

**Questions From Relink HIV Pathways To Care
Pre-Application Conference
February 24, 2026**

Questions Regarding Presentation Materials

- 1. Is NASTAD going to email slides from the pre-application conference webinar to participants?**

Yes, NASTAD will email slides to registered participants in the webinar using the email that they registered with.

- 2. Will NASTAD include the chat questions and answers with the slide deck on the website?**

No. Information provided in the chat is being consolidated and organized into this document. If a question in the chat was not replied to please reach out to relink@nastad.org.

- 3. Will NASTAD share the PowerPoint slides and post on your website?**

Yes, the slides are available here: <https://nastad.org/pathways-to-care>

- 4. Is NASTAD sharing a recording of the pre-application conference webinar?**

No, NASTAD is not sharing a recording of the webinar. Answers to questions provided during the webinar will be available here: <https://nastad.org/pathways-to-care/>

General Questions

- 1. How many organizations does NASTAD expect to fund through the Relink HIV Pathways To Care project?**

NASTAD expects to fund approximately fifteen applicant organizations.

2. Will budgets need to be broken down into two funding years? For example, if in the first year more funding is needed than in the second year?

NASTAD's budget and budget narrative form is for a budget period of one year. If you expect to have significantly different budgets in the two-year term of the project then submit two budget and budget narrative forms with one form being complete for each year.

3. Do organizations with greater levels of diverse leadership/staffing and/or representativeness of the community they serve receive priority for funding?

Yes, health equity is an important consideration in funding, and organizations that can demonstrate representativeness and inclusion of the communities they intend to serve will be prioritized.

4. Are there any specific words or terminology that should not be included in the application or that would reduce the likelihood that our organization would be funded?

No, NASTAD is NOT prohibiting applicants from using any specific words or terminology in your applications. This funding is private funding provided by Gilead Sciences so there are no specific language criteria. Additionally, NASTAD is NOT requiring the use of any specific words or terminology, omission of specific words or terminology will not impact your the assessment of your application.

5. Does NASTAD expect medical appointments to occur within five calendar days of re-engagement of a person who is out of HIV care?

Yes. NASTAD expects medical appointments to actually occur within five calendar days from the first contact with the person who is out of HIV medical care. Applicants should have processes in place and documented in their letters of commitment that they or a partner organization is able to offer medical appointments on an expedited timeline.

NASTAD may make exceptions in certain cases where this is not possible, such as in rural areas with very limited access to HIV care or services. If your organization's circumstances require an exception, this should be explained in your application.

NASTAD views rapid re-engagement as essential to engagement in HIV care and believes this aggressive timeline should be possible for applicants.

6. Does NASTAD expect healthcare coverage appointments to be conducted or applications for health coverage to be submitted within five calendar days of re-engagement of a person who is out of HIV care?

Yes. NASTAD expects healthcare coverage appointments to occur or applications for health coverage be submitted within five calendar days from the first contact with the person who is out of HIV medical care. Applicants should have processes in place and documented in their letters of commitment that they or a partner organization is able to offer this service on an expedited timeline.

NASTAD may make exceptions in certain cases where this is not possible, such as in rural areas with very limited access to HIV care or services. If your organization's circumstances require an exception, this should be explained in your application. NASTAD views rapid re-engagement as essential to engagement in HIV care and believes this aggressive timeline should be possible for applicants.

7. Does NASTAD have any requirements or recommendations regarding evidence-based practices?

NASTAD has no specific required or recommended evidence-based practices beyond the required scope of services. It is NASTAD's intention to provide flexibility to applicant organizations in choosing interventions which may be the most effective in the environment they are delivering re-engagement in care services. It is also NASTAD's intention to allow for innovation and proposed approaches which may not yet be an evidence-based practice, but applicant organizations believe will be effective for re-engaging persons they are proposing to serve in their geographic area. In cases where a more innovative approach is proposed applicants should ground the approach in local data, research literature, and knowledge learned from prior HIV re-engagement in care work across the United States.

