# Questions and Answers

# RFA 20 - 005

# Reducing Racial and Ethnic Health Disparities

# "Closing the Gap" Grant Program

**DATE:** February 22, 2021

**TO:** Applicants

**FROM:** Office of Minority Health and Health Equity (OMHHE)

Florida Department of Health

**SUBJECT:** Questions and Answers: RFA #20-005

1. “In-Kind matching of funds” does this include Medical Providers that are gratis?

Department Answer: Yes, the hours-donated (in kind salary) from a licensed medical professional is considered “in kind matching funds”.

1. In reference to the match, is the breakdown for populations > 50,000; 75% state match to 25% local match? Is the 25% local match 50% cash and 50% ‘in-kind’?

Department Answer: In counties with populations greater than 50,000, up to 50% of the local match may be in kind in the form of free services or human resources. 50% of the local match must be in the form of cash. Please refer to Section 1.7, Matching Funds Requirements, page 10.

1. The provision of medical or clinical services are not permitted with this funding.” Does that mean if patients cannot afford to pay for a medical visit, medications, diagnostic testing, labs, or Mental Health services (visits) that the funding may not be used to pay the fee for these types of services? Or can the funding be used to pay the Medical Provider or Mental Health Provider fees?

Department Answer: No, funding cannot be used to cover fees for these type of services.

1. We request an addition to the Appendix A/ EBI Repository the following:

Priority 3: Cardiovascular Disease –

[www.ncbi.nlm.nih.gov](https://urldefense.com/v3/__http:/www.ncbi.nlm.nih.gov__;!!B6dj6w!o04coRGOGqVOZgTR1HmPCt42bJNk7jXA0kLB0rJwzcM9ktV7zY85bdrZLB_7jc7XnAvbSy6iYg4$)

[https://www.hsph.harvard.edu/nutritionsource/disease-prevention/cardiovascular-disease/](https://urldefense.com/v3/__https:/www.hsph.harvard.edu/nutritionsource/disease-prevention/cardiovascular-disease/__;!!B6dj6w!o04coRGOGqVOZgTR1HmPCt42bJNk7jXA0kLB0rJwzcM9ktV7zY85bdrZLB_7jc7XnAvbk3eHFwM$)

Priority 4: Diabetes –

[https://www.nih.gov/](https://urldefense.com/v3/__https:/www.nih.gov/__;!!B6dj6w!o04coRGOGqVOZgTR1HmPCt42bJNk7jXA0kLB0rJwzcM9ktV7zY85bdrZLB_7jc7XnAvbFjhJZkk$)

[www.ncbi.nlm.nih.gov](https://urldefense.com/v3/__http:/www.ncbi.nlm.nih.gov__;!!B6dj6w!o04coRGOGqVOZgTR1HmPCt42bJNk7jXA0kLB0rJwzcM9ktV7zY85bdrZLB_7jc7XnAvbSy6iYg4$)

Priority 5: HIV/AIDS –

[https://www.csis.org/programs/global-health-policy-center/ghpc-videos/resurgence-hiv-american-south](https://urldefense.com/v3/__https:/www.csis.org/programs/global-health-policy-center/ghpc-videos/resurgence-hiv-american-south__;!!B6dj6w!o04coRGOGqVOZgTR1HmPCt42bJNk7jXA0kLB0rJwzcM9ktV7zY85bdrZLB_7jc7XnAvbkBKYr24$)

Priority 11: Social Determinants of Health –

[https://www.samhsa.gov/](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.samhsa.gov_&d=DwMFaQ&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=24rRCw5sBT4W5SfbCktWYlHM9vppZusWpSk_ov0VbIcFc7l-LCCg82710pCy5IiA&m=3wjfynIIAx2GwGL5LhFmRmWHR77RdrDGdARZ_XdF5yQ&s=gvuyygZYFQcutuGtJXskUuSGtHOikOtgganqP5eyQZk&e=)

