

**Community-Based HIV/STD/Hepatitis Services  
RFGA-FY2026-HV-411  
Response to Questions Submitted as of 5:00 PM, February 19, 2026**

1	Q	<p><b>Component A geographic area selection</b> Our agency’s broader service area includes counties that cross over into two RFGA-designated geographic areas. For <b>Component A</b>, may an applicant select one RFGA-designated geographic area and still serve walk-in clients who reside outside that geographic area, provided the applicant only claims Component A deliverables/costs within the awarded geographic area?</p>
	A	<p>Yes, an applicant may select one RFGA-designated geographic area and still serve clients residing outside of that specific geographic area. DPH encourages agencies to test any person who requests and consents to HIV testing, regardless of where the client resides. All tests regardless of geographic area will be counted towards an agency’s progress.</p>
2	Q	<p><b>Applicants serving counties that span multiple Component A geographic areas</b> If an applicant’s organizational footprint spans more than one RFGA-designated Component A geographic area, does DPH prefer the applicant to: (a) submit one Component A application for one geographic area only, or (b) submit separate Component A applications for each geographic area?</p>
	A	<p>DPH recommends submitting an application for one geographic area for Component A and specifically describe your intended service area(s) in Question F.2.</p>
3	Q	<p><b>Cost allocation across multiple components (A, B, and C)</b> When applying for A + B + C, may shared positions (e.g., program oversight, data management/quality assurance, finance support) be split across components? If so, what documentation does DPH expect to justify proportional allocation (e.g., timesheets by component, activity-based allocations, quarterly reconciliations)?</p>
	A	<p>Yes, positions may be shared and/or split among across multiple funding allocations. For the RFGA application, if applicants plan to allocate staff’s time across multiple program components, staff will need to be clearly identified on each budget and identify staff’s title and annual salary, proposed allocation of time, and position description for each Component. For staff, who are allocated across multiple program components and “Other” funding sources, other funding sources can be identified as “Other”. Staff allocations should show allocations that are equal to 100% of staff’s time. An example would be split funding a staff member on Component A - Core HIV/STD/Viral Hepatitis prevention program and Component C EHE Testing Services. Here’s an example: <b>For example: For Component A budget:</b> Staff Name – John Doe Position Title: Counseling and Testing Coordinator Annual Salary - \$50,000</p>