8. Does NASTAD have any requirements around the use of artificial intelligence for the Relink HIV Pathways To Care project?

No, NASTAD does not have explicit requirements for the use of artificial intelligence like Large Language Models (LLMs) or other tools to be utilized in this project. If

applicant organizations propose to use artificial intelligence in any form including but not limited to tools like chatbots, tools for analysis of large data sets, tools for matching data sets to create Not-In-Care Lists, or others they should have policies and protections in place regarding the use of artificial intelligence and describe these in their application. Applicants proposing to use artificial intelligence in their project should also consider the potential negative health equity impact of artificial intelligence tools and how that might be managed.

Questions Regarding Allowable Costs

1. Are incentives provided to participants/clients/patients receiving re-engagement in care services through Relink HIV Pathways To Care an allowable cost?

Yes, incentives are allowable. The incentives provided to participants/clients/patients in the project must be reasonable, in appropriate amounts which are not coercive, must be clearly tied to re-engagement activities, and must be justified in the application and budget narrative. The amounts of the proposed incentives and the total amount of incentives a single person can receive should be described in the application if they are utilized.

2. Are gift cards allowable expenses?

Yes, gift cards are allowable expenses. As above, gift cards provided to participants/clients/patients must be reasonable, in appropriate amounts which are not coercive, must be clearly tied to re-engagement activities, and must be justified in the application and budget narrative.

3. Are gift cards to people living with HIV to engage in care considered payments to people?

No, for the purposes of the Relink HIV Pathways To Care grant they are not. Gift cards are not considered payments to people, but use of gift cards must be reasonable, in appropriate amounts, clearly tied to re-engagement activities, and justified in the application.

4. In the budget would gift cards be considered incentives?

There is no incentives budget category in the NASTAD budget template. Gift cards should be included in “Other Operating Expenses” budget category if they are

expenses in the applicant organization's budget, or "Professional and Outside Services" if they are in the budget of a subcontracted organization of the applicant.

5. Can NASTAD provide more clarity on what costs are unallowable under the description "*Activities that directly advance pharmaceutical manufacturer's business interests*"?

The verbiage of "*Activities that directly advance pharmaceutical manufacturer's business interests*" is included by NASTAD as a description of unallowable costs because Gilead Sciences is funding the Relink HIV Pathways To Care project. Gilead Sciences legal team requires a separation between Relink HIV activities and their commercial activities. To that end, grant funding under this project cannot be used in a way that directly benefits Gilead Sciences. If you have questions about a specific cost and whether it meets this criterion reach out to relink@nastad.org.

6. Would a medical provider hired as a staff member providing services be allowed?

In general no. It is the expectation that medical care will be provided by other funding sources wherever possible and assisting persons with HIV in obtaining healthcare coverage is a required part of this grant. If there are exceptional circumstances requiring the hiring of a medical provider to conduct Relink HIV activities for your proposed program, please provide extensive justification in your application. The medical provider's time and effort allocated to the grant would need to be spent entirely on Relink HIV Pathways To Care activities.

Payments for medical visits or to reimburse a medical bill for the cost of medical care, cost sharing for medical care, or other similar expenses are not permitted. If you have questions please reach out to relink@nastad.org.

7. Is HIV testing permitted with Relink HIV Pathways To Care funds?

In general no. Diagnostic HIV testing is not an allowable activity under Relink HIV Pathways to Care funding. This project is intended to re-engage persons previously diagnosed with HIV and not to identify new transmissions of HIV.

8. Could our organization include individuals who test positive for the first time through us and who we get engaged to HIV care for the first time?

No. This initiative is focused on those who have been lost to care and then re-engaged versus those who are initially linked to HIV care. Newly diagnosed clients are not eligible for inclusion in this project. Persons in Relink HIV Pathways To Care must minimally be at least more than 90 days after their initial diagnosis before they can be considered for inclusion in a Not-In-Care List.