[https://www.migrantclinician.org/issues/migrant-info/migrant.html](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.migrantclinician.org_issues_migrant-2Dinfo_migrant.html&d=DwMFaQ&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=24rRCw5sBT4W5SfbCktWYlHM9vppZusWpSk_ov0VbIcFc7l-LCCg82710pCy5IiA&m=3wjfynIIAx2GwGL5LhFmRmWHR77RdrDGdARZ_XdF5yQ&s=u3vCiWrcRWHIiHKP06ItlpM0dfWbOEj1q9KqV2Wk8_E&e=)

[https://www.cdc.gov/media/releases/2020p1218-overdose-deaths-covid-19.html](https://urldefense.com/v3/__https:/www.cdc.gov/media/releases/2020p1218-overdose-deaths-covid-19.html__;!!B6dj6w!o04coRGOGqVOZgTR1HmPCt42bJNk7jXA0kLB0rJwzcM9ktV7zY85bdrZLB_7jc7XnAvbx-AKHsM$)

[https://www.nih.gov/substance-use-disorders-linked-covid-19](https://urldefense.com/v3/__https:/www.nih.gov/substance-use-disorders-linked-covid-19__;!!B6dj6w!o04coRGOGqVOZgTR1HmPCt42bJNk7jXA0kLB0rJwzcM9ktV7zY85bdrZLB_7jc7XnAvbdPZJQIc$)

[https://www.jamanetwork.com/journals/jama](https://urldefense.com/v3/__https:/www.jamanetwork.com/journals/jama__;!!B6dj6w!o04coRGOGqVOZgTR1HmPCt42bJNk7jXA0kLB0rJwzcM9ktV7zY85bdrZLB_7jc7XnAvbV6zqnew$)

[https://www.cdc.gov/coronavirus/2019-ncov/stress-coping/alcohol-use.html](https://urldefense.com/v3/__https:/www.cdc.gov/coronavirus/2019-ncov/stress-coping/alcohol-use.html__;!!B6dj6w!o04coRGOGqVOZgTR1HmPCt42bJNk7jXA0kLB0rJwzcM9ktV7zY85bdrZLB_7jc7XnAvb9TZgD0A$)

[https://www.ama-assn.org/system/files/2020-12/issue-brief-increases-in-opioid-related-overdose.pdf](https://urldefense.com/v3/__https:/www.ama-assn.org/system/files/2020-12/issue-brief-increases-in-opioid-related-overdose.pdf__;!!B6dj6w!o04coRGOGqVOZgTR1HmPCt42bJNk7jXA0kLB0rJwzcM9ktV7zY85bdrZLB_7jc7XnAvbxkxp4uY$)

Department Answer: This request has been denied. The links provided are not evidence-based interventions (EBIs). Using the list of interventions provided in RFA 20-005, Appendix A (pages 37-51), please select an EBI (i.e. curriculum, policy, methodology, service, etc.) to support your program proposal by priority area.

1. Appendix A list 11 evidence-based intervention focus areas. The links listed in the repository do not contain specific curriculums or implementation methodologies (ex: CATCH, Cooking Matters, Body & Soul, etc.). It appears it is just a guide. With this in mind, are we to find curriculums and implementation strategies that support these focus areas and/or fall within these categories? If so, does the committee/department need to know what specific curriculum we will be employing before the grant submission deadline?

Department Answer: All applicants must select one or more of the EBIs (i.e. methodology, policies, curriculum, services, etc.) identified in Appendix A (pages 37-51) to address their selected priority areas.

1. It is possible to request a copy of a prior grant that has been funded for Maternal/Infant Mortality and Social Determinants of Health categories?

Department Answer: You may submit an official request for public records to access government meetings and records. Please note this request may not be fulfilled prior to RFA 20-005 application deadline. Guidelines for submitting a request may be found here: <http://www.floridahealth.gov/about/sunshine-info/public-records-requests/index.html>

1. If our organization provides the match for a partner or subcontractor, does that partner need to meet the same level 2 background check requirements, and do we have to have those on file for them to teach classes?

