

**Strategic Rapid ART Request for Applications (RFA)  
Questions and Answers (Q&A)**

**Q. Per page 16 of the RFA, for applications submitted to the evaluation committee, “The committee will assign numeric scores to each responsive application. The applications will be evaluated in each category based upon the quality and completeness of its response to California’s needs, including but not limited to, the likelihood of maximally improving the health and well-being of PLWH, and RFA requirements”. Could you please provide a detailed rubric that includes the possible point values for each section of the application?**

*A. Yes – questions are scored either on a 5-point or 10-point scale, with rating of “poor” “good” or “exceptional”. The total possible score for each question is defined in the reviewer Scoring Tool:*

<b>10 - Point Rating Scale</b>	<b>Rating</b>	<b>Rating Definition</b>
0 to 3	Poor	Application response is inadequate or does not meet project criteria, and the needs, expectations, or requirements of CDPH/OA. Response deficiencies are significant or unacceptable.
4 to 6	Good	Application response is good and mostly meets project criteria, and the needs, expectations, or requirements of CDPH/OA. Response has some weakness(es) that are minor or manageable.
7 to 10	Exceptional	Application response is exceptional and fully meets project criteria, and the needs, expectations, or requirements of CDPH/OA. Response weakness(es), if any, are minimal and/or negligible.
<b>5 - Point Rating Scale</b>	<b>Rating</b>	<b>Rating Definition</b>
0 to 2	Poor	Application response is inadequate or does not meet project criteria, and the needs, expectations, or requirements of CDPH/OA. Response deficiencies are significant or unacceptable.
3 to 4	Good	Application response is good and mostly meets project criteria, and the needs, expectations, or requirements of CDPH/OA. Response has some weakness(es) that are minor or manageable.
5	Exceptional	Application response is exceptional and fully meets project criteria, and the needs, expectations, or requirements of CDPH/OA. Response weakness(es), if any, are minimal and/or negligible.

Below is the rating summary which includes the total possible points per section of the application:

Program Component	Maximum Points
1. Priority Populations	30
2. Required Activities	40
3. Recommended Activities (optional)	35
4. Required Programmatic Approaches	55
5. Replicability and Innovation	20
6. Staffing and Staff Training	15
7. EE Capacity	15
8. Monitoring and Evaluation	10
<b>Total Possible Points</b>	<b>220</b>

**Q. Does a community-based organization need to be a 501c3?**

A. Those eligible to apply for this funding are those that are considered local government entities such as local health jurisdictions (LHJs), community-based organizations (CBOs) with non-profit status (501c3) and/or University of California (UC) or California State University (CSU) applicants.

**Q. If all written questions are due by Wednesday March 29, why can we not see all application materials until we submit a letter of intent (LOI)?**

A. Our current protocol is that we do not post application materials, including attachments, to the web. Application materials are provided to perspective applicants once they submit a LOI. LOIs are non-binding and give OA a sense of who is interested in applying so that we can coordinate and plan the review process.

**Q. Will we be able to access this presentation?**

A. Yes, the webinar recording is currently posted to the RFA website at: [Rapid ART RFA #23-10041 \(ca.gov\)](#)

**Q. Is this information on the RFA available on the CDPH website?**

A. Yes, the RFA information, including announcement letter, full RFA and webinar recording, are available on the CDPH website at: [Rapid ART RFA #23-10041 \(ca.gov\)](#)

**Q. Do you have to be an organization that administers medications (e.g. ART)?**

A. No. However, OA recommends that organizations collaborate and or work with organizations that can increase access to medications for clients.

**Q. Will we be able to get a copy of this presentation?**

A. Yes, the webinar recording is currently posted to the RFA website at: [Rapid ART RFA #23-10041 \(ca.gov\)](#)

**Q. Does the 20-page limit exclude attachments? Is it only for the narrative portion?**

A. The 20-page limit is for the application only and does not include attachments.

**Q. Can the LOI consist of only that 1 sentence you showed us?**

A. Yes.

**Q. Do applicants have access to results from previous demonstration projects?**

A. Applicants currently do not have access to results from prior demonstration projects, however, we recommend that applicants read the RFA, application narrative, attachments and list of "[Effective Approaches for HIV Prevention](#)" in full in order to prepare for responding to this RFA.

**Q. Will the RFA have suggested documents to read?**

A. We recommend that applicants read the RFA, application narrative, attachments and list of "[Effective Approaches for HIV Prevention](#)" in full in order to prepare for responding to this RFA.