	<p>Allocation(s): Component A - Component A allocation <b>(50%) - \$25,000</b>; Component C EHE Testing Services (25%) \$12,5000, and Other Funds (i.e., Ryan White, State Funds, etc.) (25%) - \$12,500.</p> <p>Position Description: Counseling and Testing Coordinator will provide HIV/STD testing and counseling services to agency’s clients through in-house and outreach testing. Coordinator will screen and refer clients for support services and link clients with positive test results to medical care. Coordinator is also responsible for identifying outreach testing sites and new community partnerships. Coordinator will assist with DPH required reporting and documentation and performing quality assurance activities.</p> <p><b>Then for Component C, EHE Testing Services budget:</b>  Staff Name – John Doe  Position Title - Counseling and Testing Coordinator  Annual Salary - \$50,000  Allocation Component C –Component C EHE Testing Services <b>(25%) - \$12,500</b>, Component A allocation (50%) - \$25,000; and Other Funds (i.e., Ryan White, State Funds, etc.) (25%).  Position Description: Counseling and Testing Coordinator will provide HIV/STD testing and counseling services to clients in community and rural settings during mobile HIV testing events. Coordinator will screen and refer clients for support services and link clients with positive test results to medical care. Coordinator will identify new partnerships for mobile HIV/STD testing and be responsible for coordinating and scheduling mobile HIV testing events. Coordinator will ensure the mobile van is stocked for each event and ensure documentation is collected, securely stored and returned to the office.</p> <p>Per subrecipient guidelines, funded agencies are required to submit timesheets with monthly reimbursement requests for each directly funded staff, showing the number of hours staff worked on each Component, a description of tasks performed, and time worked on “Other funding”. The percentage of time worked should match the salary allocation for funded Components.</p>
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4	<p><b>Q</b> <b>Budget submission format for multiple components</b>  Does DPH expect <b>separate budgets and separate budget narratives for each component</b> (A, B, and C), or will a single consolidated budget narrative be acceptable if clearly labeled and separated by component?</p> <p><b>A</b> If applying for RFGA multiple components, a separate budget and budget narrative is preferred because each component will be reviewed separately by panelist and agencies will be required to separate invoice(s) in the future, if funded. An applicant may submit one budget, but the budget must clearly identify each component budget. If staff are allocated across multiple components, a job description for each component must be provided with the staff’s annual salary and proposed allocation, and budget categories should clearly identify detailed expenses for each component. Applicant should also indicate that each component budget is included in one detailed budget and</p>
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		reference the document for each component. If submitting just one, budgets for each component must be very clear and very easily identifiable for RFGA panelists to adequately review the budgets.
5	Q	<b>Component C: definition of a “mobile testing event”</b> For the requirement of at least <b>five (5) mobile testing events per month</b> , how does DPH define an “event”? For example, is a multi-hour testing block at one location considered one event, and would returning to the same location on separate days count as multiple events?
	A	A mobile testing event is defined as providing HIV testing on the agency’s mobile unit during a specified time block on a specific day. Returning to the same location on a different day would count as separate events. As an example, agency may develop a partnership with a local alcohol and drug treatment center, and the partner may request testing on the 10 <sup>th</sup> and 20 <sup>th</sup> of each month. These would count as two separate events. However, be mindful that the goal of the EHE mobile HIV testing is to increase access to HIV testing for clients at risk for HIV in areas where at risk populations frequent and to provide access in rural communities where services may be limited. The mobile HIV testing may also benefit persons living with HIV as a way to ensure clients are in medical care, and if not, assist with linking the client back to care.
6	Q	<b>Component C: acceptable documentation for mobile unit or MOA requirement</b> For applicants using a partner mobile unit, what elements must an MOA include to be considered acceptable (e.g., duration, roles/responsibilities, data/reporting expectations, coverage area, scheduling/availability)?
	A	For the application, applicants applying for mobile HIV testing should provide documentation of an established, written relationship to provide HIV testing services with the mobile unit agency. Traditionally, a Memorandum of Agreement or Service Agreement will be adequate. At minimum, documentation should be signed, indicate the Scope of Services for the partnership, and provide some type of timeframe or length of agreement showing that the partnership is valid through the end of December 31, 2026. For example, if an MOA was signed in 2025 and states the partnership is valid for two calendar years, it would show the agreement is in place through December 31, 2026.
7	Q	<b>Component C: HIV self-testing distribution and documentation standards</b> Does DPH require a specific HIV self-test brand/vendor or a specific distribution protocol? What minimum documentation standards are expected for reporting self-test distribution and follow-up outcomes in Evaluation Web (or other DPH systems)?
	A	Agencies applying for EHE HIV Testing Services should have a home-test/self-test policy. Applicants funded will have access to order up to 100 OraQuick HIV Self-Test Kits per contract year. If funded, applicants will receive the documentation requirements. At minimum, applicants can expect to report the number of HIV self-HIV tests kits distributed monthly and ensure the agency has a mechanism in place to properly track distribution to support

