
Quality of Life (QOL) Request for Applications (RFA)
SFY2016 Frequently Asked Questions (FAQs)
Updated: December 19, 2014

1. **Question:** How does an agency go about applying for the Quality of Life Endowment funds with the use of a fiscal agent?

Answer: Quality of Life has three specific agency size categories for making funding determinations, in addition to the content review of applications. Small agencies with documented annual, overall operating agency budgets of \$300,000 or less are prioritized to compete for 50 percent of available funds; midsize agencies (\$300,001 - \$700,000); compete for 25 percent of available funds; large agencies (\$700,001 or more), compete for the remaining 25 percent of available funds.

The agency that submits the application will be considered the grant applicant and its overall budget will determine the funding determination category. The grant applicant is the entity seeking to enter into a legal grant relationship with the Department. Thus, if a larger agency submits an application on behalf of a smaller agency, it will be the larger agency, not the smaller agency, whose budget will be considered for the funding category. The size of the entity submitting the grant application is the controlling funding category factor.

Smaller applicants wishing to contract with a larger agency for the purpose of a fiscal agent relationship may want to consider naming the larger fiscal agent as a contractor in the project budget. If an applicant names a fiscal agent as a contractor in the budget, a justification explaining the role and duties that fiscal agency will perform must accompany the application. In summary, in order for all applicants that are contracted with a fiscal agency to be considered in the appropriate category for funding decision-making as described, the smaller agency, not the fiscal agency, must be the applicant that officially submits the proposal request for funding.

- a. Each applicant is required to submit two budgets: 1) the Agency Overall Operating Budget and 2) the Project Budget.
 - b. An agency applying on its behalf should submit its Agency Overall Operating Budget along with the proposed grant Project Budget.
 - c. Corresponding paperwork (i.e., 501c3 etc.) should reflect the applying agency.
2. **Question:** When will the QOL grant application go up live on EGrAMS?

Answer: It is currently live on the website: <http://www.idph.state.il.us/fundop.htm>

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3. **Question:** Will HIV screening tests be supplied to agencies funded for HIV counseling and testing?

Answer: Yes. IDPH will provide rapid point of care test kits to conduct HIV screening according to your agency's proposed scopes of services for HIV testing. IDPH's policy encourages and prefers the use of blood or finger stick rapid testing as the preferred method over using oral rapid testing devices.

4. **Question:** Do you have a list of what other programs are currently funded for what services and populations in what geographic areas? This would be helpful so we don't duplicate services with what we're proposing and so we can make sure our collaborations are most strategic.

Answers: Numerous independent grantors fund Illinois HIV prevention programs under grants with varying project periods. No comprehensive list has been compiled of the HIV prevention scopes of services for Illinois agencies.

To avoid local service duplication, QOL applicants should conduct some community discovery prior to developing their applications. This could include conversations with local prioritized population members/gatekeepers and investigations of potential service sites or engagement strategies. Should these investigations reveal another provider is already adequately serving the intended population with a given intervention, then applicants may opt to offer a different intervention, reach out to a different social network, or deliver service in a different geographical area.

5. **Question:** Do you have data about the geography of the service units?

Answer: Per the QOL legislation, QOL service units are allocated according to recent Illinois HIV incidence by risk populations, not by geographical location. QOL applicants may deliver their services anywhere within the state of Illinois boundaries.

6. **Question:** Are there different unit costs for different interventions? For example, for GPS, what is the unit cost? For testing, it's \$200 maximum, right? For POL, what would the unit/cost be?

Answer: Use a unit cost of \$200 per delivered person-session for interventions involving a personal client-provider interaction with one or more clients, involving risk disclosure by the client(s), and a behavioral or biomedical risk reduction intervention by the provider.

