RWHAP Part A FY2023 Non-Competing Continuation Progress Report Technical Assistance Webinar

August 04, 2022

Division of Metropolitan HIV/AIDS Programs
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People

HRSA's HIV/AIDS Bureau (HRSA HAB) Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.

Agenda

1. Non-Competing Continuation (NCC) Progress Report
   a. Background
   b. Components
   c. Budget Requirements
   d. Indirect Costs
   e. Submission
   f. Reminders

2. Due Dates

3. Questions and Answers

NCC Progress Report Background

NCC Progress Report Background

In order to reduce administrative burden, HRSA HAB transitioned the RWHAP Part A program to a three-year period of performance in FY2022

FY2022 Year 1
- Competitive Application – Grants.gov
- March 1, 2022 – February 28, 2023

FY2023 Year 2
- NCC Progress Report – HRSA EHBs
- March 1, 2023 – February 29, 2024

FY2024 Year 3
- NCC Progress Report – HRSA EHBs
- March 1, 2024 – February 28, 2025

HRSA
Ryan White HIV/AIDS Program

NCC Progress Report Components

Instructional Materials

NCC Progress Report Instructions –
Outlines requirements

NCC Progress Report User Guide –

Includes HRSA EHBs steps and screen captures

Instructions for Submitting the Fiscal Year (FY) 2023 Non-Competing Continuation (NCC) Progress Report for the Ryan White HIV/AIDS Program (RWHAP) Part A HIV Emergency Relief Grant Program

Table of Contents

Authority: 42 USC §§ 300ff-11 to -20 and 300ff-121 (sections 2601–2610 and 2693 of the Public Health Service (PHS) Act)
1

HRSA EHB USER GUIDE

Noncompeting Continuation (NCC) Progress Report User Guide (for Generic Grants)

User Guide for Grantees

Last updated on: 09/24/2012

HRSA
Health Resources and Services Administration

NCC Progress Report Sections

Programmatic Sections
Section 1: Project Organizational Structure (if applicable)
Section 2: Maintenance of Effort (required)
Section 3: Letter of Assurance from Planning Council Chair(s) or Concurrence from Planning Body Leadership/Chair(s) (required)
Section 4: SF-424A and Budget Narrative (required)
Section 5: Core Medical Services Waiver (if applicable)
Section 6: Indirect Cost Rate Agreement (if applicable)
Section 7: Agreements and Compliance Assurances (required)

Section 1: Project Organizational Structure

1. If there were changes to organizational structure since submission of HRSA-22-018, recipients must submit:
   a. Complete organizational chart
   b. Complete staffing plan highlighting all changes
   c. Biographical sketches and job descriptions for each new or revised key position

2. If there are no changes, submit documentation stating "No Change"

Note: the Project Director or Program Manager/Coordinator must be recipient staff (not contract staff or fiscal intermediary) and must have at least 0.5 FTE allocated to RWHAP Part A

Section 2: Maintenance of Effort (MOE)

1. Recipient agrees to maintain the EMA/TGA expenditures for HIV-related core medical services and support services at a level equal to the FY preceding the FY for which the recipient is submitting this NCC

2. To demonstrate compliance with the MOE provision, EMAs/TGAs must maintain adequate systems for consistently tracking and reporting HIV-related expenditure data from year to year

   a. System must:
      - ✓ Define the methodology
      - ✓ Be written and auditable
      - ✓ Ensure federal funds do not supplant EMA/TGA spending, but instead expand and enrich HIV-related activities

Section 2: Maintenance of Effort (MOE)

MOE Submission Requirements:

1. Table that identifies the baseline aggregate for most recently completed FY and an estimate for the next FY

2. Description of the process, methodology, and elements used

3. If applicable, indicate if a waiver was received for the MOE requirement in the previous FY

NON-FEDERAL EXPENDITURES	
FY2021 Expenditures (Actual)	**Current FY2022 Expenditures (Estimated)**
Non-federal EMA/TGA political subdivision expenditures for HIV-related core medical and support services.	Estimated non-federal EMA/TGA political subdivision expenditures for HIV-related core medical and support services.
Amount: $_____	Amount: $_____