9. Is lab work for underinsured patients an allowable cost?

In general no. An exception would be if obtaining healthcare coverage to re-engage into care it was necessary for the person being re-engaged in care to have labs completed to be enrolled in healthcare coverage. NASTAD strongly encourages medical expenses to be paid by other sources and expects applicants to assist patients in applying for healthcare coverage. If there are circumstances in your jurisdiction which you believe necessitate paying lab costs to re-engage a person into care; this should be described and justified in the application and budget narrative. Ongoing costs of lab work for patients are not allowable.

10. The linkage program at our organization provides all patients testing positive with a pharmaceutical manufacturer starter pack through an in-kind provider partnership program with pharmaceutical manufacturers. Should we omit all information regarding our Rapid ART program to keep the separation between Relink HIV activities and their commercial activities?

No, if the Rapid ART protocols providing pharmaceutical manufacturer starter pack will be utilized for re-engagement in care of out-of-care persons with HIV, they should be described in your application. References to any specific pharmaceutical manufacturer should be omitted.

11. Would a mobile unit for re-engagement services be an allowable cost?

Yes, expenses associated with a mobile unit for re-engagement services could be an allowable cost. The expenses associated with operating the mobile unit that is being used for re-engagement activities should be allocated to the Relink HIV Pathways To Care grant based on the amount of time and effort utilized for re-engagement in care services. For example, if a mobile unit is used for re-engagement in care (20%), HIV testing (20%), for PrEP (20%), for regular HIV treatment (20%), and/or other healthcare services (20%) then 20% of the mobile unit's allocable costs could be billed to Relink HIV Pathways To Care grant.

12. Could applicant organizations propose to conduct outreach via out of home communication, like billboards or direct mail in our targeted geographic?

Yes, these are allowable expenses. However, these approaches are likely to be very low impact interventions to re-engage persons into HIV care. If an applicant organization believes these approaches are a high impact or effective means of re-engaging persons into HIV care, they should provide justification in their project narrative. These approaches must also be used in conjunction with other activities as using these approaches on their own will not meet the requirements of Relink HIV Pathways To Care funding.

13. In the Request For Proposals document NASTAD provides staffing recommendations. Does this mean we have to have 1.15 Full Time Equivalency (FTE) staffing level at minimum in our proposed budget, or this is the maximum we are allowed to request?

Neither. Applicants can choose to request a different staffing level in their application and can request either more or less than the NASTAD recommendation. The recommendation is meant to reflect the minimum expected time and effort that will be required from organizations that are funded by NASTAD. If organizations do not request the amount of time in their budget that is expected by NASTAD to perform the required re-engagement in care, reporting, management, and dissemination activities they would need to demonstrate that they have capacity to support the required activities with other cash or in-kind resources.

14. What is a reasonable amount of funding to request?

Funding requests generally should be proportionate to the population that your organization intends to serve and the level of re-engagement services that will be provided to each person being re-engaged in care. In general, organizations proposing to serve a larger number of persons, serving a population requiring a higher level of services, or working in a more complex healthcare landscape requiring additional resources would be able to more easily justify asking for the maximum allowable grant award. Organizations proposing to serve smaller numbers of persons, persons with less intensive needs, and a less complex

healthcare landscape might require less funding. Regardless of the amount requested, the proposed budget must be justified in detail in the budget narrative.

15. What are the allowable administrative costs?

Organizations with a federally approved indirect rate may include their full federal indirect rate in their budget. Organizations requesting an indirect rate in their application should include the negotiated indirect cost rate agreement from the cognizant federal agency in their application. If an updated negotiated indirect cost agreement is pending, you can use your prior agreement at the prior approved rate pending the new rate. When you receive a new rate, you can ask NASTAD to amend your budget if awarded to permit the new rate.

If your organization does not have a federally approved indirect rate, you can request a maximum of 15% of direct expenses as a de minimis rate in your budget.

