HRSA
Health Resources & Services Administration

RWHAP Part A FY2024 Non-Competing Continuation Progress Report Technical Assistance Webinar

August 3, 2023

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.

DMHAP Core Values

Division of Metropolitan HIV/AIDS Programs

Promote access to and retention in high quality treatment and support services for people with HIV in metro areas

Innovation

We openly give & receive thoughtful feedback in our exchange of information to stakeholders & colleagues for greater understanding.

Diversity

We strive to understand & invite other points of view by valuing differences in people, experiences, & perspectives.

Accountability

We take responsibility for our words, actions, & performance.

Respect

We treat others how they would like to be treated with empathy, honesty, transparency, & integrity.

Communication

We foster creative thinking to initiate change, encourage a passion for seeking solutions, & provide a safe place to try new things.

Agenda

1. Non-Competing Continuation (NCC) Progress Report
   a. Updates, Important Notes, and Announcements
   b. Components
   c. Budget Requirements
   d. Submission
   e. Reminders

2. Due Dates

3. Questions and Answers

Updates

- NCC Progress Report sections uploaded as attachments in HRSA Electronic Handbooks (EHB) submission (100MB limit)
- Budget Template Updates:
  - Core medical services percentage
  - Clinical Quality Management (CQM) Contractual budget tables
- Additional detail for SF-424A and Maintenance of Effort (MOE) completion
- PC/PB Letter: meaningful involvement of people with lived experience
- New Federal Financial Report (FFR) submission deadline (90 days after budget period end date)

Important Notes

Forms	Instructions
SF-PPR **SF-PPR 2** **(Required)**	Specific instructions are in the NCC Progress Report User Guide document available within HRSA EHBs and on the HRSA website here: https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/report-user-guide-generic-grants.pdf
Performance Narrative: (Required)	Upload a document (e.g., a Microsoft Word document) stating "Not Applicable" for the Performance Narrative section.

Announcements

FY 2024 Funding Projection Letter

- Provides estimates for RWHAP Part A formula and Minority AIDS Initiative (MAI) FY 2024 funding
  - Does not provide supplemental funding estimates
- Estimates based on prior year budget and current year surveillance data
  - HRSA HABs cannot guarantee estimates will be the final award amounts
- Funding projection letters can be used to facilitate procurement processes and efficient planning within jurisdictions
- Project officers will send funding letters in August 2023

Announcements

RWHAP Part A COVID-19 Programmatic Waivers: Unobligated Balances (UOB) Penalty Waiver

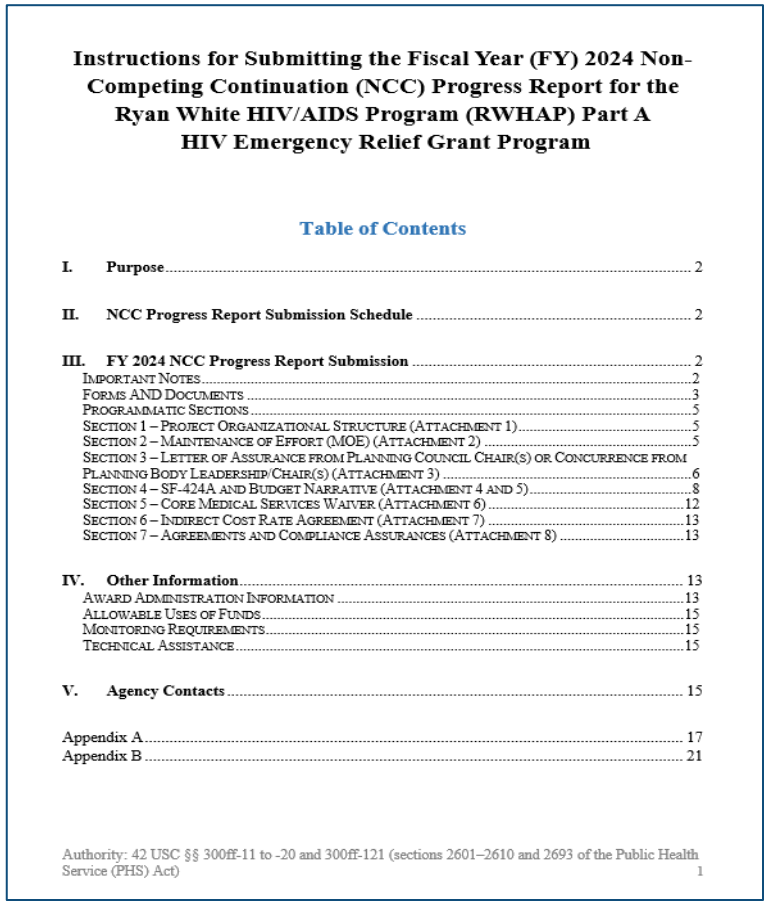
- UOB penalty waiver is available to RWHAP recipients for FY 2023 funding due to the continued impact of the COVID-19 public health emergency
  - Waiver requests must specify impact of the COVID-19 pandemic