Note the caveats on Page 3 of the Intervention Guidance. "Outreach is considered a recruitment strategy for interventions and not a stand-alone intervention. It will not be funded as an individual intervention. Condom distribution is an expected feature of all interventions and is not a stand-alone intervention. It will not be funded as an individual intervention." A quick "outreach encounter," which involves simply handing a client literature or risk reduction tools or to deliver a one-way impersonal risk reduction message (lacking client risk disclosure or individualized counseling addressing individual

vulnerability), will not constitute a billable service unit. The service unit cost should be sufficient to cover these recruitment activity costs.

For an individual level intervention, one session between a provider and a client is a one person-session or service unit.

For a Group Level Intervention, one session between a provider and six clients is equal to six person-sessions or service units.

In a Community Level Intervention (such as the P.O.L intervention), one *training* session or *follow-up activity monitoring* session between a provider and 15 peers who will deliver informal prevention messages constitutes 15 service units. In a Community Level Intervention, the informal peer-to-peer conversations or outreach material deliveries that involve no formal risk assessments will not constitute billable service units.

7. **Question:** Can you define the difference between “available service units” and “requested service units?”

Answer: The available service units should be filled in from the table in the Grant Guidance showing the total number of service units available for each target population. Grantees should ensure their request of service units for a given target population does not exceed the total number of units available for that population.

8. **Question:** The CLIA Waiver and Physician Standing Order are requested to be uploaded in two different sections. Should it be uploaded in each section in EGrAMS?

Answer: The CLIA waiver and PSO should be attached under the section titled CLIA waiver and physician standing order. The links to this section are outlined below:
Scope of Work -> Project Description -> Interventions -> Description for HIV Counseling -> CLIA waiver and physician standing order

9. If we choose “Treatment Engagement and Adherence Services for PWHIV” as an intervention, then the project will need to specify scopes?

Answer: Yes

10. **Question:** Under Scope of Work, #13 asks for quarterly objectives, activities, and to specify the quarter, and then under Work Plan, the online application asks for objectives and activities again. What is the difference?

Answer: Quarterly objectives are broad and specific to the entire quarter. Objectives and activities are more specific and the activities are directly related to completing the objectives.

11. **Question:** Is an agency audit required?

Answer: Yes, for agencies with an annual operating budget more than \$300,000. Please upload the applicant agency's last audit in the section labeled "Miscellaneous" under additional information.

12. **Question:** Is the Work Plan required as part of the QOL application?

Answer: Yes

13. **Question:** Where do I upload the applicant agency's 990 Form?

Answer: Under the Miscellaneous section, additional information.

14. **Question:** Is Internet Risk Reduction Counseling a stand-alone intervention?

Answer: Yes

15. **Question:** Are serodiscordant couples considered a prioritized risk group and can they be included in scopes for the Quality of Life grant?

Answer: No, Serodiscordant couples are not included in the 2015 Prioritized Risk Group Definitions. However, a person in a serodiscordant couple may fall within a risk group identified in the 2015 Prioritized Risk Group Definitions

16. **Question:** Where is the grant guidance document located?

Answer: Guidance documents can be found on the EGrAMS website at www.idphgrants.com. Go to the Quality of Life grant application and click show documents to see all guidance documents related to the Quality of Life grant.

17. **Question:** Does an agency have to have a CLIA waiver for the Quality of Life grant?

Answer: If an agency is conducting HIV Counseling and Testing, a current CLIA waiver must be provided with the grant application.

18. **Question:** What is meant by describe your agency's distribution of HIV risk reduction materials?

Answer: The applicant should describe their process for condom distribution as well as any other HIV Risk Reduction materials.

19. **Question:** Is conducting HIV testing required for this grant?

Answer: Agencies must implement prevention interventions that are scalable, cost-effective and have demonstrated potential to reduce HIV infections in the target populations. A list of the possible interventions is included in the guidance document. It is not required for the applicant to conduct HIV Counseling and Testing.

20. **Question:** Where in the budget does fee for service go?

Answer: Requested scopes for fee for service should go in the patient/client care line item. Specified services should be broken down by requested scope. Unspecified services should be included as one line item in the patient client care line for 5% of the total funds requested.