Travel

1. Are there any NASTAD-related conferences that we will be required to attend in-person?

No, all NASTAD Relink HIV Pathways To Care events will be held virtually. However, if there are conferences or meetings that the applicant organization would like to include in their budget, they are welcome to do so. NASTAD would encourage applicants to consider travel to at least one national event to support dissemination activities.

Criteria For Re-engagement In Care / Not-In-Care List

1. What are the NASTAD criteria for inclusion of persons in a Not-In-Care List?

NASTAD's criteria for inclusion in a Not-In-Care List for Relink HIV Pathways To Care project include:

- Missing viral load lab results
- Lab results showing unsuppressed HIV viral load
- Missed medical provider appointment
- Missed prescription drug fills/dispenses
- Losing eligibility for healthcare coverage

The goal of these more expansive criteria is so persons with HIV can be re-engaged more rapidly into HIV care at the earliest indication that they may be falling out of care. Applicants should include their proposed criteria for including in a Not-In-Care list in project narrative.

2. Are all of the above criteria necessary to develop a Not-In-Care List?

No, all of the above criteria are not necessary to develop a Not-In-Care List. But applicants are strongly encouraged to identify ways they can collect this information to develop as comprehensive a Not-In-Care List as possible. Applicants able to include more of these criteria will have more competitive applications.

3. Does NASTAD expect the Not-In-Care List for organizations to include all persons with HIV or only persons who qualify for Ryan White HIV/AIDS Program services?

NASTAD expects that all persons with HIV be included in the Not-In-Care list regardless of eligibility for Ryan White services. Eligibility for Ryan White services is likely to be very difficult to determine without engaging with the client as their circumstances may have changed since the last time they were receiving HIV services. Third party data sources like state tax, state unemployment, Medicaid, or third-party income verification services may also be out of date if a person's circumstances have recently changed.

4. Can NASTAD provide examples of the different data sources organizations may use to develop their baseline Not-In-Care list for persons with HIV? Additionally, what role might community partners play in collecting these baseline data?

There are a variety of data sources that could be used to support the Relink HIV Pathways To Care initiative. These include but are not limited to; HIV surveillance data, Health Information Exchange Data, Electronic Health Records (EHRs), Ryan White HIV/AIDS Program data, Housing Opportunities For Persons With AIDS data, Lexis Nexis data, Medicaid data, or data from other government or public assistance programs.

If community partners have access to additional data sets then they can contribute these data sets to the creation of a Not-In-Care List. An example might be HIV medical appointments missed or attended. A state HIV surveillance program would

not have information on missed medical appointments, so being able to receive data sets with this information or being able to have health department staff access this information through an EHR, would be one way community partner organizations could strengthen a Not-In-Care list. Community partners might also have more current information that can be used to contact and locate a person that is not in care than what might be available to a health department.

- 5. My organization is a Federally Qualified Health Center (FQHC) or Community-Based Organization (CBO) with access to records in our own internal EHR or client database. Are you including this as a data source, or are you referring to larger data access beyond our organization?**

Both. This could be a data source utilized in your proposal. NASTAD would strongly encourage the use of other data sources to develop a Not-In-Care List where possible.

- 6. My organization has the ability to run a list of patients within our system who we have seen in the last three years who have no follow up appointment scheduled. Would that also be a data point we could use for this project?**

Yes, this could be a resource you utilize to help develop your Not-In-Care List.

- 7. In our community there are persons with HIV disengaged from care who have not been included in state or local health department Not-In-Care Lists. Is there space for community-based organizations to drive the data list versus the HIV surveillance data held by government systems?**

Yes, NASTAD is open to, and encourages, the use of various sources in the development of Not-In-Care Lists. NASTAD's criteria for inclusion of persons with HIV into a Not-In-Care list is also broader than prior re-engagement in care initiatives such as Data To Care, which may have placed additional restrictions on state and local governments regarding who they included in their Not-In-Care lists.