- FY 2023 Formula UOB Penalty Waiver Request
  - The waiver for the UOB penalty can be requested at two points in time
    - ✓With the FY 2023 Estimated UOB and Estimated Carryover Report
    - ✓By the FY 2023 final FFR submission deadline using the EHBs Prior Approval Request Type – Other/Other

NCC Progress Report Components

Instructional Materials

NCC Progress Report Instructions – Outlines requirements



Instructions for Submitting the Fiscal Year (FY) 2024 Non-Competing Continuation (NCC) Progress Report for the Ryan White HIV/AIDS Program (RWHAP) Part A HIV Emergency Relief Grant Program

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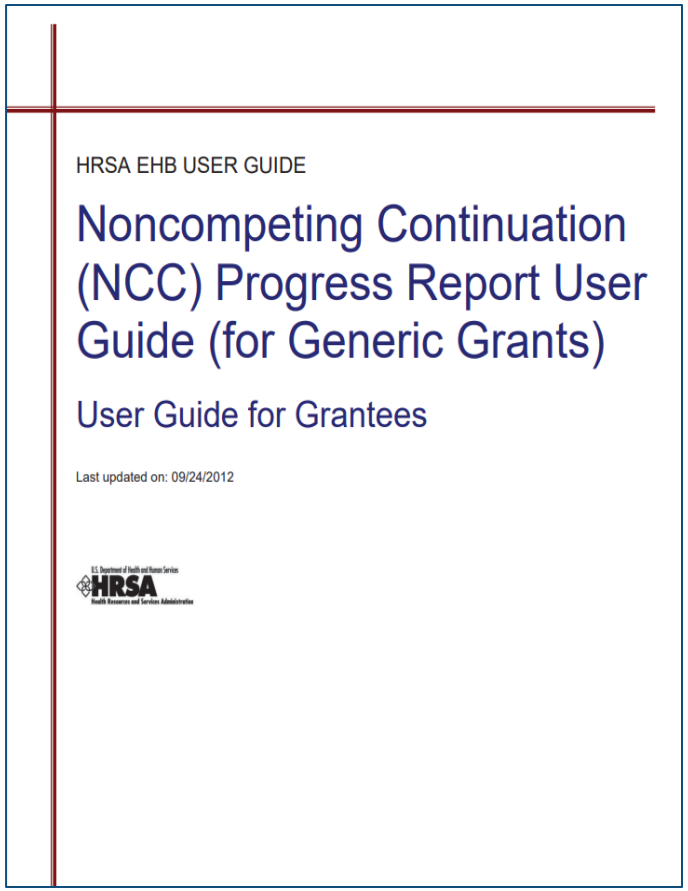
Authority: 42 USC §§ 300ff-11 to -20 and 300ff-121 (sections 2601–2610 and 2693 of the Public Health Service (PHS) Act)