**Q. Startup funds available?**

A. No. Awardees will be reimbursed for costs incurred by the resulting projects.

**Q. Is there an audit required? If so, how recent must it be?**

A. No.

**Q. Are matching funds required or desired?**

A. No.

**Q. Is there a benefit to include "in-kind" donations OR can the proposal include in-kind donations to strengthen the proposal?**

A. No.

**Q. If there is a multi-agency/jurisdiction collaboration will contracts be with one all agencies or does their have to be one agency serving as fiscal agent?**

A. One agency must serve as the primary fiscal agent.

**Q. Are we an “existing” Strategic Rapid ART project if we use the rapid response approaches listed (e.g., intake, first care appointment, etc.) OR do we need to have an officially funded ART project to be considered “existing?”**

*A. “Existing Strategic Rapid ART Projects” refer to the four currently funded awardees, including Alameda Health Systems, Asian Health Services, San Francisco AIDS Foundation and Radiant Health Centers and their subcontractors.*

**Q. Are client incentives an eligible budget expense?**

*A. Yes*

**Q. If we are a CBO with access to LEO and ARIES, and are in transition to use CalREDIE, do we respond to: b) we have CalREDIE access; or c) we do not have CalREDIE access?**

*A. If you currently do not have CalREDIE access, you would respond to prompt C.*

**Q. Can a revised Attachment 1 be provided? The checkboxes are missing in the Attachment 1 emailed on 3/27/23.**

*A. No, however you can edit the document to add an “x” in place of check boxes.*

**Q. What should be entered in the scope of work (SOW) column of the Budget?**

*A. Applicants may leave the SOW column blank. For those who get awarded, we will use this column to reference the resulting SOW and contract deliverables.*

**Q. Regarding the RART RFA Activities List - To be clear - we should select the quarterly time period as to when the activity will start OR if the activity is already in place - choose ongoing. - Correct?**

*A. Correct.*

**Q. Regarding the Budget Guidance and Unallowable costs - new education or media campaigns are unallowable. However, a proposed approach/strategy to increase access to priority population could be use of messaging on agency social media accounts or posters/flyers at events/in clinics. Is this allowable?**

*A. Correct, new education or media campaigns are unallowable but a proposed approach/strategy to increase access to priority population could be used and is allowable for messaging on agency social media accounts or posters/flyers at events/in clinics.*

**Q. In the RFA, in para. 1 of the Award Allocations and Award Period section, it states: “State General Fund local assistance in the amount of \$2 million annually, approved on continuing basis, allows for the establishment of up to four innovative HIV prevention projects.” Please confirm that none of the awarded funding will be from the Ryan White HIV/AIDS program.**

*A. That is correct. These are state general funds, and not Ryan White funds.*

**Q. In the RFA, in para. 7 of the Purpose section (p. 5), it states the “OA defines ‘Rapid ART’ as intake, first care appointment, and ART initiation within 0-3 days of diagnosis.” Can the funding be used for care related to Rapid ART that occurs after the 3rd day? For example, if after initiating Rapid ART, testing revealed that the prescribed ART was not an appropriate regimen, but the patient had not yet secured an appointment with an in-network provider, could we see the patient again to modify the ART regimen? Or if the patient faced an extended period of time before being able to access an in-network provider, could we provide care for a limited period of time, e.g., 30/60/90 days?**

*A. Yes*

**Q. In the RFA, in para. 9 of the Purpose section (p. 5), it states that persons are ineligible for ART if they are “likely to have multiple mutations for whom resistance testing must be reviewed prior to prescribing an appropriate ART regimen.” Could you please clarify what standards or guidance are to be used to determine if someone is “likely to have multiple mutations”? If we initiate ART but the patient is later determined to have multiple mutations, would care provided to the patient be ineligible for reimbursement?**

*A. If someone has a history of a complicated and/or inconsistent ART regimen within the last 12 months (i.e., poor medication adherence, inconsistent regimen), or if there is the possibility that they may have multiple mutations, then resistance testing must be reviewed prior to prescribing an appropriate ART regimen. Linkage to antiretroviral treatment is a billable activity under these projects.*

**Q. Could you please clarify any restrictions on the reimbursement for the provision of care for patients for whom this program would be the payer of last resort. For example: is the patient required to be a resident of the state of California? (If so, what are the documentation requirements?) Are there income restrictions? Can we provide care to patients who are uninsured but in-eligible for ADAP because their income is above 500% FPL? (This is an issue in many places because even people making about \$64,000 per year or more can face substantial barriers to obtaining health coverage given the high cost of living?)**

*A. No restrictions*

**Q. The Budget Guidance states that funds may not be used for “Lab costs that do not support Rapid ART services.” STI testing and linkage are one of the recommended activities including “Rapid linkage to care, treatment, and support for HCV and STIs” (RFP, p. 10). Given this can funds be used to support STI/HCV testing, treatment, and/or linkage that is a part of an HIV testing encounter?**

*A. Yes*