Department Answer: Yes, the background requirements apply to partners and subcontractors, including those acquired with matched funds.

1. For the potential 1-year renewal, would that be funding for the 2022-2023 fiscal year or the 2023-2024 fiscal year?

Department Answer: If renewed, it would be for the fiscal year 2022-2023.

1. 2.1 (6) Our current partners are providers who are not allowing in person- meetings due to COVID-19. As FDOH what is the purpose of the quarterly meetings?

Department Answer: The RFA 20-005 does not specify that these meetings have to be held in person, but they must convene on a quarterly basis. These meetings are to ensure active engagement with your partners and leverage resources for optimal community impact.

1. 2.1 (5) Per contract clients are seen one time per fiscal year, how will we apply Section 2.1, number 5 to our new contract?

Department Answer: Depending on your priority area and program, a client may be eligible to access services more than once. Thus, a follow-up assessment must be performed in that circumstance.

1. Appendix A: Priority 4 Diabetes/ Evidence Based Interventions: As FDOH employees, are any other certifications and licensures required?

Department Answer: Additional requirements may be necessary, depending on the selected EBI and organizational capacity. Please verify necessary requirements by clicking on the links provided (page 41).

1. Referral Assessment pg. 92: Are the referral activities a requirement for our program as we do not have the funds to meet specific needs (ex: transportation, food security)

Department Answer: Referral activities may be added to the resulting contract based on the needs of the target populations addressed in your application, including those listed in Attachment 11.

1. Page 92: Our program does not require income verification for services. Does the new contract require income verification to identify below the poverty level status?

Department Answer: No.

1. Will you consider a phased-in approach as long as all activities are completed by end of project period?

Department Answer: We will consider all responsive applications received in accordance with the requirements of the RFA.

1. Is Docusign allowed for required forms?

Department Answer: Yes, DocuSign is an approved form of electronic signature.

1. Will a template for governmental agencies will be provided?

Department Answer: No, a template for all required forms has been provided in the RFA 20-005.

1. As an independent sp​ecial taxing district, we are limited to section 768.28, F.S. Will contract modifications be allowed for indemnify, hold harmless, defend, indemnification and insurance clauses that exceed limits outlined by state code?

Department Answer: No, please see Sections I.E and I.F of the Standard Contract, pages 67-68.

1. Can we get the following documents sent to us in workable formats like excel: Attachment 3 Budget Summary, Attachment 4 Budget Narrative, and Attachment 5 Personnel Form?

Department Answer: Yes, please access the links below:



1. Is there a limit to the number of priority areas an entity can address?

Department Answer: No.

1. Are county health departments required to provide a cash match?

Department Answer: No, CHDs are not.

1. Is an in-kind match in the form of DOH staff time acceptable if staff are funded from state funds?

Department Answer: Yes.

1. Will a fillable budget template (PDF document) be provided for the budget? Or should applicants use the template as a guide for creating the budget document?

Department Answer: Yes, please refer to question 18 to access a fillable budget template.

1. We are currently using our own tool (based on a validated Centers for Medicaid and Medicare patient screening tool) to assess and refer clients for social determinants of health, for a project currently funded by Closing the Gap. Can a modified version of PRAPARE (an EBI) be considered an evidence-based intervention for the purpose of this grant (which ask about the same types of social needs), or do we need to use the exact PRAPARE tool?

Department Answer: Yes, you may use the modified version in addressing the assessments and referrals in your application.

1. Do we need to complete the actual SDOH assessment more than once for each client (Such as a 3 - 6-month follow-up)? If so, do we track these separately, since these assessments will be for previously served clients.

Department Answer: Yes, please see Attachment 11.

1. Are new partners defined as partners who are new to the agency, or new to the proposed project?

Department Answer: New to the agency.

