

Addendum to RFA# 67-202

Community-based Health Care Program

Date: November 25, 2025

Addendum Number: 2

Addendum Changes:

- 1) This addendum is to change the application due date and time from 1:30 PM ET on December 1, 2025, to 1:30 PM ET on December 9, 2025.
- 2) This addendum is to correct the Allowable Use of Grant funds and Matching Commitment Section 12(b) in the Category 2 Work Statement Format entitled Medical, Dental, Pharmacy, Behavioral Health Equipment and Supplies (consistent with proposed expansion of prenatal, obstetric, postpartum and newborn care services) to Medical, Dental, Pharmacy, Behavioral Health Equipment and Supplies (consistent with proposed services) on page 29 of the Request for Application (RFA) #67-202.
- 3) This addendum is to provide answers to all questions per the RFA Potential Applicant letter.

Q1: Can you explain this bid?

A1: As referenced on page 2, Section A: Information for Applicants, the overall goal of this funding is to promote, expand, and improve health care access and services such as preventive care, chronic care and disease management, prenatal, obstetric, postpartum and newborn care, dental treatment, behavioral health and pharmacy services, reduce unnecessary utilization of hospital emergency services by providing an effective alternative health care delivery system, and encourage collaborative relationships among Community-based health care clinics, hospitals, and other health care providers.

Q2: Can you please tell me what will fill the requirement of RFA #67-202 Appendix 6 (Primary Care Office Sliding Fee Scale Requirements) if we are a free clinic that provides all care for free and does not bill insurance? We don't have a sliding scale, or any scale at all. Will this attachment be required of us, or what will be a sufficient attachment?

A2: For free clinics, the sliding fee scale form is not required. Instead, please include with the application a statement that individuals having Medicaid (MA) or Medicare insurance but who document having no access to a primary care provider accepting these insurances will receive primary health care services at the free clinic until such time that a provider participating in the applicable insurance program is available. Please refer to Section 4. c. iii. in the work statement format for each category beginning on pages 12, 24, 34, 45, 56, 64, and 65 of the RFA, respectively, for additional information.

Q3: Under Category #2 is behavioral health services an allowable expansion of services? Is behavioral health and mental counseling considered primary care?

A3: Yes, behavioral health services are an allowable expansion of services under Category #2 (Please read Part One of this RFA to understand the intent and scope of this program funding on page 2 of the RFA, as well as the allowable use of grant funds and matching commitment beginning on page 28 of the RFA).

No, behavioral health and mental counseling are not considered primary care in a traditional sense and are practiced within specialized fields. However, they are often integrated into primary care teams.

Q4: Under Category #2 is Dental an allowable expansion? We are working to open a New Dental Clinic in a community that is vastly underserved for Medicaid patients needing dental. Dental cases make up a significant reason why patients visit the emergency room. We will need to hire another dentist as we have one ready to go but still searching for the other.

A4: No, dental services are not an allowable expansion under Category #2. They are, however, allowed under categories #1 (for new community-based clinics), #4 (alternate health care delivery systems to reduce Emergency Department utilization), and #5 (collaborative relationships among Community-based Healthcare Clinics (CBHCs) to improve transitions of care). Please read Part One of this RFA to understand the intent and scope of this program funding on page 2, as well as the allowable use of grant funds and matching commitments beginning on pages 16, 49, and 60 of the RFA, respectively.

Q5: Would expanding an existing program that identifies medically homeless patients and providing outreach getting them connected to PCP's qualify for #4 or #5 as

there will need to be increased collaboration for transitions of care? Could this help fund a Community Health worker as well?

A5: No, the expansion of an existing program is only applicable to categories #1 through #3. Category #4 funding applies to the development of alternate health care delivery systems to improve services/access and to reduce hospital emergency room utilization. Category #5 funding doesn't apply to the expansion of an existing program. Rather, it applies to the implementation of collaborative relationships to enhance transitions of care for patients to ensure timely follow up care for health care clinic patients seen in or admitted to the hospital to develop referral mechanisms to establish a health clinic medical home for patients seen in the hospital and specialty clinics. Please read Part One of this RFA to understand the intent and scope of the various categories covered in this grant.