Section 3: Letter of Assurance from Planning Council Chair(s) or Concurrence from Planning Body Leadership/Chair(s)

1. **Planning**
   a. Comprehensive needs assessment completion date
   b. Comprehensive planning process

2. **Priority Setting and Resource Allocation (PRSA)**
   a. Data used to ensure needs addressed and resources allocated for women, infants, children and youth
   b. Involvement of people with HIV
   c. Fiscal Year 2022 funds expended according to the Planning Council (PC)/Planning Body (PB) priorities
   d. Confirm prioritization of all service categories

3. **Annual Membership Training (include dates)**

4. **Assessment of the Administrative Mechanism**

Section 4: SF-424A and Budget Narrative

Follow the instructions in HRSA's *SF-424 Application Guide* and the additional budget instructions provided in the FY2023 NCC Progress Report instructions and budget template
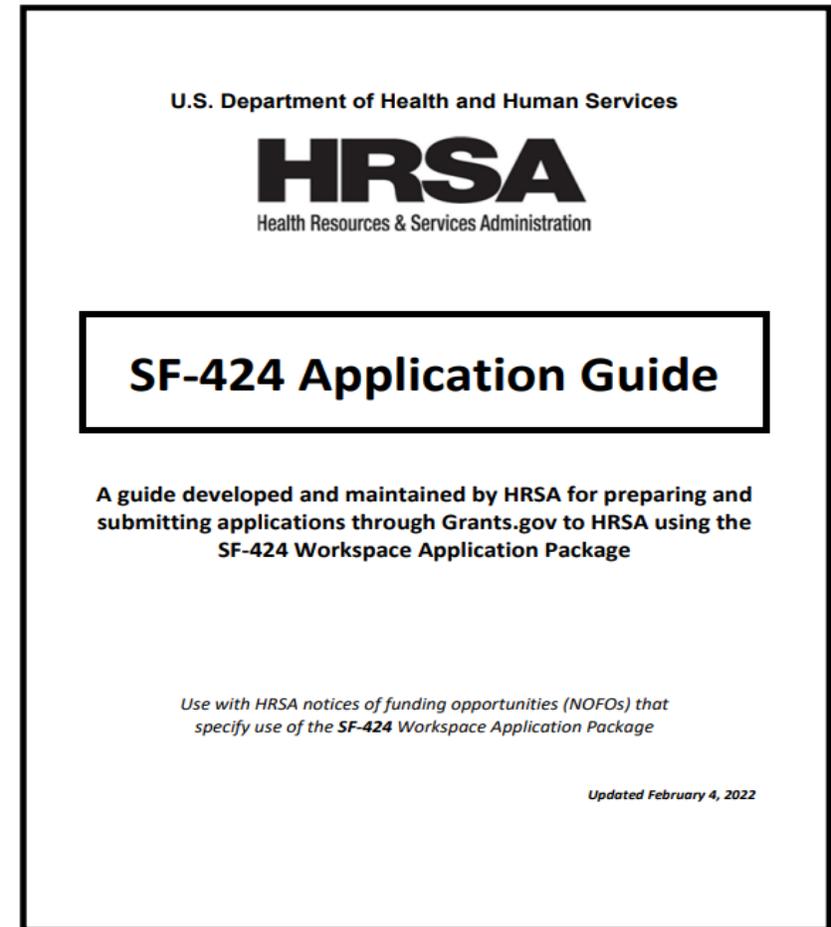
Section 4: SF-424A and Budget Narrative (Continued)

Ensure that all costs are reasonable, allowable, and allocable:

1. <u>Reasonable</u>: A cost is reasonable if, in its nature or amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

2. <u>Allowable</u>: A cost is allowable if it conforms with the limitations and exclusions contained in the terms and conditions of award, including those in the cost principles (see 45 CFR 75).

3. <u>Allocable</u>: A cost is allocable to a grant if it is incurred solely in order to advance work under the grant; it benefits both the grant and other work of the organization, including other grant-supported project or programs); or it is necessary to the overall operation of the organization and is deemed to be assignable, at least in part, to the grant (see Policy Clarification Notice 16-02).