1. Can you please provide a list of programs by county funded through the Closing the Gap grant for the last three years? Thank you.

Department Answer: Yes, you may access list using the link below:



1. Page 24 of the RFA states that the verification of 501(c)(3) status must be no more than one page.  Our letter from the IRS was signed at the top of page 2.  Is attachment of only the first page acceptable, even without the signature?  If not, please advise.

Department Answer: No, in this case you may attach both pages.

1. The same page in the RFA notes that applications must include a letter from the county health department "outlining any partnerships, referral agreements, and collaborations on the CHD’s Community’s Health Improvement Plan (CHIP). Letters should be signed by the CHD.”  Is our existing and recent letter acceptable, or do we need to get a letter that specifically names this grant opportunity?

Department Answer: Yes, the existing letter of agreement with your local health department is acceptable.

1. Page 12 of the FRA states that "The provision of medical or clinical services are not permitted with this funding." Based on this, please help us reconcile Page 42 of the RFA which states that services may include

• PrEP Screening, Referrals, and/or Provision

• nPEP Screening, Referrals, and/or Provision

Department Answer: Screenings and referrals for PrEP and nPEP are permitted.

1. Are we correct in assuming that OMHHE is defining “clinical” as the treatment of a disease, and that advanced nurse practitioners can be funded under this RFA to prescribe PrEP and nPEP as these are preventive? Or does “provision” refer to something else?  If so, what?

Department Answer: No, the provision of medical or clinical services are not permitted with this funding, including those provided by advanced nurse practitioners.

1. Similarly, also referencing page 42 as "Referral and navigation to screening and treatment for STIs” is listed as an Evidence Based Intervention, are the costs of STI treatment allowable (either with grant funds, or qualifying as matching funds?

Department Answer: The provision of medical or clinical services are not permitted with this funding. The cost of STI treatment are not allowed. However, referrals or qualifying match funds for these services are permitted.

1. Can OMHHE distribute the ATTACHMENT 1 Cover page in a Word doc, for easier completion?

Department Answer: Yes, you may access the template using the link below:



1. Can OMHHE distribute the ATTACHMENT 9 Work Plan Template in a Word doc, for easier completion?

Department Answer: Yes, you may access the template using the link below:



1. Is the Collaborations / Partnership Plan section required only if applying as a lead for a project that will include partners funded from this grant? Or is it also required for general partnerships that do not involve CTG funds (mutual referrals, donation of supplies by the Department of Health, gatekeeper agreements for access to venues, etc.)

Department Answer: No, a Collaboration/Partnership Plan is required in the application to be deemed responsive and in compliance with RFA guidelines.

1. Most important, please clarify the page limits. Page 18 of the RFA states that "The Project Narrative is limited to 30 singled spaced pages.” With the full listing below, are we correct that OMHHEE is requiring as many as 79 pages (Cover page through Project Evaluation), not counting the Budget and Budget narrative?

• Cover Page – (One Page Limit)

• Table of Contents – (Two Page Limit)

• Project Abstract – (One Page Limit)

• Project Narrative – (Thirty Page Limit)

• Project Management Plan- (Ten Page Limit)

• Workplan- (Ten Page Limit)

• Collaboration (Twenty Page Limit)

• Project Evaluation – with logic model – (Fifteen Page Limit)

• Budget Summary and Narrative- (Ten Page Limit)

• Budget Justification (Three Page)

We are concerned that a 79-page recommended length / limit would put a massive burden on agencies preparing their application.  Prior Closing the Gap RFA’s have capped pages at a 30-page limit for ALL except the budget.  Were these limits under review / revision?

Department Answer: No, the page numbers identified are limits, not minimums.

1. Will the attachments such as the budget and cover page be provided in fillable form or do we need to recreate them?

Department Answer: Yes, please refer to question 18 to access a fillable budget template, and question 32 for the fillable cover page template.