Yes, the CBHC program grant funds community health workers under Category's #4 and #5, as outline in the RFA. See pages 50 and 61 of the RFA, respectively.

Q6: I'm trying to determine if our service address is in a MUA/P area, and the HRSA search tool identifies a number of areas in the "Philadelphia Service area" without any clarification about where they are. Are there any other resources to determine whether we are in a MUA/P?

A6: To determine whether your organization is in a Medically Underserved Area (MUA)/Medically Underserved Population (MUP), the following look up tool can be used: Health Workforce Shortage Areas (<https://data.hrsa.gov/topics/health-workforce/shortage-areas>).

Q7: We are exploring this grant in order to make an expansion of our free dental clinic that will double capacity. My questions are: 1- similar to the question already asked, we are a free clinic and charge nothing of anyone. Do we have to file that form? 2- If we have a detailed budget from a contractor, can we submit that instead of converting the budget to the one on the RFA? 3- How do we get invited to submit an application? We have not done any state applications before.

A7: 1- No, free clinics do not have to file the sliding scale form. Instead, please include with the application a statement that individuals having MA or Medicare insurance but who document having no access to a primary care provider accepting these insurances will receive primary health care services at the free clinic until such time that a provider participating in the applicable insurance program is available. Please refer to Section 4. c. iii. in the work statement format for each category

beginning on pages 12, 24, 34, 45, 56, 64, and 65 of the RFA, respectively, for additional information.

2- Applicants shall use the downloadable format to present the budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable Excel budget file.

3- RFA 67-202 is your formal invitation to submit an application for CBHC Program funding.

Q8: Can the expanded care be in an existing location, or does it have to be at a completely new site? For example, is it allowable to offer additional eye care services or behavioral health at our main location?

A8: Yes, it is allowable to offer additional eye care services or behavioral health at your main location. Generally, expanded care is administered at an existing location under Categories #2 and 3. Category #1 projects are limited to the development of new site locations. As for the specific service(s) being performed, please refer to the allowable use of grant funds and matching commitment for Categories #1, #2, and #3 beginning on pages 16, 28, and 38 of the RFA, respectively.

Q9: We are working to create a site for our local hospital for their residency program. This requires new hires for our health center staff. Would this be allowable as project proposal 2, expansion of services at an existing health clinic? If the project will have a second site in year two and the newly hired healthcare staff have to split time, would we be able to request different amounts for their salary in year one and year two? For example, Year 1 new staff are full-time at the application health care clinic site and Year 2 includes staff at half time at the original applied site and half time at a second site. The budget request would include full salary requests for Year 1 and half salary requests for Year 2.

A9: The type of health center staff allowed under Category #2 would depend on the work being performed. Office and administrative staff would not be an allowable expense under this category. The address at the time of application would be the only site reimbursed through the resulting grant agreement. If the project opens an additional site in the second year of the grant agreement, the awardee shall submit the new request for consideration. However, the original hours shall be maintained at the first site as per the terms of the grant agreement.

Q10: Are the hiring of dental professionals covered under allowable uses for the Category 2 workplan?

A10: No, the hiring of dental professionals is not allowable uses under the Category #2 workplan. They are only allowed under categories #1, #4, and #5. Please read Part One of this RFA to understand the intent and scope of this program funding on page 2, as well as the allowable use of grant funds and matching commitments beginning on pages 16, 49, and 60 of the RFA, respectively.

Q11: We are interested in applying to this program for a community health care center that will open in early 2027. Given that opening date, are we eligible to apply?

A11: Yes. While applicants with delayed opening dates are not barred from applying, a detailed description of the renovations or modifications to be completed must be included in the application along with signed copies of the contractor's cost proposal (see page 10 of the RFA).