NCC Progress Report User Guide – Includes HRSA EHBs steps and screen captures



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

Ryan White HIV/AIDS Program

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 the entity responsible for administering the RWHAP Part A since the competitive application was submitted or the FY 2023 NCC Progress Report, 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**

1. 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	
FY2022 Expenditures (Actual)	**Current FY2023 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: $_____

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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 2023 funds are being 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**

Prioritization of MAI Funds

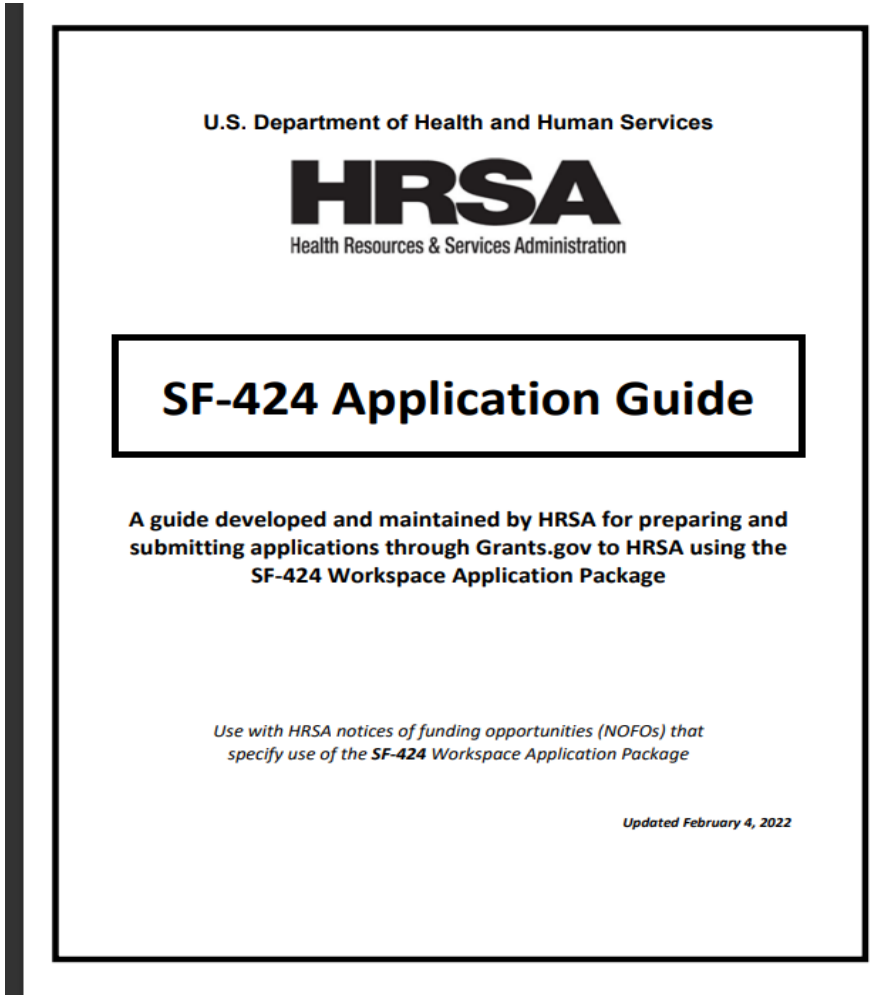
- Section 2693(b)(2)(A) of the PHS Act stipulates that MAI funds under RWHAP Part A are to be used to improve HIV-related health outcomes, and to reduce existing racial and ethnic health disparities.

- HSRA HAB strongly encourages RWHAP Part A PCs and PBs to ensure that prioritized MAI services are meeting the specific needs of MAI subpopulations with the greatest need.