Caps on Expenses:

1. RWHAP Part **A grant administration** costs (including indirect costs and PC or PB support) may **not** exceed ten percent of the grant award.

2. The **aggregate total of administrative expenditures for subrecipients**, including all indirect costs, may **not** exceed ten percent of HIV service dollars expended.

3. Recipients are allowed to allocate up to five percent of the total grant award or $3,000,000 (whichever is less) for **Clinical Quality Management (CQM) activities**.

Please see PCN 15-01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D for information regarding the statutory ten percent limitation on administrative costs.

Budget Narrative:

- Must clearly describe and justify how every item under each object class category makes a contributing impact and supports the RWHAP Part A HIV service delivery system.
    - Reference the Budget Narrative section in HRSA's SF-424 Application Guide for the criteria to include for the justification of line item costs for each object class category.
    - Recipients that do not include the justification of costs across object class categories will be required to submit a revised budget narrative.

Important Reminders:

1. Program specific budget narrative or justification
2. Must submit in table format
3. Budget period is for one year
4. Amounts in SF-424 A and budget narrative must match
5. Must not exceed the ceiling amount for the service area (Appendix B)

Ryan White HIV/AIDS Program

Section 5: Core Medical Services Waiver

1. RWHAP Part A funds are subject to Section 2604(c) of the PHS Act

   a. Requires that not less than 75 percent of the funds remaining after reserving funds for administration and clinical quality management (CQM) be used to provide core medical services

2. To request, submit HRSA RWHAP Core Medical Services Waiver Request Attestation Form with the NCC Progress Report in HRSA EHBs

3. If a core medical services waiver is not requested, submit documentation stating "Not Applicable"

Section 6: Indirect Cost Rate Agreement

1. If there are indirect costs included in the FY 2023 budget for the first time, or if the existing indirect cost rate agreement will expire prior to the start of the FY 2023 budget period, recipients must submit current indirect cost documentation (to include 10% de minimis) as Attachment 6

2. If there are no changes and the previously submitted documentation is current, submit documentation stating "No Change" as Attachment 6

3. If there are no indirect costs, submit documentation stating "Not Applicable" as Attachment 6

Section 7: Agreements and Compliance Assurances

The Agreements and Compliance Assurances required are found in Appendix A of the NCC instructions and require the signature of the Chief Elected Official (CEO), or the CEO's designee

Note: please parenthetically notate "CEO's Designee" after the signature, if applicable.

Attachments

Upload attachments in the order specified in the NCC Progress Report Instructions

- **Attachment 1:** Staffing Plan, Job Descriptions, Biographical Sketches, and Organizational Chart (if applicable)

- **Attachment 2:** Maintenance of Effort Documentation (required)

- **Attachment 3:** Letter of Assurance from Planning Council Chair/Letter of Concurrence from Planning Body Leadership/Chair (required)

- **Attachment 4:** SF-424A and Budget Narratives (required)

- **Attachment 5:** HRSA RWHAP Core Medical Services Waiver Request Attestation Form (if applicable)

- **Attachment 6:** Indirect Cost Rate Documentation (if applicable)

- **Attachment 7:** FY 2023 Agreements and Compliance Assurances, Certifications (required)

Label each attachment clearly

Appendix B – Funding Ceiling Amounts

Appendix B lists the ceiling amounts for Part A, MAI, and Total Funding Ceiling

EMA	City	State	Service area	Part A Funding Ceiling (Formula + Supplemental)	MAI Funding Ceiling	Total Funding Ceiling
Nassau-Suffolk EMA	Mineola	NY	Nassau County and Suffolk County	$5,473,322	$463,987	$5,937,309
New Haven EMA	New Haven	CT	Fairfield County and New Haven County	$5,335,734	$460,915	$5,796,649
New Orleans EMA	New Orleans	LA	Jefferson Parish, Orleans Parish, Plaquemines Parish, St. Bernard Parish, St. Charles Parish, St. James Parish, St. John the Baptist Parish, and St. Tammany Parish	$7,878,638	$682,109	$8,560,748
New York EMA	New York	NY	Bronx County, Kings County, New York County, Putnam County, Queens County, Richmond County, Rockland County, and Westchester County	$89,142,383	$8,837,844	$97,980,227

