



Responses to RFGA Questions

The RFGA is deemed amended to incorporate these questions and answers.

- 1. Hi, I would like access to the grant application RFGA Number: FY2026-RFGA-MC-409. Can you assist?**

The public link to this grant application can be found on our SCDPH website using the following link: <https://dph.sc.gov/sites/scdph/files/2025-12/FY2026-RFGA-MC-409.pdf>

- 2. See Page 16, XIV. Application Submission Requirements, A. applications must include Item 1. Completed Application Cover Sheet - where do you find this?**

There is no required template. The application cover sheet may be created by the applicant.

- 3. Page 16 Item 2 in the list, says to follow the RFGA order for the narrative order. Would this order be the following items 3-11?**

These would be items numbered 3–15, as applicable.

- 4. Item 10 in the list says Budget Request (single fixed annual operating amount) - we believe you only want to state the amount (\$1,400,000 or less) and no actual budget is submitted? If a budget is submitted, is guidance provided somewhere?**

Yes, please submit an itemized budget utilizing the information available within the RFGA that describes how the funds will be used. There is no specific guidance on what needs to be included.

- 5. There seems to be no needs assessment required in the narrative. Is this correct?**

Yes, this is correct but if the applicant would like to include needs assessment information, then they are welcome to.

- 6. Would asking for less than \$1.4 million in operations be viewed negatively by reviewers?**

No

- 7. It seems there will be only one grantee funded, correct?**

Yes

- 8. Applicants can elect to serve one or more of the three defined service areas, correct?**

Yes

- 9. Could an applicant propose to serve one of the defined service areas in Year 1, add a second one in Year 2, and add the third in Year 3, to eventually cover all three defined service areas?**

Yes

- 10. If yes, could they use the operational funding in Years 2 and 3 to purchase a mobile unit for each additional area?**

Operational funding is a fixed annual amount and not a reimbursement of itemized costs. The application should include a budget demonstrating that the requested amount of operational funds is based on a reasonable estimate of anticipated operational costs. Operational funding can potentially be used for purchasing or leasing additional units; however, because separate start-up funds are provided to cover the costs of purchasing one unit, operational funds should not be used to purchase or lease additional units without prior written approval from DPH. Any intended additional mobile unit purchases or leases should be described in the application and will be reviewed. DPH may require additional conditions on unit purchases or leases including but not limited to requiring that any additional units purchased be transferred to the State at the conclusion of the grant.

11. If mobile unit purchase would not be allowable with operational funds, could the applicant lease mobile units with operational funds?

Yes, refer to answer #10

12. Page 19 under IV Compensation, Item F says that the total amount will not exceed \$7,702,750. Does this mean the grant/contract will be for up to five years?

Yes. The grant covers three years with an option to renew for two additional years. See page 7 under section A Unit Purchase and Outfitting and page 8 under section C. Grant Period and section D. The maximum amount for five years is \$7,702,750.

13. Page 19 under IV Compensation, Item F Travel says "No travel expenses will be paid under this Grant Agreement. Operating funds are disbursed on a fixed-fee basis and not cost-reimbursement. We assume that this means travel is not reimbursed outside of the awarded operating funds, and if a grantee has travel costs for project staff this would simply be covered in the \$1.4 million operational funds, correct?"

Correct. Travel costs that are directly related to staff performing work on or in support of the unit and training related to the project can be covered utilizing operational funds. This Grant Agreement provides a fixed annual amount for operational funding and is not structured as a cost-reimbursement program. As such, the South Carolina Department of Public Health is not prescribing specific allowable or unallowable cost categories for operational funds, as long as they are used for delivery of services under the grant.

Applicants are expected to propose budgets that reasonably support the delivery of the services described in their application. All proposed expenditures including any administrative or indirect costs should be necessary for, and directly related to, carrying out the program activities and achieving the outcomes described in the proposal.

Applications will be evaluated based on the strength of the proposed service model, alignment with program objectives, and the applicant's ability to deliver the required services, rather than on individual line-item budget determinations.

14. Could operational funds be used to partially support a pediatrician (or provider that can do pediatric visits) so that postpartum and pediatric visits could happen at once on the mobile unit to prevent barriers to care?

Yes

15. Could operational funds support lease of a vehicle and hiring of a driver to transport patients lacking transportation to the mobile sites?

Yes

16. Could operational funds support lease of smaller mobile unit (like a pull behind) to provide space for ancillary services such as lactation consultant?

Yes

17. Could operational funds support staff not located on the mobile unit, but providing services to the unit's patients via telehealth, in-home visits, or services provided at other locations?

Yes. Details would need to be specified in the budget submission and support how they contribute to the goals of the project. Examples: Telehealth psychiatric services, office procedures performed by MFM or OB.

18. Is there a page limit for the application or suggested range?

This is not specified in the RFGA, but a page limit of 100 pages would be appreciated.

19. May a qualified applicant submit this proposal as a collaboration between two eligible applicants, rather than having one of the applicants listed as a subcontractor under a traditional Prime-subcontractor relationship?

No, only one applicant can be awarded this RFGA. However, the awardee may use a subcontractor or subrecipient to provide services and/or meet the requirements of the RFGA.