Q12: We are a free clinic. We do not charge for any services and do not participate in any insurances. We have no sliding scale because no services or materials are charged for, at all, ever. How do we handle that? Are we ineligible because we are a free clinic? Our entire mission is to serve those who are uninsured or underinsured. 100% of our patients fall into the category, "Number of visits for patients not charged due to inability to pay" in section 5 on project impact. All direct care providers are volunteers. I am also a volunteer. The only paid staff are: Executive Director, bookkeeper, interpreter (many patients non-English speakers) and dental assistants.

A12: No, free clinics are not ineligible applicants for this grant opportunity. Instead of submitting the sliding scale, please include with your application a statement that individuals having MA or Medicare insurance but who document having no access to a primary care provider accepting these insurances will receive primary health care services at the free clinic until such time that a provider participating in the applicable insurance program is available. Please refer to Section 4. c. iii. in the work statement format for each category beginning on pages 12, 24, 34, 45, 55, 64, and 65 of the RFA, respectively, for additional information.

Q13: 1- Similar to the question already asked, we are a free clinic and charge nothing of anyone. Do we have to file that form? 2- If we have a detailed budget from a contractor, can we submit that instead of converting the budget to the one on the

RFA? 3- How do we get invited to submit an application? We have not done any state applications before.

A13: 1- No, free clinics do not have to file the sliding scale form. Instead, include with the application a statement that individuals having MA or Medicare insurance but who document having no access to a primary care provider accepting these insurances will receive primary health care services at the free clinic until such time that a provider participating in the applicable insurance program is available. Please refer to Section 4. c. iii. in the work statement format for each category beginning on pages 12, 24, 34, 45, 55, 64, and 65 of the RFA, respectively, for additional information.

2- Applicants shall use the downloadable format to present the budget request. Instructions regarding completion of the budget can be found in the last worksheet of the downloadable Excel budget file.

3- RFA 67-202 is your formal invitation to submit an application for CBHC Program funding.

Q14: Please confirm if "comprehensive primary care services" includes mental health clinics.

A14: Yes, comprehensive primary care services includes mental health clinics.

Q15: Can you confirm that I am understanding the RFA directions correctly? An organization can apply for more than one category but can only be awarded ONE grant. Is that correct? Previous years, the organization could be awarded a grant in Category #1 and a second grant in a different category.

A15: Yes, consistent with this RFA, applicant organizations shall be awarded only one award, regardless of the number of applications submitted (see Section C(1)(f) on page 6 of the RFA).

Q16: In the definition of 'face-to-face contact,' will you consider virtual modalities (i.e. telehealth)?

A16: Yes, because they are covered by most healthcare insurance companies, virtual modalities will be considered as "face-to-face contact" between patient and provider. This modality will not preclude services rendered in the Patient Record required by this RFA.

Q17: We are interested in applying for the DHS grant. Regarding the following item:

We expect to submit audit report for CY 2024 in December this year. Tax exemption certificate is currently expired. Can I use 2024 tax exempt certificate or the attached articles of incorporation for this application? Will it meet the requirement? Please advise.

A17: No, an expired tax exemption certificate will not meet the application requirement.

Please refer to Section C(1)(e) regarding documents that need to be submitted."

Note: This RFA is issued by DOH, not DHS.

Q18: Because this RFA will fund service delivery, we wanted to share an opportunity that can dramatically improve program outcomes and share statewide infrastructure that enables all funded vendors to securely coordinate care, share referrals, close loops, and document measurable outcomes across systems that traditionally don't communicate with each other.

A18: This statement is not a question and no response can be provided.