Eligibility of Organizations To Apply

- 1. NASTAD is prioritizing areas with prevalence case rates of 200 per 100,000 or greater. My understanding is that may eliminate some states with lower prevalence case rates?**

Organizations proposing to serve geographic areas with prevalence case rates below 200 per 100,000 are still eligible to apply for Relink HIV Pathways To Care. They will however receive less priority for funding than organizations with higher prevalence rates. If your geographic area is below 200 per 100,000 in HIV prevalence, it would be advisable to focus on other Relink HIV Pathways To Care priority areas. These other priority areas include:

- Jurisdictions able to demonstrate large numbers of persons with HIV not engaged in HIV care.
- Applicants able to demonstrate they will re-engage in care either large numbers of clients or, if working with smaller numbers, demonstrate that they are focusing on populations where social determinants of health contribute to greater difficulties re-engaging in HIV care.
- Organizations that demonstrate access to extensive data sources to support re-engagement in care efforts including but not limited to the following examples: HIV surveillance data, Health Information Exchange data, Medicare data, pharmacy data, Electronic Health Records from large healthcare systems, Lexis Nexis data, and other similar data sources.
- Organizations that do not have access to the data sources described but can demonstrate they will be able to obtain access to those sorts of data sources, and which ones they expect to be able to gain access to, within three months of grant award.

Alternatively, if your organization has a larger geographic service area or jurisdiction which has a lower prevalence rate, but there is a geographic or political unit within that area that can be quantified by HIV surveillance data as having a prevalence rate of 200 per 100,000 cases of HIV, the application could fulfill the criteria by focusing on that area. A description of that geographic area or political unit and the accompanying HIV surveillance data should be included along with a justification for the focus on that area.

2. I am not sure how the HIV cases are calculated for the purposes of meeting the priority criteria in the Relink HIV Pathways To Care grant. What is the definition of cases being used to prioritize applicants?

Applicants with 200 per 100,000 cases of HIV in the geographic area they propose to serve will be prioritized for funding. Prevalence refers to total HIV cases in a

geographic area, not new cases of HIV (incidence) since this project is focused on re-engagement in HIV care for previously diagnosed persons.

NASTAD is using the AIDSVU resource to determine the prevalence of geographic areas. That resource is available here:

<https://map.aidsvu.org/prev/county/rate/none/none/usa?geoContext=national>

If you have more current HIV surveillance data, or HIV surveillance data more granular than what is available from AIDSVU, that data and information on the geographic area selected should be provided in your application.

- 3. For large jurisdictions, the task of producing a list of all persons with HIV not currently in care would be difficult to obtain and would include thousands of people. It would also be extremely difficult to achieve a 25% reduction in these numbers given the scale of the grant. Would it be possible to designate a smaller sub-region within a larger region that grant activities could be directed to in working to achieve the 25% reduction?**

Yes, it is possible to set a lower target. This would need to be justified and explained in the application. Alternatively, organizations can choose to focus on part of their total Not-In-Care List if they have higher numbers than they can reasonably serve with the funding NASTAD is providing. This should also be justified and explained in the application. The selection criteria for persons out of care that would be included in the project should also be provided as part of the justification.

- 4. Are 501c3 nonprofit organizations that connect participants to a healthcare provider but do not directly provide healthcare services eligible to apply?**

Yes, 501c3 nonprofit organizations that do not directly provide healthcare services are eligible to apply. Organizations that do not provide healthcare services must provide a letter of commitment from healthcare provider organizations attesting that they will offer medical appointments to reinstate HIV care within five calendar days of being contacted by the applicant organization to set an appointment.

- 5. Can syringe services programs and overdose prevention organizations apply?**

Yes, if the organization is 501c3 nonprofit organization that has experience providing HIV services, it is eligible to apply.

6. Is my organization eligible to apply if we can only obtain a list of identifiable individuals we have previously provided HIV services to within our organization?