Knowledge Check

Budget Requirements

Budget Requirements

Budget information consists of <u>two</u> parts:

1. SF-424A Budget Information for Non-Construction Programs

2. Budget Narrative/Justification

Budget Requirements: SF-424A

Budget Information

Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A-102) Page 1

Budget Requirements: SF-424A

Budget Categories

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Part A & MAI Administration	(2) Part A & MAI CQM	(3) Part A & MAI HIV Services	(4)	
a. Personnel	$	$	$		$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)					$
j. Indirect Charges					$
k. TOTALS (sum of 6i and 6j)	$	$	$	$	$
7. Program Income	$	$	$	$	$

Totals auto-populate

Enter object class category amounts into columns 1-3

Column totals auto-populate

Reminder: Total cannot exceed amount in Appendix B

Budget Requirements: SF-424A

Budget Information

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8. Part A & MAI Administration	$	$	$	$
9. Part A & MAI CQM				
10. Part A & MAI HIV				

Complete Total for 1st Year Column Only

SECTION D - FORECASTED CASH NEEDS	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$	$	$	$	$
14. Non-Federal	$				
15. TOTAL (sum of lines 13 and 14)	$	$	$	$	$

Part A & MAI Administration				
17. Part A & MAI CQM				
18. Part A & MAI HIV Services				
19.				
20. TOTAL (sum of lines 16 - 19)	$	$	$	$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

Budget Requirements: SF-424A

Budget Information

SECTION C - NON-FEDERAL RESOURCES

Complete "(b) First" for FY2024

Totals auto-populate

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b)First	(c) Second	(d) Third	(e) Fourth
16. Part A & MAI Administration	$	$	$	$
17. Part A & MAI CQM				
18. Part A & MAI HIV Services				
19.				
20. TOTAL (sum of lines 16 - 19)	$	$	$	$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: 22. Indirect Charges:

23. Remarks:

Budget Requirements: SF-424A

Budget Information

SECTION C - NON-FEDERAL RESOURCES

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	Part A & MAI Administration	$	$	$	$
9.	Part A & MAI CQM				
10.	Part A & MAI HIV Services				
11.					
12.	TOTAL (sum of lines 8-11)	$	$	$	$

Remember to complete items 21 & 22 in Section F

SECTION D - FORECASTED CASH NEEDS

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:

22. Indirect Charges:

23. Remarks:

	(a) Grant Program	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
16.		$	$	$	$
17.	Part A & MAI CQM				
18.	Part A & MAI HIV Services				
19.					
20.	TOTAL (sum of lines 16 - 19)	$	$	$	$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:

22. Indirect Charges:

23. Remarks:

Budget Narrative/Justification

Budget Summary

RWHAP PART A BUDGET SUMMARY
RECIPIENT:
FISCAL YEAR: 2023

Object Class Categories	Part A			Minority AIDS Initiative (MAI)			Total
	Administration	CQM	HIV Services	Administration	CQM	HIV Services	
a. Personnel	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b. Fringe Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -
c. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -
d. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -
f. Contractual	$ -	$ -	$ -	$ -	$ -	$ -	$ -
g. Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Direct Charges	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Indirect Charges	$ -	$ -		$ -	$ -		$ -
TOTALS	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Program Income							$ -

FY2023 Funding Ceiling:			
Part A Funding	$ -	**Administrative Budget 10%**	
MAI Funding	$ -	Part A and MAI	Within Limit
Total:	$ -		
		CQM Budget 5%	
		Part A and MAI	Within Limit

Budget Summary | Part A Admin | Part A CQM | Part A PC-PB Support | Part A HIV Services | MAI Administration | MAI CQM | MAI HIV Services | ⊕

