

# HIV RFP Questions and Answers

AS OF MARCH 31, 2026

**1. How much funding is available if federal funds aren't available?**

**Answer:** MDH took a conservative approach when allocating funding amounts. The RFP dollar amounts only include state funds.

**2. Can we specifically state that we propose to serve transgender and gender non-conforming people since the grants are funded by state dollars?**

**Answer:** Yes.

**3. Does MDH support PrEP 2-1-1?**

**Answer:** Yes.

**4. Can organizations that receive Part C HRSA EIS funding apply for EIS funding? Or apply if they get HRSA EIS contracted funding?**

**Answer:** Yes. These organizations must ensure that these are unduplicated people who are tested.

**5. Do we need to use evidence-based interventions?**

**Answer:** Yes, including the organization's best practices working with specific populations.

**6. Can we propose a public awareness campaign?**

**Answer:** A small amount of funds may be allocated for public awareness campaigns, but the primary focus of funding is providing direct services.

**7. Can organizations apply for a smaller dollar amount than the 120k minimum?**

**Answer:** Yes.

**8. Are budgets for the RFP applications per year, or for the entire grant period? (up to \$200,000 and \$150,000)**

**Answer:** Per year, up to \$150,000 for EIS and \$200,000 for PrEP.

**9. Can a for-profit entity serve as the Lead Applicant in a collaborative proposal if all direct programmatic activities are implemented by eligible nonprofit and/or community-based partners; If not eligible to serve as the lead, whether a for-profit organization may participate as a subcontractor or contracted implementation partner under an eligible nonprofit lead applicant?**

**Answer:** A for-profit would not be eligible to apply/take lead on any application, but grantees are allowed to use sub-contractors to fill administrative roles, financial management tasks, etc. This should be clearly spelled out in the proposal.

**10. How do you submit the full application (forms and budget)?**

**Answer:** Please refer to instructions for the submission of full proposal on page 26 to 27 of the RFP. Submit the full proposal via e-mail to [health.hiv.std.rfp@state.mn.us](mailto:health.hiv.std.rfp@state.mn.us).

**11. Can you clarify if the provision of PrEP on-site at a community clinic is an allowable activity under the in-house model?**

**Answer:** Yes, applicant can propose to implement PrEP at a clinical setting -in-house under one roof or through collaborative model of well-coordinated network of one or more partners. (Refer to Page 16 of RFP).

**12. Is provision of PrEP only allowed through telehealth, a mobile clinic, or home-based?**

Yes, applicant can propose to implement one or multiple service delivery strategies that best fits their organizational structure. (Refer page 16 of RFP)

**13. Please also confirm that the indirect allowed is 15% as the RFP states the following on page 22, yet Attachment A budget directions restricts it to 15% (p. 4 and 5 of Attachment A):To charge for indirect cost the agency must choose one of the two methods: approved federally negotiated rate or de-minimis rate – flat rate on modified total direct costs (MTDC). (p. 22)**

**Answer:** There are two methods allowed for charging indirect cost (1) approved federally negotiated rate and (2) de-minimis rate – flat rate. But MDH uses different funding sources where indirect rate is capped at 15%. Yes, indirect cost rate allowed is up to 15%.

**14. Would Letters of Commitment (LOC), Letters of support (LOS), Reference pages, or Memorandum of understandings (MOU) count towards the 20-page limit for the narrative or can we add these as supplemental to the application?**

**Answer:** Yes, reference pages will count towards the page limit. Applicants should not submit any document that is not required. Any supplemental document not required, such as Letters

of support (LOS) will not be reviewed. Letters of commitment (LOC) or Memorandum of understanding (MOU) are required if proposing to work with other partners and will not count towards page limit.

**15. Can the budget include providers' time or nurses' time for visits in which PrEP screening and/or education occurs?**

**Answer:** No, in most cases the cost of PrEP medication and services are covered by health insurance plans, Medicaid expansion program, and Medicare without cost sharing, including labs, office visits, and medications for insured patients. Please refer to attachment E, NASTAD PrEP coverage: PrEP services with no cost sharing for more information. For uninsured patients, first check for eligibility for public insurance and assist them to get coverage from the MNsure, Use 340B rebate funds if available, pharmaceutical assistance programs for PrEP medication, private foundations assistance plan, or refer them to community health centers that offer sliding scale fees or Title X clinics to help cover labs and office visits. Use grant funds only as a last resort to cover labs

**16. Can the budget include PrEP itself for uninsured patients?**

**Answer:** No, applicant cannot propose a PrEP budget to serve only uninsured patients. PrEP is for everyone who asks for it and those who can benefit from it. Applicant must offer some access to PEP and doxy PEP provisions as well besides PrEP.

**17. Is nursing time for providing a PrEP injection an eligible expense?**

**Answer:** No, it is already covered by insurance for insured persons.

**18. We will be including figures & tables in our grant application, is it acceptable to have the font be a size 9 or 10 within these figures & tables?**

**Answer:** We do not have a recommended font size for figures and tables for this RFP. But generally recommended font size for research paper is 11. Using 10 will be fine, but 9 will be too small.

**Note:** In **Form D: PrEP Proposal Narrative Questions**, incorrect point totals were included for Section B and the overall total. A new version was updated as of March 31, 2026.