- FY 2025 NOFO will provide additional detail on this expectation

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 FY2024 NCC Progress Report instructions and budget template



U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

SF-424 Application Guide

A guide developed and maintained by HRSA for preparing and submitting applications through Grants.gov to HRSA using the SF-424 Workspace Application Package

*Use with HRSA notices of funding opportunities (NOFOs) that specify use of the **SF-424** Workspace Application Package*

Updated February 4, 2022

HRSA Ryan White HIV/AIDS Program

Section 4: SF-424A and Budget Narrative (Continued)

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

1. **Reasonable**: 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. **Allowable**: 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. **Allocable***:* 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).

Section 4: SF-424A and Budget Narrative (Continued)

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.

Section 4: SF-424A and Budget Narrative (Continued)

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:

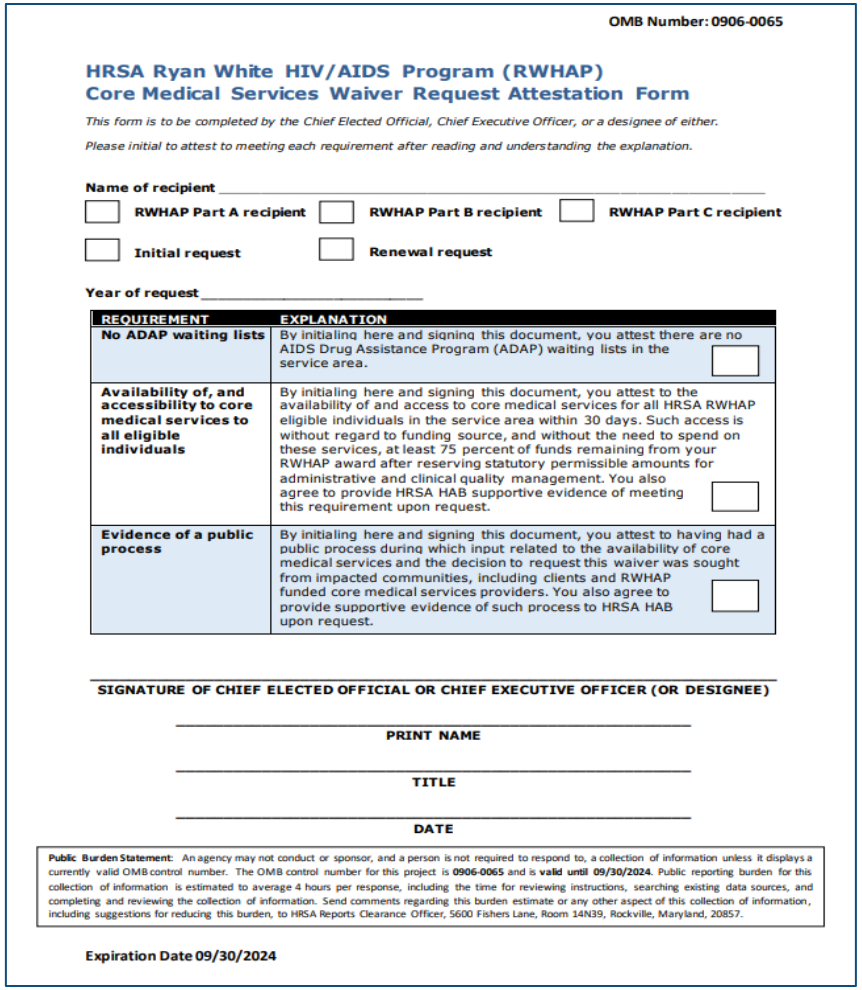
1. Program specific budget narrative or justification
2. Must submit in table format (suggested template will be provided on TargetHIV.org)
3. Budget period is for one year
4. Amounts in SF-424 A and budget narrative must match
5. Must not exceed the ceiling amount for the service area (Appendix B)

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 a waiver, submit HRSA RWHAP Core Medical Services Waiver Request Attestation Form as part of the NCC Progress Report in HRSA EHBs

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



OMB Number: 0906-0065

HRSA Ryan White HIV/AIDS Program (RWHAP)
Core Medical Services Waiver Request Attestation Form

This form is to be completed by the Chief Elected Official, Chief Executive Officer, or a designee of either.

