

HIV/AIDS, HEPATITIS, STD, & TB ADMINISTRATION (HAHSTA)**Effi Barry Training Institute
RFA #HAHSTA_EBTI 07.03.20****Frequently Asked Questions**

1. **Question:** Per the instructions, the Program Narrative is ten pages long, and the application length is capped at 30 pages. Appendices, including the work plan and budget, do not count in this page limit. Have I interpreted this correctly? If so, what else would be useful for us to include beyond the Program Narrative in the remaining 20 available pages? Would materials like key staff bios, letters of support, or narrative program plans be helpful in HAHSTA's review?

Answer: *The work plan and budget do not count in the narrative portion of your 10-page limit. The overall application, including attachments, should not be over 30 pages. You are encouraged to add any additional information that would support your application, as long as all required components are included, and they do not exceed 30 pages.*

2. **Question:** Will materials and trainings offered through the Effi Barry Institute be available to the future funded site?

Answer: *All materials currently established by the Effi Barry Training Institute are the property of the District of Columbia and will be available to the awarded grantee.*

3. **Question:** Is there a reason the site visit is 60% of the overall score?

Answer: *The heavy weighting of the site visit score percentage is to create equity for all interested in applying for grants with HAHSTA. This is HAHSTA's new business model. We like to visually see office logistics, operations, and any successful work that has been accomplished, compared to a well-written grant application.*

4. **Question:** I saw that the site visit is weighted as 60% of the total application value. Does HAHSTA plan to conduct these site visits in-person or virtually, considering COVID-19?

Answer: *The site visit will be a collaborative mix of both virtual and in-person visits while maintaining the CDC requirements for social distancing and sanitation.*

5. **Question:** Does HAHSTA have guidance on in-person vs. virtual training/TA plans, considering COVID-19? (Other government agencies have told us to submit proposals as if we would be entirely in-person, though we suspect that virtual models may be best for the safety of people living with HIV.)

Answer: *HAHSTA is asking that you be able to use both formats. All in-person trainings should be able to be replicated in a virtual form, and your virtual session should be able to do the same for in-person.*