

# Announcement of Funding

Project Rural Recovery: Mobile Health Unit Expansion  
Questions and Answers

June 8, 2022

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**1. How is this contract earned? Is it based on earning per number of patients or visits and reimbursed that way or just invoices for approved costs for staff, etc. that is needed to run the program?**

Answer: The grant contract is earned by reimbursing the Grantee for incurred costs based on an approved budget.

**2. Confused about the first budget year since the project starts 9/1/22 is the year 1 budget the \$1.2 million spread over 12 months beginning 9/1 or somehow adjusted to fit the state FY? If so, exactly how much is budget for which specific months for year 1, 2, etc.?**

Answer: The budget allocations and time periods are as follows:

Time Period	Per Provider
FY 23 (9/1/2022 – 6/30/2023)	\$1,250,000
FY 24 (7/1/2023 – 6/30/2024)	\$925,000
FY 25 (7/1/2024 – 6/30/2025)	\$975,000

The budget may be prorated during the first year based on the remaining time in the State FY 23 (July 1, 2022 – June 30, 2023). The amount allocated in FY 23 includes the purchase of the mobile health unit and operating expenses.

Please note, it is possible that the project start date may begin before 9/1/2022 if a contract is executed before that time.

**3. Are indirect costs allowed. If so, is there a limit or cap?**

Answer: Yes, indirect costs are allowed.

- If a subrecipient has a current Negotiated Indirect Costs Rate Agreement (NICRA) established with a Federal cognizant agency responsible for reviewing, negotiating, and approving cost allocation plans or indirect cost proposals, then the subrecipient may use its current NICRA.

- If the subrecipient does not have a NICRA, the subrecipient may elect to use the de minimis rate of 10 percent of the modified total direct costs pursuant to 2 CFR 200.414(f).
- If the subrecipient has an approved indirect cost rate by their cognizant state agency which may include the 10% de minimis rate, TDMHSAS must honor that rate.
- If the subrecipient does not have a federally approved indirect cost rate and TDMHSAS is the cognizant state agency, TDMHSAS may negotiate a new indirect cost rate with the subrecipient.

**4. Page 9, Section 1.6.2 – Is there a time deadline for submission on July 5, e.g., 5:00 p.m. CDT/6:00 p.m. EDT?**

Answer: Submissions are due by 5:00PM CDT on July 5, 2022.

**5. Page 9, Section 1.6.2 – What are the formatting requirements for tables or use of color?**

Answer: There are no specific formatting requirements for tables or the use of color.

**6. Page 10, Section 1.7 – The AOF Proposal Components do not speak to Letters of Support – Can you please confirm/clarify?**

Answer: Letters of support may be included as attachments and will not count towards the Project Narrative page limit.

**7. Can grant funds be allocated to assist with pharmacy/medication needs of people served via MHU until other eligibility is determined (e.g., PAP, Cover RX, etc.)?**

Answer: No, grants funds may not be used for pharmacy/medication needs for individuals served on the mobile health units. While appropriately licensed professionals may write a prescription, and in certain cases sample medication may be available, it is not permissible for the purchase and distribution of medication directly out of the mobile unit.

**8. With regard to the cost of the mobile unit, is the procurement and design of the unit up to the grantee, or do you work with a particular vendor? If so, are there templates for the budget costs related to the purchase and outfitting of the unit?**

Answer: The procurement and design of the unit is up to the grantee in collaboration with TDMHSAS project staff. At a minimum, the unit must have at least two exam rooms, a restroom, a small waiting/work area, and a lift for patients with limited mobility. There is no specific template for the budget costs, however, the project

budget for a mobile health unit is \$350,000. The grantee will be responsible for obtaining at least three bids from potential vendors to ensure best overall price and product. TDMSHAS project staff will work closely with the grantee to ensure the unit is outfitted appropriately, share lessons learned, and ensure the mobile health unit meets the needs of the project scope.