Q19: In Topic 4, iii. Access of Category 2 – it states this: The only exception to the requirements that the applicant be enrolled in public insurance (Medicare, MA, and CHIP) and include with the application a discounted sliding fee scale is for clinics that provide services to patients at no charge (free clinics), in which case the application shall include a statement that individuals having MA or Medicare insurance but who document having no access to a primary health care provider accepting these insurances will receive primary health care services at the free clinic until such time that a provider participating in the applicable insurance program (MA or Medicare) is available. The applicant's Board approved policy regarding the provision of primary health care services at no charge to MA and Medicare covered individuals who do not have access to participating primary health care providers shall be included in the Additional Appendices Section of the application.

We do this but this is not currently stated in our policy. We expect that we can add this to our current policy but we do not have a board meeting until 11/19 – do we qualify knowing we will get approval, or must it be approved?

A19: Yes, your organization still qualifies provided the Board approves policy regarding the provision is in place by the July 1, 2026 start date of the program.

Q20: We are looking at applying for category 1 (new site). Is it a requirement that the site be located in a HPSA or MUA? The work statement outline includes a question requesting a HPSA/MUA, but it doesn't clarify if that is required for Category 1.

A20: No, it is not a requirement that a site be located in only a Health Professional Shortage Area (HPSA) or medically underserved area (MUA) for Category 1 applicants. It can also identify a significant low-income population the health care clinic will serve.

Q21: Under Category #2 is behavioral health services an allowable expansion of services? Is behavioral health and mental counseling considered primary care?

A21: Yes, behavioral health is an allowable expansion of services under Category #2 (Please read Part One of this RFA to understand the intent and scope of this program funding on page 2, as well as the allowable use of grant funds and matching commitment beginning on page 28).

No, behavioral health and mental counseling are not considered primary care in a traditional sense and are practiced within specialized fields. However, they are often integrated into primary care teams.

Q22: Our questions are below: Category 2 Work Statement Format Section 12 a.) Primary Health Care Practitioner, Project Administration and Support Salaries and Fringe Benefits Our goal is to expand clinic hours to increase the number of patients we can serve. May we include in the budget increase hours for our Executive Director or our Front Desk Clinical Receptionist? They are crucial to our expansion.

We would also like to hire a Phlebotomist to allow us the capability to do more point of care testing in the clinic, decrease diagnostic testing costs, and obtain more timely results. May a Phlebotomist be considered for a new position?

c.) Other Costs Directly Related to the Provision of Services Leasing of building space- are there any restraints to including this item in the budget? We do not plan to expand the space, but it is an ongoing expenditure for us.

Section 13 Matching Funds Requirements: As we aim to expand our clinical services, we would increase our volunteer staff for certain clinical staff roles. Are we allowed to count new volunteers recruited for this effort as in-kind services? If yes, may I, as Chair for our Board of Directors, sign-off on this in-kind service? We

would use the usual salary for the role the volunteer would perform in the clinic to define the cash value. Is this an acceptable metric?

We currently use a national non-profit dispensary that provides medication for our patients for a fixed annual fee. As we increase our number of patients, may we use the cost of medications dispensed to new patients as in-kind services?

A22: Yes, Category 2 funding allows for administrative staff which includes an executive director and front desk receptionist. (See Section 12(a) on page 17 of the RFA).

Yes, a phlebotomist may be considered for employment. While the specific title is not identified in the RFA, the role is covered because phlebotomy fees are costs for direct patient care for which applicants shall not use grant funds or matching commitment (see pages 29-30 of the RFA). Moreover, the drawing of blood is central to work performed by the positions for which grant funds and matching commitments are authorized (that is, physicians, nurses, psychiatrists, and physician assistants).

The leasing of real property is not covered by grant funds or matching commitment.

Yes, it is acceptable to count clinical volunteers recruited as professional in-kind services for cash value, provided those services are directly related to the goal of this RFA and any project proposed to be funded that is, to expand and improve health care access and services at community-based health care clinics serving underserved populations). Yes, you could use the usual salary for the role the volunteer would perform in the clinic to define the cash value. See Section 13 of Appendix 2, Work Statement beginning on page 19 of the RFA.