Please initial to attest to meeting each requirement after reading and understanding the explanation.

Name of recipient _____

☐ RWHAP Part A recipient ☐ RWHAP Part B recipient ☐ RWHAP Part C recipient

☐ Initial request ☐ Renewal request

Year of request _____

REQUIREMENT	EXPLANATION
No ADAP waiting lists	By initialing here and signing this document, you attest there are no AIDS Drug Assistance Program (ADAP) waiting lists in the service area. ☐
Availability of, and accessibility to core medical services to all eligible individuals	By initialing here and signing this document, you attest to the availability of and access to core medical services for all HRSA RWHAP eligible individuals in the service area within 30 days. Such access is without regard to funding source, and without the need to spend on these services, at least 75 percent of funds remaining from your RWHAP award after reserving statutory permissible amounts for administrative and clinical quality management. You also agree to provide HRSA HAB supportive evidence of meeting this requirement upon request. ☐
Evidence of a public process	By initialing here and signing this document, you attest to having had a public process during which input related to the availability of core medical services and the decision to request this waiver was sought from impacted communities, including clients and RWHAP funded core medical services providers. You also agree to provide supportive evidence of such process to HRSA HAB upon request. ☐

_____
SIGNATURE OF CHIEF ELECTED OFFICIAL OR CHIEF EXECUTIVE OFFICER (OR DESIGNEE)

_____
PRINT NAME

_____
TITLE

_____
DATE

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is **0906-0065** and is **valid until 09/30/2024**. Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.

Expiration Date 09/30/2024

Section 6: Indirect Cost Rate Agreement

1. If there are indirect costs included in the FY 2024 budget for the first time, or if the existing indirect cost rate agreement will expire prior to the start of the FY 2024 budget period, recipients must submit current indirect cost documentation (to include 10% de minimis) as Attachment 7

2. If there are no changes and the previously submitted documentation is current, submit documentation stating “No Change” as Attachment 7

3. If there are no indirect costs, submit documentation stating “Not Applicable” as Attachment 7

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
   - Cost Allocation Plan or Indirect Cost Rate Proposal

3. 10% De Minimis Cost Rate

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

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

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.

NCC Progress Report Sections

Programmatic Sections
Attachment 1: Project Organizational Structure (if applicable)
Attachment 2: Maintenance of Effort (required)
Attachment 3: Letter of Assurance from Planning Council Chair(s) or Concurrence from Planning Body Leadership/Chair(s) (required)
Attachment 4 and 5: SF-424A and Budget Narrative (required)
Attachment 6: Core Medical Services Waiver (if applicable)
Attachment 7: Indirect Cost Rate Agreement (if applicable)
Attachment 8: Agreements and Compliance Assurances (required)