Budget Narrative/Justification

Sample Worksheet

PART A ADMINISTRATIVE BUDGET RECIPIENT: FISCAL YEAR: 2023				
Personnel				
Salary [Insert total annual salary]	**FTE** [Insert as decimal]	**Name, Position** [Insert name, position title]	**Budget Impact Justification** [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]	**Amount**
				$ -
				$ -
				$ -
				$ -
				$ -
			Personnel Total	$ -
Fringe Benefits				
Percentage [Insert as %]	**Components** [List components that comprise the fringe benefit rate.]			**Amount**
				$ -
				$ -
			Fringe Benefit Total	$ -
Travel				
Local				
Mileage Rate	**Number of Miles**	**Name, Position of Traveler(s)**	**Travel Expenses/Budget Impact Justification** [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	**Amount**
			Local Travel Sub-Total	$ -
Long Distance				
Type of Travel		**Name, Position of Traveler(s)**	**Travel Expenses/Budget Impact Justification** [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	**Amount**
			Long Distance Travel Sub-Total	$ -
			Travel Total	$ -
Equipment [Equipment is defined as a unit cost of $5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]				
List of Equipment			**Budget Impact Justification** [Description of need to carry out the program's objectives/goals.] Show breakdown of costs.	**Amount**

Budget Narrative/Justification
Example – Administrative budget - Personnel

	PART A ADMINISTRATIVE BUDGET		
	APPLICANT: ████████████		
	GRANT NUMBER: H89HA000█		
	FISCAL YEAR: 2022		

PERSONNEL			
Salary	**FTE %**	**Name, Position, Budget Impact Justification**	**Amount**
$ 110,977	0.69	████ *Health Care Services Manager* **Part A 69%**, Part A CQM 8%, Part A MAI 10%, EHE 10%, Health Care Svcs 3% **Budget Impact Justification:** Monitors, develops and maintains full administrative responsibility for the Part A program. Responsible for grants management, administration and executive level work in planning and directing the activities of the local RWP. Makes policy and contracting decisions related to contract terms and conditions. Oversees all programmatic and fiscal functions. Ensures integration of proposed activities into the continuum of services are provided.	76,574

Budget Narrative/Justification
Example – CQM budget - Personnel

PART A CLINICAL QUALITY MANAGEMENT BUDGET

APPLICANT: ▬▬▬▬▬▬▬

GRANT NUMBER: H89HA000▬

FISCAL YEAR: 2022

PERSONNEL

Salary	FTE	Name, Position, Budget Impact Justification	Amount
$ 110,977	8%	▬▬▬, *Health Care Services Manager* Part A 69%, Part A CQM 8%, Part A MAI 10%, EHE 10%, Health Care Svcs 3% **Budget Impact Justification:** Provides oversight and is responsible for the overall operation of the CQM program which includes reviewing, planning and coordinating all CQM related activities and meetings with the CQM contracted consultant and Recipient staff who directly perform the work.	8,878

Budget Narrative/Justification
CQM

Costs required to maintain a CQM program to <u>assess the extent to which services are consistent with the current HHS Guidelines</u> for the treatment of HIV and to <u>develop strategies to improve access to and quality of services</u>.

Examples of CQM Costs	
Implementation of CQM program	Recipient CQM staff training (including travel and registration)
CQM activities	
Data collection for CQM purposes	Training of subrecipients on CQM

For further guidance on CQM refer to PCN-15-02 Clinical Quality Management

Budget Narrative/Justification
CQM Costs (continued)

Quality assurance activities are NOT considered CQM costs, although the results of quality assurance activities can be used to develop quality improvement activities.
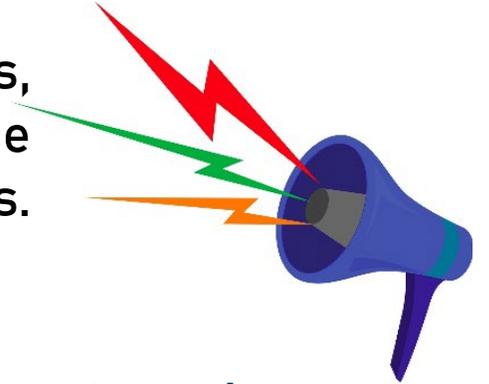
Quality assurance refers to a broad spectrum of activities aimed at ensuring compliance with minimum quality standards.