20. The RFGA states: "At the conclusion of the grant period, the Grantee will transfer ownership of the MMU to DPH or to another entity designated by DPH." How will the ownership transfer at the end of the program work if the Grantee is subject to South Carolina state surplus laws?

Should a State of South Carolina government entity be awarded the grant, that entity shall be required to comply with all existing State of South Carolina processes and policies related to procurement, vehicle titling and registration, insurance through the Insurance Reserve Fund (IRF), and State Fleet management requirements. In contrast, if the award is made to a non-state government entity, the Grantee shall be solely responsible for the procurement, purchase, titling, registration, insurance, operation, maintenance of the mobile unit on the open market, and maintaining the mobile unit while holding the State of South Carolina harmless. In either scenario, the mobile unit shall be titled in the name of the awarded Grantee and shall not be titled in the name of the Department of Public Health (DPH). To safeguard the State's interest, if a non-government entity is awarded, DPH reserves the right to place a lien

not to exceed \$702,750 on the mobile unit to prevent sale or transfer without the State's authorization. For State of South Carolina government entities, such a lien will not be necessary as the vehicle would be titled in the State's name in accordance with existing State Fleet policies and procedures.

21. The RFGA states that revenue received through insurance or Medicaid billing must be reinvested in MMU operations. What does that mean? Is that limited to services provided from the mobile unit, equipment for the program, and/or other operational expenses? Is there a broader use allowed?

Revenue generated through insurance or Medicaid billing must be reinvested in Mobile Medical Unit (MMU) operations. Allowable uses include, but are not limited to, services provided directly from the mobile unit, program-related equipment, and other operational expenses that support the delivery of MMU services. Reinvestment may also support broader MMU-related activities when they are integral to the provision of care and access to services. Examples include staffing costs for clinicians such as pediatricians or other specialty providers, contractual services (e.g., lactation consultants or care coordinators), transportation supports that enable patients to access MMU services, and other programmatic expenses that enhance or expand the reach, effectiveness, or continuity of care delivered through the MMU. All uses of reinvested revenue must directly support MMU operations, align with the scope of the approved project, and be clearly described and justified in the application submission.

22. As far as providing rural health services is concerned, is the MMU strictly limited to the focus of the program or can there be other health services provided during downtimes or gap periods? For example, what if a woman residing outside of the designated region requested care? Maybe she is visiting a relative or crossing the county line from outside of a designated maternal clinical services area of need. What if a woman who is not of child-bearing age requested care for her hypertension or obesity?

The Mobile Medical Unit (MMU) is not strictly limited to a single geographic area and may provide services during downtimes or gap periods; however, services must remain consistent with the program's purpose and target population. Care may be provided to individuals of child-bearing age and/or seeking pre/postnatal care who reside outside of the designated region (e.g., individuals temporarily visiting or crossing county lines), as long as the services align with the scope of the program. In general: Services for individuals who are not related to those of child-bearing age, prenatal, postnatal, or infant care would not allowable under this program.

23. The South Carolina Department of Health and Human Services will soon be requesting grant applications for the CMS Rural Health Transformation Program (RHTP) funding awarded to the state in January 2026. The state identified maternal health as a priority focus area in their RHTP plan to CMS. That federal funding has a mandatory salary cap of \$225,700 when computing percentage contribution. Is DPH planning to implement a similar salary cap for consistency purposes?

No, refer to the answer in question 26.

24. With respect to section IX, Operating Funding, Fixed Annual Amount, number 3 implies that the operating fund amount will be fixed for the grant period. Experience with mobile health operations in South Carolina rural and underserved counties suggests that there is always a ramp-up period for a new program. That budget expenditures in year one are always lower than future years (difficulty in recruiting qualified staff, time to build trust and referral networks, etc.) AND when possible hiring should ramp up as the project takes hold. What is the DPH intent behind #3 here? Is DPH open to at least one adjustment between the ramp up period and mature operations?

DPH recognizes that new Mobile Medical Unit (MMU) programs may require a ramp-up period and that operational needs may differ between initial implementation and mature operations. A one-time adjustment between Year 1 and Year 2 may be considered; however, any proposed adjustment must be clearly described and justified in the application at the time of submission. Applicants should note that operating funds are provided as a fixed annual amount and that unexpended funds may not be rolled over from one grant year to the next.

25. In a single collaboration between two eligible applicants, does DPH expect or support both applicants executing the Grant Agreement (Attachment 1)?

No, only one applicant may be awarded this RFGA. However, the awardee may utilize subcontractors or subrecipients to provide services and/or meet the requirements of the RFGA.

26. Many universities and many healthcare systems will add indirect rates to grant proposals unless the announcement spells out that they are not permitted. Can this be addressed head-on to prevent confusion?

This Grant Agreement provides a fixed annual amount for operational funding and is not structured as a cost-reimbursement program. As such, the South Carolina Department of Public Health is not prescribing specific allowable or unallowable cost categories for operational funds, as long as they are used for delivery of services under the grant.

Applicants are expected to propose budgets that reasonably support the delivery of the services described in their application. All proposed expenditures including any administrative or indirect costs should be necessary for, and directly related to, carrying out the program activities and achieving the outcomes described in the proposal.

Applications will be evaluated based on the strength of the proposed service model, alignment with program objectives, and the applicant's ability to deliver the required services, rather than on individual line-item budget determinations.