

DATE: January 26, 2016

TO: Ryan White Part B RFP Applicants

FROM: Jessica Raymond, Program Director
Ryan White Part B/General Revenue

SUBJECT: Addendum # 1: Clarification on Administrative Charges/Indirect Costs, Direct Costs and RFP Timeline Changes

Administrative Charges/Indirect Costs: The Ryan White Part B 2016-2019 RFP currently states that administrative charges at a rate of 7.5% of the total award may be utilized by the sub-recipient to assist with usual and recognized overhead activities. As stated on page 24 of the Part B RFP, these administrative costs are subject to the availability of funds and program guidelines. **Funds are currently not available for administrative/indirect costs.** However, direct costs associated with service delivery such as rent and utilities are allowable costs. Please see the next section on direct costs for more information.

Direct Costs: The portion of direct facilities expenses, which are limited to rent and utilities for space primarily utilized to provide core medical and support services for eligible Ryan White Part B clients (e.g. clinic, pharmacy, food bank, substance abuse treatment, case management facilities), are allowable direct care expenses. Mortgage and property depreciation are **unallowable** expenses. The allocation methodology for rent and utilities is the proportion of the facility's square footage for each line item directly related to the provision of client services.

The following programmatic costs are not required to be included in the limit on administrative costs; they may be charged to the relevant service category directly associated with such activities. However, **no more than 5% of the total amount allocated** to each relevant direct care line item (core or support) may be charged as it related to the following items:

- Core eligibility determination and re-certification; if the client is eligible for services, the costs of registration and client intake activities may be charged to the relevant service category.
- The portion of malpractice insurance related to patient care clinical care; the portion of malpractice insurance for all licensed practitioners related to HIV/AIDS clinical care may be charged to the relevant service category.
- The portion of fees and services for electronic medical records maintenance and licensure may be charged to the relevant service category.
- Staff time for data entry related to clinical care and support services; and the costs of client level data entry in the relevant electronic health record directly related to the individual's ongoing care and treatment are allocable to the relevant core medical or support service. However, client level data used to improve the quality of service delivery and thus the health of the people living with HIV are allocable to CQM; and client level data entered to complete the Ryan White Services Report count toward the 7.5% administrative limit.

- The portion of a clinic receptionist’s time providing direct patient care services (e.g. scheduling appointments and other intake activities) may be charged to the relevant service category.
- The portion of medical billing staff related to patient care services may be charged to the relevant service category.
- The portion of a supervisor’s time devoted to providing professional oversight and direction regarding patient care-funded core medical or support service activities sufficient to assure the delivery of appropriate and high-quality HIV care to clinicians, case managers, and other individuals providing services to patient care clients (would not include general administrative supervision of these individuals) may be charged to the relevant service category.
- The purchase of tablets and computers for positions **solely funded by medical and non-medical case management** may be charged to the relevant service category.

Applicants must address how they intend to use the 5% direct cost cap in the budget narrative section of their proposal. Applicants must use the most recent version of the direct care budget narrative that includes the 5% direct cost cap. Please be advised that this 5% will not be awarded in addition to the existing funding in the service category. For instance, if an agency is applying for one non-medical case manager (\$37,500/year), they may use up to \$1,875 for direct costs associated with this service provision. They would then have \$35,625 remaining for the FTE for salary and fringe.

Revised RFP Timeline:

NOTE: The due date of the RFP has changed to **February 19, 2016 at 12:00 PM**. Bidders will be notified on **March 7, 2016**.

ACTIVITY	DUE DATE
Proposal Questions Due in Writing	January 15, 2016: 12:00 p.m. (NOON)
Non-Mandatory Bidders Conference at Heart of Florida United Way	January 20, 2016: 2 p.m. – 4 p.m.
Mandatory Letters of Intent Due	January 20, 2016: 2:00 p.m.
Proposal Answers Posted	January 26, 2016
Proposals Due	February 19, 2016: 12:00 p.m. (NOON)
Bidders Notified	March 7, 2016