Quality Assurance Activities
Retrospective process of measuring compliance with standards (site visits, chart reviews)
Inform the quality management program

Budget Narrative/Justification
CQM Costs vis-à-vis Quality Assurance (Administrative Costs)

ACTIVITY	QA (ADMIN COSTS)	CQM
Performance measurement prioritization and alignment with other RWHAP Parts in the jurisdiction		X
Data extraction for CQM purposes		X
CQM Committee in planning for quality improvement projects		X
Chart audits/reviews	X	X
Monitoring site visits	X	Assess/monitor CQM program
Development of service standards	X	
Extracting data for reporting to internal and external stakeholders	X	
EHR interface with other providers; system operations	X	

Budget Narrative/Justification

Example – Supplies

Supplies		
[Supplies is defined as property with a unit cost under $5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the $5,000 threshold.] Show breakdown of costs.		
List of Supplies	**Budget Impact Justification** *[Description of need to carry out the program's objectives/goals.]*	**Amount**
Computer Hardware: replacement	Replacement of computer and associated supplies required to conduct program operations (5 employees, $1,100 per laptop, $200 per monitor, $150 per surge protector)	$7,250
Photo copier paper, pens, ink cartridges, notebooks, batteries, and other office supplies	Office supplies to conduct daily program operations for 10 employees including photo copier paper, pens, ink cartridges, notebooks, batteries, and other office supplies. $200 per person.	$2,000
	Supplies Total	**$9,250**

Budget Narrative/Justification
Example - Contractual

List of Contract	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.	Amount
Canon (City of Rockville)	Copier rental	Copier rental ($138.90/mo.) X 12 months X 91.37% allocated based on funding	1,523
RDE/E2Rockville	Data System Updates	Funds to be used to make updates to a web-based RWHAP Part A HIV/AIDS data system (e2Rockville). The data system will be used by both recipients and providers to meet CLD requirements.	138,000
		Contracts Total	**$ 139,523**

Salary Limitation

1. The current salary rate limitation applicable to RWHAP domestic grants and cooperative agreements increased from $199,300 in FY 2021 to $203,700 in FY 2022.

    a. As a reminder, RWHAP funds and program income generated by RWHAP awards may not be used to pay salaries in excess of the rate limitation.

Funding Restrictions

In addition to the general funding restrictions included in Section 4.1 of the *SF-424 Application Guide*, funds may not be used for the following:

- Cash payments to intended recipients of RWHAP services
- International travel
- Pre-exposure (PrEP) or post-exposure (PEP) prophylaxis medications or related medical services
- Development of materials designed to promote or encourage intravenous drug use or sexual activity

- Payment for any item or service that has been (or can be expected to be) paid by a state compensation program, insurance policy, federal or state health benefits program, or any entity that provides health services on a prepaid basis
- Syringe Services Programs*
- Construction*

Knowledge Check

Indirect Costs

Methods for Claiming Indirect Costs

1. A federally negotiated indirect cost rate agreement (NICRA)

2. Tribal organizations and state/local government agencies may claim indirect costs without a federally negotiated indirect cost rate agreement
   1. Cost Allocation Plan or Indirect Cost Rate Proposal

3. 10% De Minimis Cost Rate

Federally Negotiated Indirect Cost Rate Agreement

Federally Negotiated Indirect Cost Rate Agreement (NICRA)

Organization Type

STATE AND LOCAL GOVERNMENTS RATE AGREEMENT

The effective date of the rate agreement

EIN: 1136400434B1

ORGANIZATION:

Recipient Name

DATE: 08/15/2018

FILING REF.: The preceding agreement was dated 08/16/2017

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED   FINAL   PROV. (PROVISIONAL)   PRED. (PREDETERMINED)

EFFECTIVE PERIOD

TYPE	FROM	TO	RATE(%)	LOCATION	APPLICABLE TO
FIXED	07/01/2018	06/30/2019	15.37	All	All Programs (1)
PROV.	07/01/2019	06/30/2022	15.37	All	Use same rates and conditions as those cited for fiscal year ending June 30, 2019.

This section provides the rate type, effective period, rate percentage (%) and location, and the applicable program for the rate.

