Frequently Asked Questions  
HRSA-17-078: Sickle Cell Disease Treatment Demonstration Regional Collaboratives Program

1. **Q:** Could you please explain the rationale for the funding allocations?

   **A:** Page 2 and Page 11-12 of the funding opportunity announcement (FOA) states that HRSA used an article published in 2010 with estimates of the sickle cell population by state in the U.S. Funding was allocated based on these estimates of the sickle cell population per region.

2. **Q:** I am having trouble downloading the application from Grants.gov; could you please instruct me on how I apply?

   **A:** For the full announcement use this link: [http://www.grants.gov/web/grants/search-grants.html?keywords=hrsa-17-078](http://www.grants.gov/web/grants/search-grants.html?keywords=hrsa-17-078)
   - Click on the blue tab labeled Package.
   - On the Package page, click the Select Package link in the Actions box.
   - After you click Submit, you will see three tabs, a tab to Download the Instructions, a tab to Download the Package and a tab to Create a Workspace in Grants.gov.
   - Download Instructions and review the requirements completely before applying.

3. **Q:** Would it be possible for a regional applicant to propose co-state partners in a state and have a sub-award to each partner?

   **A:** Yes, it would be acceptable for the applicant to propose co-state partners for states in their region. The applicant is required to propose at least one funded partner in at least 5 different states in the region and the budget should reflect sufficient support to the five states so that the activities of the grant can be sufficiently implemented in each of the five states. As long as the proposed model demonstrates that significant activities will be conducted in at least 5 states, the applicant may propose co-state and co-lead models as they feel appropriate.

4. **Q:** Can you tell me the duration of the award?

   **A:** The Project Period is four (4) years: September 1, 2017 – August 31, 2021

5. **Q:** The turn-around time is very short which may not be feasible for us. Can you tell me if this will likely be offered again in an upcoming cycle?

   **A:** The project period is September 1, 2017 through August 31, 2021 (4 years). The next cycle for the program is planned to begin in 2021 depending on the availability of funds.

6. **Q:** For this proposal, is it possible to use a multiple PI structure (specifically 3 PI’s)?

   **A:** Yes, an application may have multiple principal investigators (PI) but only one would be listed on the Notice of Award (NOA) and will be financially responsible for the project. Applicants should identify the individuals proposed as Co-Principal Investigators (Co-PI) and discuss how they would share the role of the PI in the description of key staff in the application.
7. Q: Which entity(ies) are eligible to submit an application?

A: As stated on page 12 of the FOA, eligible entities for this cooperative agreement are any federally-qualified health center, nonprofit hospital or clinic, or university health center that provides primary health care that: (1) has a collaborative agreement with a community-based sickle cell disease organization or a nonprofit entity with experience in working with individuals with sickle cell disease; and (2) demonstrates that it, the collaborative entity, or the experts described in section 712(c)(2)(C) of the American Jobs Creation Act of 2004, has at least five (5) years of experience working with individuals who have sickle cell disease. Faith-based and community-based organizations that meet these qualifications are eligible to apply.

In addition, the authorizing legislation does not allow foreign entities to be eligible for these awards.

8. Q: The funding opportunity announcement HRSA-17-078 states, “Multiple applications from an organization are not allowable.” May a university appear as a lead on one application and a sub on another application?

A: Only one application may be submitted by an organization. However, an organization is allowed to apply as a primary applicant and be listed as a State-level partner sub-awardee on other applications. Organizations may be listed on multiple applications as sub-awardees, and there is no limit to the number of applications that an organization may appear on as a sub-awardee. Each application will be reviewed according to the review criteria. An individual can only be listed as the PI or Co-PI on one application.

9. Q: My organization is planning to apply as the primary applicant, however the Regional Coordinating Center will be administered by an outside organization. Is this structure allowable.

A: Yes, the primary applicant can enter into an agreement with another organization to serve as the Regional Coordinating Center.

10. Q: Is there any cap on Indirect rates?

A: This program does not have a limitation on the indirect rate. However, the rate needs to be negotiated with the Division of Cost Allocation and the rate agreement needs to be included in the application. Organizations can choose to use a smaller indirect rate.

11. Q: Is there HSRA published policy on Facilities and Administrative (Indirect) cost rate if we do not find that we have to apply the standard federal negotiated rate of 47.5%?

A: The program allows for a federally negotiated indirect rate to be applied to the budget. There is no limitation on the indirect rate. This program is not considered a research project.
12. **Q:** For data collection for quality improvement deliverables, are we still required to collect Administrative data from Medicaid at the State Level?

**A:** No. Medicaid administrative data will not be collected by grantees funded under HRSA-17-078.

13. **Q:** Why is there an emphasis on data collection on Transcranial Doppler screening?

**A:** Stroke prevention in children with sickle cell disease is included in the authorizing legislation for this program. A measure on Transcranial Doppler (TCD) can help address stroke prevention in children with sickle cell disease.

14. **Q:** What are the requirements for developing the data strategy for the SCDTDP?

**A:** As described in the FOA, awardees are required to do the following:

Applicants should demonstrate their capacity to collect data from State-level partners and their ability to implement and maintain data use agreements and a Centralized Internal Review Board (IRB). Each Region will be required to have approved IRB protocols from each of the funded state-level partners within one year of the start date of the award. Grantees are also required to submit data to the National Coordinating Center.

15. **Q:** Is there a specific requirement for the Transition Program? (For example, are applicants required to use an established transition program, such as the transition plan created by the American Society of Hematology or Got Transition’s Six Core Elements of Health Care Transition)?

**A:** The applicant is expected to provide a methodology for how transition to adulthood will be addressed within the quality improvement activities. There are multiple models for transition plans, and the applicant can propose any model that addresses the program requirements and objectives.

16. **Q:** The program has many parts and is very complex. What are some of the more important aspects of the program that should be prioritized?

**A:** As stated in the funding opportunity announcement, the purpose of the program is to (1) increase the number of providers treating individuals with sickle cell disease using the National Heart, Lung and Blood Institute (NHLBI) Evidence-Based Management of Sickle Cell Disease Expert Panel Report; (2) use telementoring, telemedicine and other provider support strategies to increase the number of providers administering evidence-based sickle cell care; and 3) developing and implementing strategies to improve access to quality care. Applicants are expected to address all program requirements and objectives as outlined in the Program Narrative and Review Criteria of the funding opportunity announcement.