

ATTACHMENT A

**District of Columbia Department of Health
Demonstration Grants for Expanding Access to Care
RFA# CHA_PCDEMG_021414
FAQs**

A Pre-Application Conference was held for **RFA# CHA_PCDEMG_021414** on February 24, 2014 at the District of Columbia Department of Health (DOH). During this conference, attendees were given the opportunity to present questions for review and response. The content of those questions and responses are summarized below. This document will append the original RFA as Attachment A – Frequently Asked Questions. Also note that Appendices for the application are now available as PDF and Microsoft Word attachments for easier completion. Go to www.opgs.dc.gov DC Grants Clearinghouse to access those forms.

Administrative Questions

Q1. Regarding the Budget, do we need to use this exact format (Appendix D: Budget Form and Format)?

A1. The budget template provided should be used. Please ensure that a narrative justification of the budget is a part of your submission. DOH needs to understand the purpose of each budget item and its relevance to your application.

Q2. If we ask for supplies, do we need to itemize our request?

A2. Only the line item description is necessary in your request. Any detailed information would be requested by DOH to be discussed upon award

Q3. Are we supposed to provide you with a proof of bidding [in context of subcontracting]?

A3. If your proposal is selected for award, an administrative requirement would include provision of your agency's procedures for subcontracting and yes your agency would need to maintain documentation for subcontracts \$10,000 and above.

Q4. Is there a limit on how much can be spent on equipment?

A5. The equipment purchases should be in line with the proposal request. DOH personnel will evaluate the cost, relevance and allowability of equipment budgeted and purchased.

Q5. Allowable Costs – can you budget for things payable to DOH, e.g., the Certificate of Need costs to SHPDAA?

A5. This cannot be charged as a direct cost to the budget.

Q6. Is there a cap on benefits, e.g., fringe benefits?

A6. Fringe costs should reflect the standard fringe at the applicant's organization

Q7. Does the 10% indirect cost need to be itemized in the budget and budget justification?

A7. No, the 10% indirect cost does not need to be itemized. . It should only include items that would generally be covered by the applicant's standard indirect costs. In addition, the 10% indirect cost must be included as a part of the total budget request.

Q8. How recent must the Certificate of Good Standing be?

A8. The Certificate of Good Standing submitted by the applicant must be current within 3 months from application submission date (i.e. no earlier than December 7, 2013).

Q9. What about the need for a Work Plan? Can we use our own?

A9. Per the RFA, a work plan is required. Please use the template provided (Appendix B)

General Information Questions

Q10. Can applicants submit proposals for both urgent care and telehealth?

A10. Please also review page 9, of the RFA: *Demonstration Grant for Expanding Access to Care* for descriptions of the telehealth and urgent care areas of focus.

Proposals will be evaluated on an applicant's ability to clearly outline which service they are focusing on and how it will be integrated successfully into their practice setting.

An applicant can submit for one topic/service area, *either* urgent care or telehealth. However, you can propose to use telehealth in an urgent care setting and vice versa. DOH is seeking projects that have the best potential to provide an effective telehealth or urgent care project in their practice setting that expands access to and linkages to care. It is understood that practice settings are not always discrete and apart settings.

Q11. Can you receive more than one grant simultaneously under this RFA?

A11. No. Applicants can only submit one application under this RFA. If you are sharing resources and are partnering with another applicant organization, that must be stated in the application and those partnerships will still only receive one award if they are selected.

Q12. Partnership Grants – can we apply together or singularly?

A12. We welcome partnerships; however, if you are submitting a joint application, you must specify the breakout of responsibilities and how you will achieve your planned outcome. If your joint proposal is selected for award, it will still be a single award.

Q13. Have you published a State Plan specific to the Primary Care Bureau?

A13. No. However, for some information on the state of health and health care in the District please see the RAND report noted on Page 7 of the RFA, as well as DOH's *Community Health Assessment* that can be found on our website at: <http://doh.dc.gov/page/community-health-needs-assessment>

Q14. Can we just submit a proposal for a feasibility study only?

A14. Yes, applicants can propose to evaluate the feasibility of implementing telehealth or urgent care activities in their practice settings.

Q15. Is this a reimbursement grant?

A15. DOH provides grantees a 25% advance on their approved budget at the beginning of the grant period. The initial payment will not be later than 45 days after the start of the award, but may be paid within two weeks of its commencement. The remaining funding will be drawn down equally over the grant period on a monthly basis upon the grantee's submission of appropriate invoicing and backup documentation that is in line with the approved grant budget.