HRSA
Ryan White HIV/AIDS Program

NICRA: Determining the Indirect Cost Rate Type to Apply

STATE AND LOCAL GOVERNMENTS RATE AGREEMENT

EIN:

ORGANIZATION:

DATE: 08/15/2018

FILING REF.: The preceding agreement was dated 08/16/2017

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED   FINAL   PROV. (PROVISIONAL)   PRED. (PREDETERMINED)

EFFECTIVE PERIOD

TYPE	FROM	TO	RATE(%)	LOCATION	APPLICABLE TO
FIXED	07/01/2018	06/30/2019	15.37	All	All Programs (1)
PROV.	07/01/2019	06/30/2022	15.37	All	Use same rates and conditions as those cited for fiscal year ending June 30, 2019.

Indirect Cost Rate Type

Fiscal Year Ending

Please review the Applicable To section beside each rate type

NICRA: Understanding the Indirect Cost Base

*BASE

Total direct costs excluding capital expenditures (building, individual items of equipment; alterations and renovations), and that portion of each subaward in excess of $25,000.

Review the definition of the indirect cost base. Most negotiated Indirect Cost Rate Agreements…

1. Have a base that is **Modified Total Direct Cost (MTDC)** or **Total Direct Cost (TDC) with exclusions**.

2. Allow the first $25,000 for each subcontract/subaward

3. Exclude equipment, tuition remission, patient care costs, and other listed items

The Must Know About Your NICRA!

1. To establish a NICRA, a recipient must submit an indirect cost rate proposal to a **cognizant agency**.

   a. Contact the HHS Program Support Center to establish a NICRA for the Federal grant or a new agreement for an expired NICRA.

2. The NICRA submitted with the NCC progress report must be current (i.e., not expired) through the start of the FY 2023 budget period (March 1, 2023).

Indirect Cost Rate Proposal vs. Cost Allocation Plan

The Must Know About Your Cost Allocation Plan!

1. The Cost Allocation Services (CAS) agency provides the indirect cost rate and cost allocation plan negotiation services to Federal Departments and Agencies where HHS is designated by OMB as the cognizant Federal Agency.

2. For states, local and tribal governments that provide centralized or shared services to related agencies, "there needs to be a process whereby these central service costs can be identified and assigned on a reasonable basis."

10% De Minimis Rate

What is the 10% De Minimis Rate?

Eligibility Requirements

1. Can only be elected by a recipient that has <u>never </u>held a negotiated indirect cost rate agreement

2. It must be used consistently across all Federal awards

3. It is allowable for use indefinitely and/or until such a time a recipient chooses to negotiate for a rate

4. See 45 CFR 75.414(f) for additional information

Example 10% De Minimis Rate Request

INDIRECT COST RATE AGREEMENT

The [ ] Office of Management and Budget manages the Ryan White Program grant on behalf of the County. In accordance with 45 CFR 75, Appendix VII, [ ] County Office of Management and Budget does not have its own federally Negotiated Indirect Cost Rate Agreement (NICRA), because it is a governmental department that received less than $35 million in direct federal funding. In lieu of the NICRA, [ ] County Office of Management and Budget has adopted the 10% de minimis rate. As there is no NICRA, there is **no Attachment 12** included with this application.

The Must Know About Your 10% De Minimis rate!

1. Submit a letter along with the NCC Progress Report requesting to apply the 10% De Minimis rate

2. Ensure the 10% Cost amount is reflected on the SF-424A Budget form

3. This methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate

4. May be used indefinitely

5. No need for an Indirect cost rate proposal

6. Must not double-dip, double-charge

Ryan White HIV/AIDS Program

Resources

Program Support Center (PSC)/Cost Allocation Service on Indirect Costs

- DHHS, Program Support Center (PSC), Cost Allocation Services

- PSC Indirect Cost Negotiations

- PSC/CAS State and Local Governments FAQs on Indirect Costs

- PSC General FAQs on Indirect Cost Negotiations

- PSC/CAS Sample Indirect Cost Proposal Format for Nonprofit Organizations
    - https://rates.psc.gov/fms/dca/np_exall.pdf
    - https://rates.psc.gov/fms/dca/np_exall2.html

- Cost Allocation Services (CAS) Best Practices Manual For Reviewing State and Local Governments State/Local-Wide Central Service Cost Allocation Plans And Indirect Cost Rate Proposals

- Review Guide For State And Local Governments State/Local-wide Central Service Cost Allocation Plans And Indirect Cost Rates

Your Grants Management Specialist is your contact for indirect cost related questions.