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

HRSA Ryan White HIV/AIDS Program

Knowledge Check

Budget Requirements

Budget Requirements

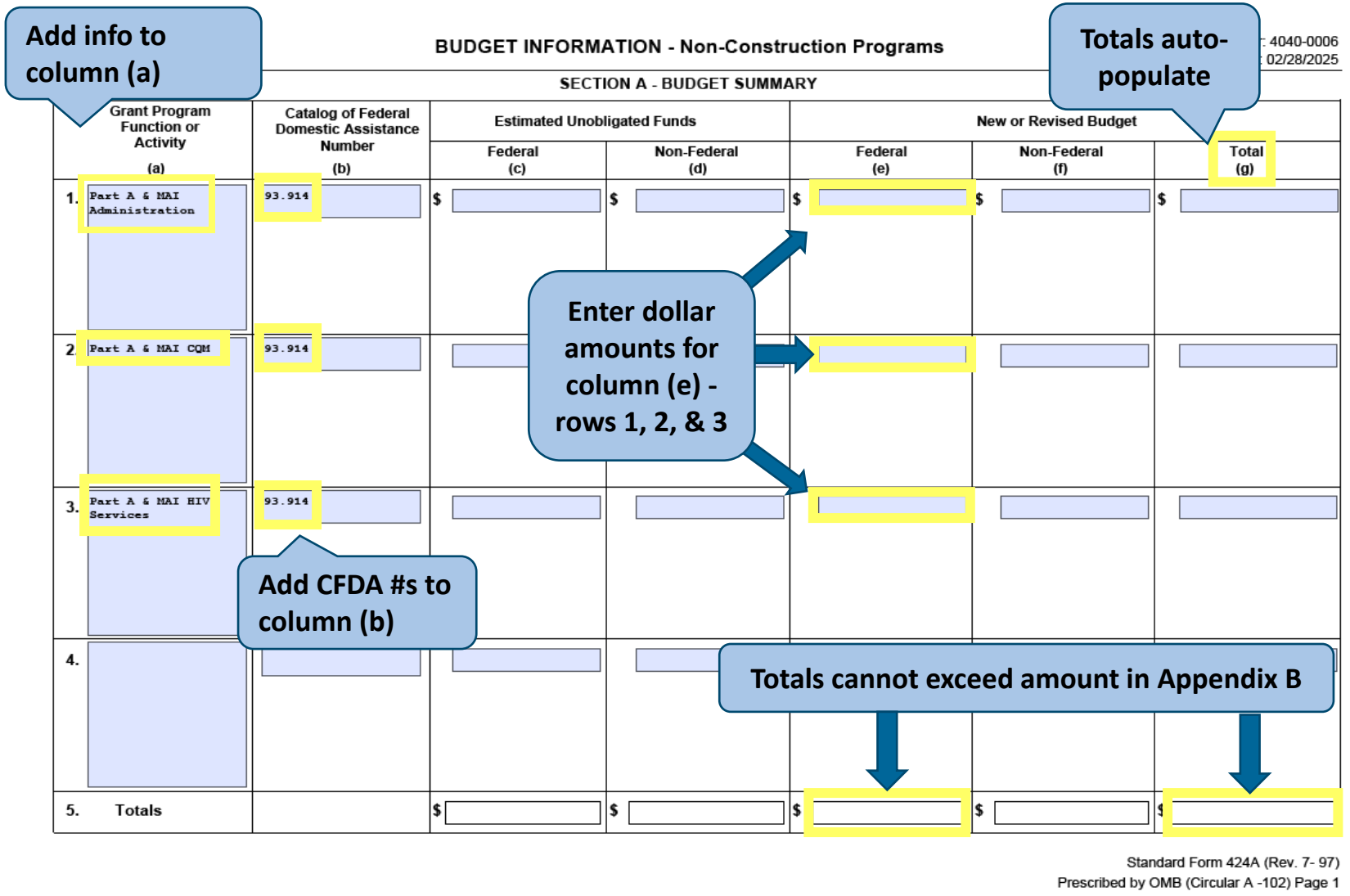
Budget information consists of two parts:

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

2. Budget Narrative/Justification

Budget Requirements: SF-424A

Budget Information



BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2025

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Part A & MAI Administration	93.914	$	$	$	$	$
2. Part A & MAI CQM	93.914					
3. Part A & MAI HIV Services	93.914					
4.						
5. Totals		$	$	$	$	$

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 (1) Part A & MAI Administration	(2) Part A & MAI CQM	(3) Part A & MAI HIV Services	(4)	Total (5)
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

HRSA Ryan White HIV/AIDS Program

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				
11.					
17.	Part A & MAI CQM				
18.	Part A & MAI HIV Services				
19.					
20.	TOTAL (sum of lines 16 - 19)	$	$	$	$

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)	$	$	$	$	$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:

22. Indirect Charges:

23. Remarks:

HRSA Ryan White HIV/AIDS Program

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)	$	$	$	$

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)	$	$	$	$	$

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)	$	$	$	$

Remember to complete items 21 & 22 in Section F

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:

