

## NCFHP RFA Frequently Asked Questions

Updated 12/21/2023

### **1. Are copays for physical exams at an FQHC partner an allowable expense for medical services?**

Proposed expenses must stay within the funding caps for each category listed on page 3 of the Request for Applications (RFA) guide. For the 24-25 grant year, funds are not available for direct medical services for this region. Please note that the word 'medical' has been removed from the budget template to be consistent with the verbiage in the RFA.

### **2. Is there an allowable amount (\$50-80) for dental services? How should applicants present that on the grant application, including which budget line item?**

Requests for dental funds should not exceed the \$30,975 cap listed on page 3 of the Request for Applications (RFA) guide. Dental funds can be used to support or subsidize the cost of dental encounters if access to the services would otherwise be a barrier for agricultural workers. \$50-\$80 per dental encounter would be considered a reasonable and allowable cost.

Proposed dental expenses should be listed on row 67 of the Budget Template Summary Tab where it reads: **Dental encounters (#\_encounters x \$/\_encounter)** with the # entered for the number of proposed encounters and the cost entered for the average cost per encounter. Additional details about the expenses, proposed services, and dental partners can be provided on the Budget Justification tab on row 20.

### **3. Should applicants have a formal agreement in place with a service provider to qualify to make requests for dental funds?**

Demonstration of an agreement that a service partner is willing to collaborate as proposed in the application, through a written statement on the Budget Justification that the entity is in agreement with the partnership, a letter of support, or a written memorandum of agreement if one is already in place, strengthens applications. Prior to making any payments to service providers using these grant funds, a written memorandum of agreement must be in place that outlines the payment/service agreement.

### **4. Is it a best practice to apply for the full amount available for the entire service area (\$328,058)?**

Applicants should apply for the funds they need to meet their proposed goals in their service area. You do not need to request the full amount but budgets that exceed any of the caps will be returned.

### **5. Do you have to include budget items in each category (enabling, behavioral health, dental) or can we focus on one or two only?**

It is a requirement to include enabling services and the expectation is that farmworkers and their family members will have access to behavioral health and dental services, either funded with the

grant funds or leveraged locally. If the applicant can provide or leverage accessible behavioral health and dental services for farmworkers, it is not required to request funds for these categories.

**6. Which zip codes in Sampson and Duplin counties are included in the Track I service area?**

Duplin: 28453, 28458, 28518, 28464, 28521, 28466

Sampson: 28441, 28458, 28444, 28447, 28478, 28453

**7. Are applicants required to provide coverage for all counties listed in the Track I service area?**

Yes, applicants need to demonstrate capacity to provide coverage for the full region listed in Track I.