&A document, we have not yet published a report summarizing the work/outcomes from the previously funded RART projects; however, for [more information on these RFAs including current and previous awardees](#), please visit https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_RFA.aspx.

Q: What is the breakdown in the scope, what percentage should go towards outreach, sexually transmitted infection (STI) testing, ART relinkage?

A: There are no specific percentage requirements for the required programmatic activities; however, applicants must demonstrate the capacity to accomplish the required programmatic activities in their proposals.

Please note that street outreach and innovative testing strategies for STIs are recommended activities under this funding and are not required.

Q: For the LOI are you guys looking for a signature from a medical director, CEO, or a grant writer?

A: The LOI must be electronically signed by an official authorized to enter into a grant agreement on behalf of the applicant. A typed signature will suffice.

Q: In the past you have allow for housing vouchers/incentives. Can you confirm if this is allowable?

A: Housing is unallowable with this funding.

Q: If we need information on getting HIV medication starter packs is this something OA and CDPH can help with?

A: To maintain parity among applicants, we are unable to provide information about the procurement of starter packs. Applicants who intend to include starter packs in their projects should be prepared to speak to how they will obtain these medications in their proposals.

Q: Just to confirm, is there a maximum number of times that an organization can apply for this funding?

A: No. Applicants are encouraged to keep applying.

Q: The RFA instructs us not to reformat any of the templates. Does this include the color of the font or just the font size and margins? Also, CDPH tracking changes are still on some of the documents, can we select “no markup” to work on a clean document?

A: Reformatting includes changing font color. We will be sending out clean versions of the Budget Guidance and Funding Summary Attachments (thank you for catching that).

Q: Just to confirm you would prefer separate document submissions for each attachment, yes?

A: The application should be submitted in a single email; however, please do not merge the separate documents into a single Portable Document Format (PDF). All attachments should be sent back in the same file format they were provided.

Q: What is the start date of the budget?

A: The anticipated project start is July 1, 2025, but may vary due to the time required to finalize grant agreements, obtain signatures, and process the grants between awardees and CDPH/OA. Awardees are not authorized to begin work until the grant agreement is finalized. Keep in mind that work conducted outside the effective start and end date of the grant will not be eligible for reimbursement and no advance payments will be distributed for this funding.

Q: It sounds like we need to submit a LOI to receive the complete budget instructions. Can you comment here on if incentives given to clients would be allowable?

A: The funds for this grant agreement may be used for the following items, with supportive justification, tracking, and reporting of outcomes:

- a. Incentives such as low value restricted gift cards (e.g., Walmart, Safeway, transportation vouchers), and/or other RART-related incentives.
- b. Client incentives, such as low value gift cards, may be approved as Behavioral Modification Materials (BMM). BMMs are provided to program participants to motivate and/or reinforce positive behavior and/or involvement in RART activities.
- c. The value of the incentive is limited to \$50.00 of merchandise per person per activity participation in RART.

More information will be provided to applicants in the Budget Guidance.

Q: Are there specific staff/roles who are required to participate in this project?

A: There are no requirements as to what specific positions must participate in this project; however, a description of duties each staff person will perform and how these duties support the implementation of RART services must be included in the Budget Template. Please note that personnel classifications and/or professional disciplines must be appropriate for the major responsibilities outlined in the description of duties, and for the management and oversight of the project that CDPH/OA funds.

Additionally, the administrative staff funded under this contract must perform duties that are necessary to support RART services activities. More information will be provided to applicants in the Budget Guidance.

Q: If we do not prescribe medications but want to partner with an agency who does, we would need an LOS from that agency?

A: All applicants must obtain a LOS from each local health jurisdiction where services will be provided. LOS from partnering agencies **other than the LHD** are not required but may be submitted along with the application.

Q: Is the deadline for questions Friday at 5pm?

A: Yes, the deadline for questions is Friday, March 28 at 5PM Pacific Time.

Q: Are the slides available on the RFA page?

A: The Pre-Application Webinar slides and speaking notes will be posted to the RFA website as soon as possible.

Q: In Section 2 of Attachment 12 of the application, it looks like there's some garbled language in the last full line: "eHARS stateno." Is that supposed to be "eHARS data"?

A: No, "eHARS stateno" is correct as it comes directly from LEO (eHARS refers to the actual system, Enhanced HIV/AIDS Reporting System, and the "stateno" is an abbreviation for "state number").

Q: Should we propose specific numbers of clients we will serve?

A: Yes, this will be asked of applicants in the Activities List. Application narrative responses should also be as specific as possible.

Q: Does serving a larger number of clients make an application more competitive?

A: No; however, application responses that are comprehensive, specific, and use data to clearly support the applicant's rationale may receive more points.

Q: Are there specific regions of the state that will be prioritized for funding?

A: No, service regions will not be prioritized for this funding explicitly; however, application responses that are comprehensive, specific, and use data to clearly support the applicant's rationale may receive more points.

Q: EBAC is a subsidiary of the nonprofit, Sutter Health. Do we use this or our own nonprofit name, East Bay Advanced Care or both (i.e., Sutter Health/East Bay Advanced Care) or do we name East Bay Advanced Care as DBA?

A: You may use Sutter Bay Hospitals.

Q: The ART Narrative Template does not provide a question about monitoring and evaluation-- although applicants are required to have a system in place for grants management and accountability (RFA page 8). Do we include information about data collection in the "Organizational Capacity" section of the Narrative?

A: While there is not a question about monitoring and evaluation in the Application Narrative Template, all awardees will be expected and required to have a system in place for grants management and accountability. Applicants must include descriptions of duties that each staff person will perform and how these duties support the implementation of RART (including monitoring and evaluation) within the Budget Justification tab of the Budget Template.

As outlined in the RFA narrative, all awardees will be required to conduct monitoring and evaluation activities:

- **Quantitative evaluation:** awardees will enter client-level data into CDPH/OA's prevention database, Local Evaluation Online (LEO). CDPH/OA will provide the necessary data collection forms and training regarding system use.
- **Qualitative evaluation:** awardees will collaborate with CDPH/OA before program implementation, at program end, and as needed during the demonstration to 1) document current protocols, 2) document and assist with any mid-cycle changes, and 3) provide progress report summaries at appropriate intervals and at end of grant period.

Q: Can you provide some broad examples of an "innovative" project?

A: CDPH/OA defines "innovative" as the application of new ideas and/or promising practices to address the needs of priority populations as demonstrated by data. This may vary among applicants based on a variety of factors and as such, applicants are encouraged to clearly describe how their ideas are innovative when completing the application narrative.

Q: Are client/participant incentives an eligible budget expense?

A: The funds for this grant agreement may be used for the following items, with supportive justification, tracking, and reporting of outcomes:

- d. Incentives such as low value restricted gift cards (e.g., Walmart, Safeway, transportation vouchers), and/or other RART-related incentives.
- e. Client incentives, such as low value gift cards, may be approved as Behavioral Modification Materials (BMM). BMMs are provided to program participants to motivate and/or reinforce positive behavior and/or involvement in RART activities.
- f. The value of the incentive is limited to \$50.00 of merchandise per person per activity participation in RART.

More information will be provided to applicants in the Budget Guidance.