

Questions and Answers about the FY 2021 Thalassemia Program NOFO

Q: Why did we split the country into three regions?

A: The honest answer is that we are trying to extend the reach of the limited number of experts through telementoring, telemedicine. We want to build and support an infrastructure so that no matter where an individual with thalassemia lives, they have access to high quality care.

Q: If an institute is selected as the National Coordinating Program recipient (Project 2), will it prevent a different institute from the same state from being selected as one of the Thalassemia Program recipients (Program 1) or vice versa?

A: As stated on page 5 of the Notice of Funding Opportunity (NOFO), one organization may not apply for both projects. If we see this happen, then neither application will move forward for review. The location of the recipient for Project 2 is not part of the review process. It is fine if a funded applicant for Project 1 is in the same state as the funded applicant for Project 2.

Q: Is there an opportunity for supplemental funds for recipients of Project 1 (Thalassemia Regional Program) who work with significantly more states than other recipients?

A. No. Per the NOFO, you may apply for a ceiling amount of up to \$175,000 total cost (includes both direct and indirect, facilities, and administrative costs) per year. Before you apply, we ask that you ensure that your organization is prepared to successfully implement the project within the budget we're proposing.

Q. Would it be acceptable to have two sites within a region work together on the project, with one site subcontracting to another? The workload would be shared by the investigators at the two sites.

A: Yes. HRSA will fund one application per region and recipients will support activities in at least two states (including Washington DC or Puerto Rico) within the region in addition to the recipient's state. There is nothing that prevents a recipient from working with another site through a sub-award.

Q. Was your decision to create regions for the program based on the number of thalassemia patients?

A: We looked at estimates of incidence but the primary factor is to support a national Thalassemia program where regardless of location, an individual with Thalassemia has access to high-quality care.

Q: Can you provide some examples of the types of activities you would like the Thalassemia National Coordinating Program recipient to do?

A: All activities for the Coordinating Program are listed on pages 7-11 under the Program Narrative Section of the NOFO.

Q: Can applicants applying for Project 1 submit letters of support rather than a formal MOU/MOA?

A: As specified on pg. 1 of the NOFO, one of the ways that recipients will help extend the reach of the limited amount of thalassemia experts is to identify and establish a network of hematologists and other providers. Applicants that provide letters of support, in place of MOUs/MOAs (pages 9 and 13 of the NOFO), are considered responsive to the requirement for MOUs/MOAs from partnering organizations in two additional states so long as each letter of support contains **at a minimum:**

- Two additional states included in those letters of support.
- Roles and responsibilities between organizations are clearly described.
- Partnerships and/or potential linkages are clearly identified.

Q: Can institutions continue to partner with a principal institute or participate in a region where they already established a working relationship even if that entity resides outside of the applicant's region?

A: Applicants must have three states within their region. Additional states beyond the region are allowed. HRSA seeks to use a regional model to build and support an infrastructure that will connect thalassemia patients to quality health care no matter where they live. Importantly, an aim of the NOFO is to increase intra-regional relationships (states within a region) within the three newly-established regions. HRSA recognizes that linkages and relationships may already exist between organizations that reside in different regions. HRSA would ask the organization to continue the inter-regional organizational relationship already established and work to establish the network of hematologists and other providers between the three states (minimum) to serve individuals with thalassemia.

Q: Can I receive information for my for-profit small business start-up organization? We are in need to promote project development for research in biotechnology, medical devices, technologies, medical implants, pharmaceuticals - drugs, vaccines, and therapeutics in the new age of bioinformatics and data science. My organization is interested in finding out more details regarding this FOA HRSA-21-035 Thalassemia Program.

A: Thanks for your interest in the Health Resources & Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) Thalassemia Program Notice of Funding Opportunity (NOFO) [HRSA-21-035](#).

- Applicants applying for this funding opportunity will have to demonstrate how they will support the Thalassemia Program's goals via one of the two projects:
 - The purpose of Project 1 is to have three recipients support a regional infrastructure to increase the number of providers treating or co-managing individuals with thalassemia in their communities. The purpose of Project 2 is to coordinate telementoring and educational initiatives across the regions and to improve knowledge of thalassemia and evidence-informed treatment recommendations among patients and families. (See pg. 1 of the NOFO for the program's purpose).
- This is not a research grant program. This program also does not involve bioinformatics. This program is focused on improving access to evidence-informed care for individuals living with thalassemia and their families.

Q: Can I use the Thalassemia Program funding to increase broadband access so that cities can expand their telehealth capabilities?

A: While this program uses telehealth, the overall goal is to help increase access to evidence-informed care for individuals living with thalassemia. This is not a grant program to increase telehealth or broadband access.