		HIV self-test kit numbers if requested by DPH to confirm reported numbers. Please remember that HIV-self test kits are a prevention tool designed to increase a person’s knowledge of HIV status. While the reporting of the self-test kit result can be beneficial, it is the ultimate hope that a person will follow up and seek medical care.
8	Q	<b>Component C: Comprehensive PrEP/nPEP model with partner prescribers</b> If an agency provides PrEP/nPEP navigation, linkage, follow-up, and retention support, while PrEP prescribing is performed by the applicant agency’s clinical partner, what documentation does DPH prefer to verify successful linkage and ongoing engagement (e.g., referral confirmations, appointment verification, de-identified service logs, MOA language)?
	A	If applicant, has an established agreement with a provider who prescribes PrEP/nPEP, but the applicant provides all other services of PrEP/nPEP comprehensive services, the applicant is eligible to apply. As noted in Section IVI, Question 13, an MOA or a contract should be submitted that outlines the services offered by the provider. Regarding documentation preferred to verify successful linkage and on-going engagement, Section IVI, Question 12, asks applicants to describe its documented history of providing PrEP/nPEP screening, navigation, and linkage services for persons at risk for HIV. Applicant should describe agency’s history with providing PrEP/nPEP services and provide information on agency’s PrEP/nPEP process and clearly identify how the agency verifies linkage and engagement. For the RFGA application, applicant is not required to submit documentation to verify linkage and engagement. If funded, DPH’s PrEP/nPEP program will provide expectations for Comprehensive PrEP/nPEP reporting.
9	Q	<b>Component B: eligibility thresholds and documentation</b> For Component B syphilis screening/linkage, what is DPH’s preferred documentation format to demonstrate prior testing volume and early syphilis identification benchmarks (e.g., Evaluation Web extracts, de-identified tables, clinic/lab reports)?
	A	To demonstrate prior syphilis testing volume, examples noted are all acceptable for verification. In general, an applicant may submit a funder report demonstrating syphilis testing numbers, a report from an electronic reporting system, a lab/clinic report. If the applicant has never received DPH funding, applicant can provide table/chart outlining syphilis testing numbers and describe the data source. Applicants <u>should not</u> submit any information containing PHI or PII.
10	Q	<b>Component B: Partner Services referral process and timeframe expectations</b> Is there a required Partner Services referral pathway/form for syphilis positives? Does DPH have timeframe expectations for referral submission and/or linkage to treatment?
	A	A DPH Referral and Follow-up form can be submitted. If funded, DPH will provide contact information for Disease Intervention Specialist (DIS) in your funded geographic area which may be beneficial if the client is willing to be

		interviewed for Partner Services at your agency Sometimes, DIS can come the same day. In South Carolina, HIV and syphilis are reportable conditions by law. A positive test result should be submitted to DPH using the DPH Disease Reporting Form (DPH 1129) within three days of the positive test result and a DPH Referral and Follow-up Form (DPH 1610) should be submitted with the Disease Reporting Form. A Referral and Follow-up Form should be completed when there are updates on the client. For example, the initial Referral Form may state the client is scheduled for treatment on X date. If the clients attend the appointment, another Referral and Follow-up Form should be submitted indicating the client attended appointment and received treatment. Currently, CDC’s performance measure has the target of 85% of people with newly diagnosed HIV should be interviewed for partner services within 30 days after diagnosis.
11	Q	If we are awarded funding, are we required to serve all counties within our designated service area, or may we select a specific number of counties from the list to include in our proposal.
	A	If awarded, subrecipients are not required to service all counties within one geographic area. Applicants should describe their intended service area(s) in Question F.2.
12	Q	Will the use of gender-specific terminology such as ‘trans male-to-female’ or ‘female-to-male’ negatively impact scoring, and are more contemporary terms; such as ‘trans man,’ ‘trans woman,’ or ‘nonbinary ’preferred for evaluation purposes?
	A	The terminology noted will not negatively impact scoring. The applicant should use terminology that is applicable to the populations currently being served by the agency and which are proposed for services through this RFGA.
13	Q	May we use attachments to document multiple required submissions of the same item for example, providing the CLIA Waiver and the reports for 2022, 2023, and 2024 as a single referenced attachment?
	A	Yes, attachments may be referenced.
14	Q	Training certificates: Are they good for five years like the trainings that are completed for RW Part B?
	A	As noted on the HIV, AIDS, and STI training page, it is recommended that providers take the prerequisite courses (HIV 101, STIs 101, SC HIV/STD Laws, and Understanding Viral Hepatitis) at least once every three years. DPH requires sub-recipients to complete refresher training every three years. In addition, when participants complete the HIV and HCV testing courses, they must complete an initial, 6-month, and 12-month assessment.
15	Q	If an employee holds a nursing or medical license and has received training on the Insti HIV Antibody test, do they have to complete the prevention training?
	A	All agency staff funded through this RFGA must complete the required trainings, regardless of other professional preparation or degrees.
16	Q	Component C – HIV self-testing: If requesting Component C funding will the awardee be required to participate in self-testing?
	A	EHE Testing Services includes Mobile HIV testing and self-testing. Applicants should be prepared to provide some degree of self-testing.