Your organization can still choose to apply Relink HIV Pathways To Care funding if you only have access to clients you have served in the past. However, NASTAD does encourage organizations without those partnerships to explore if establishing them to implement re-engagement in care activities is feasible.

7. If an organization is currently in a funding cycle with Gilead Sciences for a different Gilead Sciences grant, are we still eligible to apply?

NASTAD is verified Gilead Sciences that Relink HIV funds are separate from any other current Gilead Sciences grant awards and having other Gilead funding does not preclude organizations from applying for this NASTAD grant.

8. Our organization is a Limited Liability Corporation (LLC) LLC that that provides government funded HIV healthcare services. Are we eligible to apply for Relink HIV Pathways To Care?

No, only public health departments, 501c3 nonprofit organizations, and universities. are eligible to apply.

9. Our organization is interested in using Relink HIV Pathways To Care funding for an intervention that provides coordination or services rather than a full re-engagement in care model. Is my organization eligible to apply?

Applicant organizations must propose in their projects to either directly, through subcontractors or through community partners, provide re-engagement services required by the Request For Proposal. NASTAD has deliberately tried to provide flexibility around program design to ensure that the funding could be adapted to the unique needs of different applicants, and to provide flexibility to applicants in developing interventions. However, it is expected that re-engagement services will include staff working with individual clients to successfully attend a medical appointment to restart HIV care, and to help clients acquire healthcare coverage to support ongoing engagement in HIV care. The staff member is expected to help identify resources and overcome barriers to re-engagement in care, and to ensure the client attends a medical appointment within five days of making contact.

Clients should also receive assistance with applying for healthcare coverage within five days of contacting the individual.

Organizations like state, local, and tribal health departments proposing to coordinate service delivery only are eligible to apply so long as they outline in their proposal how other government entities, subcontractors, or community partners will deliver the direct client re-engagement in care services. This must be substantiated through letters of support and letters of commitment included in the organization's application.

Organizations submitting applications proposing solely to coordinate activities and not conduct re-engagement in care directly or through subcontractors and partners will not be considered as being responsive to the NASTAD Request For Proposals and will not be funded.

Questions Regarding Application Documents and Attachments

1. Should letters of support and/or letters of commitment be on a NASTAD provided template or simply on letterhead?

No, letters of support and letters of commitment should be on the letterhead of the organization providing the letter to the applicant. Attestation letters should similarly use the letterhead of the applicant.

2. The NASTAD Data Use Agreement will need to be reviewed by our legal team. That usually takes 4-6 weeks. Can that be turned in after the deadline? If our legal team requests edits, how will that be handled by NASTAD?

If you cannot submit the NASTAD Data Use Agreement with the application, submit an attestation that you are working on having the agreement signed.. Please provide an explanation of the organizational processes that prevent the NASTAD Data Use Agreement from being signed and submitted with the application. Please also provide a date that you expect to be able to send the signed agreement to NASTAD.

As with other data sharing agreements, if the applicant attests that they will sign the agreement but are not able to provide it to NASTAD in time to start Relink HIV Pathways To Care re-engagement in care activities NASTAD may rescind the grant award.

3. If our legal team requests edits to the NASTAD Data Use Agreement, how will that be handled by NASTAD?

This will be handled on a case-by-case basis depending on the edits proposed. If the edits cannot be accepted by NASTAD, then NASTAD will rescind the grant award.

4. Is the NASTAD Data Sharing Agreement for NASTAD to access agency data systems, or is it meant to indicate that the applicant organization has access to HIV surveillance data systems?

Neither. The NASTAD Data Sharing Agreement is so organizations funded by Relink HIV Pathways To Care grant can report depersonalized client level data to NASTAD. This depersonalized client level data will be reported through a secure and HIPAA compliant REDCap database and will be used for technical assistance, to evaluate the program, and for dissemination activities.