22. Indirect Charges:

23. Remarks:

HRSA Ryan White HIV/AIDS Program

Budget Narrative/Justification

Budget Summary

RWHAP PART A BUDGET SUMMARY
RECIPIENT:
FISCAL YEAR: 2024

	Part A			Minority AIDS Initiative (MAI)			Total
Object Class Categories	**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							$ -

FY 2024 Funding Ceiling:	
Part A Funding	$ -
MAI Funding	$ -
Total:	$ -

Administrative Budget 10%
Part A and MAI: Within Limit

CQM Budget 5%
Part A and MAI: Within Limit

Manually Enter HIV Services Allocation Percentages	
Core Medical Services	Support Services
0%	0%

Instructions | HELP | Budget Summary | Part A Admin | Part A PC-PB Support | Part A CQM | Part A CQM Contractual | Part A HIV Services | MAI Administration | MAI CQM | MAI CQM Contractual | MAI HIV Services

HRSA Ryan White HIV/AIDS Program

Budget Narrative/Justification

Sample Worksheet

PART A CLINICAL QUALITY MANAGEMENT CONTRACTUAL BUDGET *Note: complete this budget sheet if the jurisdiction contracts with a third party to provide CQM for the program.* RECIPIENT: FISCAL YEAR: 2024				
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.] Only include duties that are allocable to the CQM budget.*	**Amount**
	0.10			$ -
	0.50			$ -
				$ -
				$ -
				$ -
			Personnel Sub-Total with Rounding	$ -
			Rounding Input Adjustment to Match SF-424A	
			Personnel Total	$ -
Fringe Benefits				
Percentage *[Insert as %]*	**Components** *[List components that comprise the fringe benefit rate.]*			**Amount**
				$ -
				$ -
				$ -
				$ -
			Fringe Benefit Sub-Total with Rounding	$ -
			Rounding Input Adjustment to Match SF-424A	
			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 (round down to nearest whole number)**
			Local Travel Sub-Total	$ -

Budget Narrative/Justification

Example – Administrative budget - Personnel

PART A ADMINISTRATIVE BUDGET

APPLICANT: [redacted]

GRANT NUMBER: H89HA000[redacted]

FISCAL YEAR: 2022

PERSONNEL

Salary	FTE %	Name, Position, Budget Impact Justification	Amount
$ 110,977	0.69	[redacted] *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: [redacted]

GRANT NUMBER: H89HA000[redacted]

FISCAL YEAR: 2022

PERSONNEL

Salary	FTE	Name, Position, Budget Impact Justification	Amount
$ 110,977	8%	[redacted], *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 assess the extent to which services are consistent with the current HHS Guidelines for the treatment of HIV and to develop strategies to improve access to and quality of services.

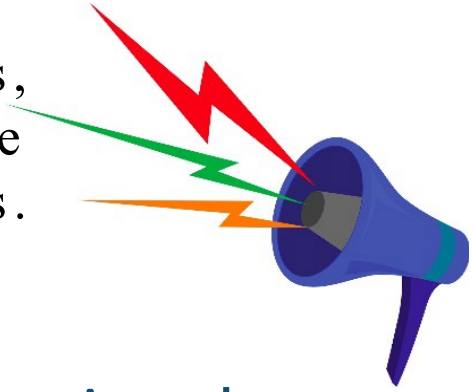
Examples of CQM Costs	
Implementation of CQM program	Recipient CQM staff training (including travel and registration)
CQM activities	
Data collection for CQM purposes	Training of subrecipients on CQM

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

Use of CQM and Administrative Funds (as per PCN 15-02)

Activity	CQM	Administrative
Staffing to implement clinical quality management program activities	✓	
Staffing to develop and/or update service standards		✓
Staffing to conduct grants monitoring of subrecipients		✓
Electronic health record interface with other providers		✓
Data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data)	✓	
Monitoring site visits	✓ To assess or monitor CQM activities	✓

Related Activities: Quality Assurance (as per PCN 15-02)

Activities aimed at ensuring compliance with minimum quality standards.