No, the cost of medications incurred by a third-party vendor (indirect costs) are not paid by grant funding. All costs funded or contributed through match commitment must be direct costs related to the specified goal of the project which is to expand and improve health care access and services at community-based health care clinics serving underserved populations. Please refer to Category 2 Work Statement Format, , Budget Definitions, Section (11)(h) on page 16 of the RFA and, Allowable Use of Grant Agreement Funds and Matching Commitment Section 12 beginning on page 16 of the RFA.

Q23: Please see our questions below. Part One, Page 2: Applications are welcomed from Pennsylvania community-based health care clinics providing comprehensive primary health care services meeting all eligibility requirements as outlined in this RFA. Question 1. – As Pennsylvania's Primary Care Association representing 54

Community Health Centers statewide providing primary community-based care, are we permitted to apply for this opportunity? Page 21 - Category 2 - Appendix 2 – Work Statement Format, section 2. letters d-f: Question 2. – Can the submission be aggregate data or must tables be submitted for each Health Center participating in the project? Page 26 – Category 2 – Appendix 2 - Work Statement Format – 8. Additional Appendices (Attachment VII) a: Question 3. – Signed letters of financial commitment for matching funds or dollar equivalent of in-kind services with supporting valuation documentation; Is this a dollar-for-dollar match?

A23: Applications are welcomed from Pennsylvania community-based healthcare clinics, if an organization meets that criteria, then it is eligible to apply and potentially receive grant funding.

As you are referring category 2 criteria, with the expansion and/or improvement of care at primary care health service at existing clinics, the expectation of data would be for that specific clinic at a minimum. If there is impact to a system, and additional aggregate data is provided, that is the applicant's decision to make.

Relating to the dollar-for dollar match question, as noted in Category 2, Section 13 on page 30 of the RFA, the match commitment shall be in the ratio of one dollar of matching commitment for each four dollars of Commonwealth funding and shall not exceed this ratio.

Q24: Regarding the two tables included in the RFA for patient visits and patient numbers by coverage type, my free clinic does not take coverage so would have to report 0 by coverage. How do we indicate patient visits and numbers for NO COVERAGE? Can we add another row?

A24: Patients seen at a free clinic are being seen, presumably, due to their inability to pay. Those patient numbers should be placed in the "number of patients served not charged due to inability to pay" column/row.

Q25: Regarding the sliding scale fee - We are a free and community clinic and do not charge fees for our services. Are we required to develop a sliding scale fee? 2. We are a free clinic; are we required to become a Medicare, Medicaid, or CHIP provider? We do assist all of our clients in applying for benefits. Once benefits are established, clients are transitioned to providers who accept their new benefit status. 3. Are outsourced or consultant bilingual counseling services an allowable cost? 4. Is the logic model included in the 14-page limit for the narrative? 5. Is staff training an allowable expense? We utilize an EBP model as the foundation of our

behavioral health services; a new staff position would require completion of an online training and orientation. 6. Clients may receive multiple discipline appointments in one day, for example, Physical health care and behavioral health care. May different discipline appointments be counted separately if they occur in the same day?

A25: For free clinics, the sliding fee scale form is not required. Instead, please include with the application a statement that individuals having MA or Medicare insurance but who document having no access to a primary care provider accepting these insurances will receive primary health care services at the free clinic until such time that a provider participating in the applicable insurance program is available. Please refer to Section 4. c. iii. in the work statement format for each category beginning on pages 12, 24, 34, 45, 56, 64, and 65 of the RFA, respectively, for additional information. See answer 24 for free clinic patient encounters.

No, there is no requirement to pursue providers of Medicare, Medicaid, or the Children's Health Insurance Program (CHIP). If you are utilizing contracted services, you can include these services under contacted services in your budget.

Yes, outsourced or consultant bilingual counseling service are an allowable program cost and may be included in the appropriate budget category.