Knowledge Check

NCC Progress Report Submission

Submission

1. **HRSA EHBs access is required to submit the NCC Progress**
   a. Can be the Project Director or anyone with established editing and submitting privileges for applications or post-award submissions

2. **Review NCC Progress Report materials**
   a. NCC Progress Report Instructions – outlines requirements and provides instruction for completing questions
   b. NCC Progress Report User Guide – includes HRSA EHBs steps and screen captures
   c. Direct questions to your project officer

3. **Submit NCC Progress Report via HRSA EHBs by October 3, 2022 by 11:59pm ET**
   a. Due date appears as HRSA EHBs submission task
   b. Do not use Grants.gov

Submission

Program Contact

- Contact your Project Officer with programmatic questions related to the NCC Progress Report

Grants Contact

Olusola Dada, Grants Management Specialist

- Division of Grants Management Operations, OFAM
- Odada@hrsa.gov
- (301) 443-0195

EHBs Question

HRSA Call Center

- Monday-Friday, 8:00 a.m. to 8:00 p.m. ET (except Federal holidays)
- CallCenter@HRSA.gov
- (877) 464-4772;
  TTY: (877) 897-9910

REMINDERS

RWHAP Part A Important Due Dates

Submission	Due Date
FY2023 NCC Progress Report available in HRSA EHBs	**9/2/2022**
SUBMISSION DEADLINE: FY2023 NCC Progress Report	**10/3/2022**
FY2023 NCC Progress Report revisions (if applicable)	**Mid November – 12/9/2022**
SUBMISSION DEADLINE: Revised FY2023 NCC Progress Report (if applicable)	**12/9/2022**
Integrated HIV Prevention and Care Plan	12/9/2022
FY2022 Estimate Unobligated Balances Report and Carryover	12/31/2022
FY2022 Expenditures Report	5/29/2023
FY2022 Annual Progress Report	5/29/2023
FY2022 Federal Financial Report (FFR) and Carryover Request	7/30/2023
FY2022 Carryover Request	8/29/2023 (if applicable)

Ryan White HIV/AIDS Program

SA

NCC Progress Report Revisions

- **NCC Progress Reports that are not responsive to the instructions will be sent back for revisions (including identified budget issues)**
  - Review the NCC instructions and budget instructions in detail to avoid being required to make revisions
  - POs will be reaching out in August and September to discuss lessons learned from FY22 budgets

- If revisions are required, a revised NCC Progress Report must be submitted on or before December 9th
  - No extensions will be accepted

- Should any component of the revised NCC Progress Report require additional revisions, a program term or condition will be placed on your Notice of Award that will require a revision be submitted post-award

Annual Subrecipient Site Visit Monitoring Requirement

- RWHAP Part A recipients are required to conduct annual comprehensive monitoring site visits for all subrecipients

- Exemption to the annual subrecipient site visit monitoring requirement
  - See RWHAP Parts A and B Annual Site Visit Exemption for additional information on the process

- Impact of COVID-19 on annual subrecipient site visit monitoring
  - No COVID automatic waiver in FY 2022 and beyond
  - Recipients can request waiver, as applicable

FY 2023 Funding Projection Letter

1. Provides <u>estimates</u> for RWHAP Part A formula and MAI FY 2023 funding
   a. Does not provide supplemental funding estimates

2. Estimates based on prior year budget and current year surveillance data
   a. HRSA HABs cannot guarantee estimates will be the final award amounts

3. Contact your project officer if you need a FY 2023 funding projection letter anytime after the NCC is available in HRSA EHBs

4. Funding projection letters can be used to facilitate procurement processes and efficient planning within jurisdictions

Questions

Thank you for attending and Thanks to the following HRSA HAB Staff.....

DMHAP NCC/NOFO Workgroup Members:

Kristin Athey, Kristina Barney, Priscilla Baez Merced, Melody Barry, Marean Duarte, LCDR Jonathon Fenner, Deborah Medina, LCDR Lawrence Momodu, Axel Reyes, and CDR Andy Tesfazion

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