17	Q	I read this statement in your RFGA and wanted to clarify what we need to submit in the budget.
	A	Budget proposals should include Salary, Fringe, Travel, Equipment, Supplies, Contractual/Consultants, and Other Costs. Budget Narrative should provide a detailed, itemized account of items requested under each budget category. Budget Narrative should also detail Salary requested to include Staff Name, Position Title, Annual Salary, Proposed Allocation, and a Position Description summarizing what each position’s role will be on each funding component, in which it is applying.
18	Q	Multiple subawards may be made with individual subawards ranging from \$50,000 to the full region- anticipated amount. The subaward agreement will be awarded for up to a maximum three (3) years project period, with the initial year beginning on June 1, 2026, through May 31, 2027, If we are interested in funding for 3 years, does our budget need to reflect 3 years? Or will there be an opportunity sometime in the next year to apply for an additional year of funding?
	A	Budgets for each Funding Component should reflect Grant Year 1 – June 1, 2026 – May 31, 2027.
19	Q	Are mobile specimen collection companies eligible to apply as primary applicants?
	A	Applicant agencies must meet the eligibility requirements as stated in the RFGA on pages 3-4.
20	Q	Can LLC healthcare service providers apply, or must applicants be nonprofit organizations?
	A	Applicant agencies must meet the eligibility requirements as stated in the RFGA on pages 3-4.
21	Q	Can applicants partner with nonprofit organizations or clinics as subcontractors?
	A	Yes, applicants can partner with nonprofit organizations or clinics as subcontractor. Please review Subaward Requirements (B.1.) on Page 18 of the RFGA. Awarded agency will be responsible for ensuring Subcontractors adhere to Federal and DPH guidelines for Subrecipients.
22	Q	Does the RFGA support mobile HIV testing, specimen collection, and community outreach services?
	A	Yes.
23	Q	Are providers allowed to perform specimen collection with laboratory partnerships (reference labs)?
	A	Yes, labs for specimen processing is allowed, but the performance of the testing itself must be done by the applicant agency.
24	Q	Are services eligible if conducted at community sites such as nursing homes, community centers, churches, businesses, patient homes, and mobile units.
	A	Services should be aimed at reaching persons who are at greatest risk for HIV infection as consistent with SC epidemiological data and who are unaware of their HIV status.
25	Q	Funding Amount & Award Structure This tells you how much to request.

	A	This is not a question. The amount requested is defined by the parameters on Page 2 and 3 of the RFGA.
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26	Q	What is the estimated funding amount per awardee?
	A	There is no standard funding amount per awardee as this is a competitive RFGA. The RFGA review panel will decide the funding amount per awardee.
27	Q	How many awards will be issued? What is the contract period?
	A	The number of awards are detailed on Pages 3 and 38 of the RFGA. Estimated contract period is June 1, 2026, to May 31, 2027, with up to two year renewals. Contract period is contingent on the receipt of funding.
28	Q	Are funds paid upfront, monthly, or reimbursement-based?
	A	Reimbursement-based. Please review Eligibility Requirement #5 on Page 3 of the RFGA.
29	Q	Are certified phlebotomists eligible to perform HIV specimen collection under this grant?
	A	Yes, phlebotomists will still be required to complete DPH Testing Training Requirements.
30	Q	Must applicants perform testing in-house or can testing be performed by a partner laboratory?
	A	Applicants should provide in-house testing. Labs for specimen processing is allowed, but the performance of the testing itself must be done by the applicant agency.
31	Q	Does SCDPH encourage applications from mobile healthcare providers that expand access to underserved and rural communities?
	A	DPH welcomes applicants who meet the RFGA Eligibility Criteria and can perform the services outlined in the Scope of Services and Requirements for each Program Component.
32	Q	In the past, we were approved to use funds awarded to one of our clinic sites at another clinic site, as well. Will this still be the case for this next go around?
	A	DPH recommends clearly describing your intended service area(s) in Question F.2. so it is clear to review panel members if multiple locations will be supported.
33	Q	Can I write 1 application and just indicate which site for all of the required details? I know currently, when invoicing, we submit 1 as a whole (not individually for each site). I just wanted to make sure that I could continue on this way.
	A	Yes, if one agency is applying with multiple site locations, applicants can clearly describe intended services within proposed geographic areas and provide an overall budget that include site-specific budgets.
34	Q	<b>In reference to Question D4.</b> How many staff does your organization have? List all full-time/part-time staff by name and position. Do you want a list of each employee of the organization or just those who will be covered under the Prevention Grant?

	A	If applicant is a large agency, applicants may state the number of total staff and reference an organization chart as an Appendix. Executive leadership and proposed staff should be listed individually.
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