Measures compliance with standards.

Major part of administrative functioning of a recipient's program

May inform the clinical quality management program, but does not improve health outcomes

Quality Assurance is NOT Quality Improvement

	Quality Assurance	Quality Improvement
Motivation	Measuring compliance with standards	Continuously monitoring processes to improve standards
Means	Inspection	Proactive
Approach	Required, Defense	Chosen, Offense
Focus	Outliers, “Bad Apples”, Individuals	Processes and Systems
Scope	Service Providers	Patient Care
Responsibility	Few	All

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 hardware 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

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	Copier rental	Copier rental ($138.90/mo.) X 12 months X 91.37% allocated based on program need in order to make copies of necessary documents. Cost determined by County contract	1,523
Sunshine Data Group	Data System Updates	Funds to be used to make updates to a web-based RWHAP Part A HIV/AIDS data system. The data system will be used by both recipients and providers to meet CLD requirements. 200 Users: Annual fee includes license annual maintenance ($300/user); license annual enhancement support ($120/per user); data management and web hosting ($240/user); document scanning and image storage functionality at ($50/user); AMA ICD-9 and CPT Code Licensing Fees ($20/user); Website Hosting ($7,500 annually), Eligibility and Enrollment Fee Per Transaction at ($0.30/per transaction @ 60,000 transactions); custom programming and report development ($200/hour @ 120 hours), and end user training ($200/hr. @ 45 hours). 12.4% of the total cost ($204,500) is allocated to the Part A Budget.	25,358
		Contracts Total	**$ 26,881**

Knowledge Check

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**
Office Supplies	Office supplies - $1,000 per month	$12,000
	Supplies Total	**$12,000**

Salary Limitation

1. The current salary rate limitation applicable to RWHAP domestic grants and cooperative agreements increased from $203,700 in FY 2022 to $212,100 in FY2023.

    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*

HRSA Ryan White HIV/AIDS Program

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. **NCC Progress Report will be available in HRSA EHBs by September 1, 2023**

3. **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

4. **Submit NCC Progress Report via HRSA EHBs by October 2, 2023 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

HRSA 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

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

- If revisions are required, a revised NCC Progress Report must be submitted by the deadline prescribed by your project officer

- 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

REMINDERS

Reminders

- FY 2024 Funding Projection Letter disseminated by Project Officer
- Unobligated Balances Penalty Waiver by request
  - With Estimated UOB/Estimated Carryover Request or by FFR Deadline (prior approval request)
- No Performance Narrative required with the FY 2024 NCC Progress Report
  - Upload a document (e.g., a Microsoft Word document) stating “Not Applicable” to the Performance Narrative section

Important Due Dates

Submission	Due Date
FY 2024 NCC Progress Report available in HRSA EHBs	**9/1/2023**
SUBMISSION DEADLINE: FY 2024 NCC Progress Report	**10/2/2023**
Review of the FY 2024 NCC Progress Report Submission *Includes potential recipient revisions*	**Oct – Nov 2023**
Deadline to approve the FY 2024 NCC Progress Report Submission	**12/1/2023**
FY 2023 SUBMISSION REMINDERS	
FY 2023 Estimated UOB Report and Estimated Carryover Request	12/31/2023
FY 2023 Annual Progress Report	5/29/2024
FY 2023 Expenditures Report	5/29/2024
FY 2023 Federal Financial Report	**5/29/2024**
FY 2023 Final UOB Report and Final Carryover Request	**6/28/2024**

Questions

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

DMHAP NCC/NOFO Workgroup Members:

Kristin Athey, LCDR Jonathon Fenner, Jenifer Gray, Lennie Green, Axel Reyes, and CDR Andy Tesfazion

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