You can find the Data Sharing Agreement that NASTAD is asking to be submitted with your application on the HIV Relink RFP website. NASTAD will not need access to your agency's data systems, but you will need to show that your agency has access to data sources that will allow you to provide the data required to monitor progress and evaluate impact. More info here: <https://nastad.org/pathways-to-care/RFP/>

Data sharing agreements or other data use agreements demonstrating access to data sets like HIV surveillance data are separate attachments. They are only required if you have these agreements in place. Having data sharing agreements in place permitting access to a wide range of data sources, particularly HIV surveillance data, will strengthen applications.

5. The Risk Assessment Questionnaire says for subrecipients only. Who are considered subrecipients? If the applicant is not a sub-recipient, do they still complete the form?

NASTAD considers the applicant organization to be the subrecipient for the purposes of the Risk Assessment Form. The applicant organization is expected to complete the Risk Assessment Form and provide backup documentation required in the form. If the applicant uses subcontractors, those subcontractors are not

required to complete the forms. The form is only to evaluate risk in the applicant organization.

Priority Populations

1. Are there any specific populations of persons with HIV given priority in applications for Relink HIV Pathways To Care funding?

NASTAD is not setting specific priority populations as they may differ for different applicant organizations in different parts of the country. NASTAD does expect that if certain subpopulations of persons with HIV who are not in care are the focus of an application, that the focus on that subpopulation is justified by local HIV epidemiological data or other data sources.

2. **Are there any demographics or activity groups that will be of greater focus, for example Black gay men, Transgender women of color, persons who use drugs, and/or sex workers?**

NASTAD is not prioritizing a specific population. The reason is that different applicants may have different populations that they identify as requiring intensive re-engagement in care efforts. Applicants may choose to focus on a specific population for re-engagement into care or may generally serve a broader population and not focus on any one priority group. If applicants are choosing a narrow subpopulation of persons with HIV who are out of care, they should justify the reason for choosing that population by providing support for the need from local HIV epidemiological data and other data sources supporting their decision.

3. **Would persons without immigration documentation, persons with Temporary Protective Status (TPS), refugees, or asylees be prioritized through this project?**

NASTAD is not prioritizing a specific population. Organizations are not prohibited from providing services due to immigration status and are not expected to verify immigration status for the Relink HIV Pathways To Care project. As this project is entirely privately funded through Gilead Sciences and no federal, state, or local government funds are used, applicants can provide re-engagement to care services regardless of immigration status. If an applicant is proposing to specifically focus on persons without immigration documentation, persons with Temporary Protective Status (TPS), refugees, or asylees it should be justified in the project narrative and supported by data available where possible.

4. Can we use this funding to support people without legal immigration status, or will there also be restrictions on working with this population?

Relink HIV Pathways To Care is entirely privately funded by Gilead Sciences and operates entirely independently of the Ryan White program. As such this funding can be used to support persons regardless of immigration status.

Grant Management Post Award

1. By what date after receiving an invoice from an awarded organization does NASTAD expect to make payments?

The average time for organizations to receive payment from NASTAD after submitting a complete and accurate invoice is 45 calendar days.

2. Is there a specific reimbursement cap? Does the process involve weekly, monthly, or quarterly payments?

Applicants are limited to being reimbursed for the line items in their budget. Applicants exceeding a particular line item must request permission from NASTAD for a budget amendment. Applicants cannot exceed their total awarded budget.

Applicants are expected to bill similar amounts every month allowing that there may be lower costs first months as activities start, certain months with higher costs if there are higher dollar expenses to set up a new system or process, and potentially lower costs at end as activities wind down. All invoices must be for actual costs incurred- NASTAD will not pay advances.

NASTAD expects invoices from awarded organizations to be submitted monthly within thirty calendar days of the end of the month being billed. NASTAD will not pay weekly invoices. If your organization cannot submit monthly invoices and requires quarterly invoice submission, it can request permission from NASTAD to bill quarterly.