Yes, the logic model is included in the 14-page limit.

Yes, if staff training is required to meet the intended project outcomes, it can be an allowable expense.

Yes, if patients receive multiple services, at the same location, on the same day, each provider visit should be counted.

Q26: Can a place-based nonprofit that operates both a community center and an affordable housing development apply for Category 4 funding to engage an FQHC to administer alternate health care delivery systems such as:

- bilingual Community Health Workers to service as care navigators for residents, students, and community center patrons
- school-based health services at an elementary school across from our housing development
- school-based health services at other schools in the North Philadelphia Health Empowerment Zone (HEZ) where we are located
- in-home virtual and face-to-face care visits for home-bound residents in our housing development and community

- perinatal care navigator services in our community center and other area community based organizations

Is it a requirement to have medical services delivered by the community-based health care program by the start date of the grant, 7/1/26, or can an applicant show progress toward that goal?

A26: An organization applying for Category 4 funding under the CBHC Program must be an alternative health care delivery system, administered by an existing community-based health care clinic, to improve services and access to reduce hospital emergency room utilization. The application shall include a description of the services to be provided as outlined in Appendix 4, Sections 1-3 on pages 42 through 44 of the RFA.

No, it is not a requirement to have medical services delivered by the community-based health care program by the start date of the grant. You must show progress toward that goal in your application materials.

Q27: We have two questions: In Section A, the RFA indicates that eligibility requirements will be outlined in the RFA, but we were not able to find these. Could you clarify the eligibility requirements? In the work statement formats for categories 2, 3, 4, and 5, there are tables indicating Patient Numbers, but these all have different time periods for “current patients”. Is the time period 1/1/24 – 12/31/24? Can a different time period be used, like the fiscal 7/1/24 – 6/30/25?

A27: To be eligible for the CBHC grant funding, an applicant must be a 501(c)(3) organization that operates as a Federally Qualified Health Center (FQHC), a FQHC Look-Alike, a hospital health clinic, a rural health clinic, a free clinic, a nurse managed health care clinic, or a health care clinic that serves a significant low-income population in the Commonwealth.

Yes, the time period is 1/1/24 – 12/31/24. No, the time periods outlined in the RFA cannot be altered. They measure patients before (pre) and after (post) program participation to determine whether there are significant changes in primary health outcomes.

Q28: In response to the RFA titled "Community-Based Health Care Program," RFA Number 67-202, the following questions arise: Can a non-primary care provider serve as the primary applicant, with a primary care provider acting as a subcontractor? Is telehealth or telemedicine an acceptable method for delivering primary care services? Is the provider permitted to offer urgent care services?

Does the lead applicant need to provide the matching commitment, or can it be supplied by the subcontractor?

A28: Yes, a non-primary care provider can serve as the primary applicant for the grant, provided the non-primary care provider qualifies as a FQHC, a FQHC Look-Alike, a hospital health clinic, a rural health clinic, a free clinic, or a nurse managed health care clinic. Contracted labor should be entered into the Budget Template under the Subcontractor Services category. All contracted work shall be clearly explained in the project narrative and included in the Budget Justification. All contracted health care services require the applicant to include health outcomes for the proposed project whether services are provided by the applicant or the applicant's proposed subcontractors. All contracted work for renovations shall include a project estimate signed and dated by the subcontractor.

Yes, because telehealth or telemedicine is covered by most healthcare insurance companies, they will be considered as acceptable methods for delivering primary care services. These methods will not preclude services rendered in the Patient Record required by this RFA.

No, urgent care services are beyond the scope of this RFA.

Pursuant to Section 13(g) of each category of the Work Statement Format of the RFA, matching commitments (cash or dollar equivalent in-kind services) must be committed at the time of the grant application via a signed letter of financial commitment from an individual with signatory authority from the organization(s) providing the matching funds or dollar equivalent in-kind services. The matching funds can therefore be committed by the lead applicant, the subcontract, or both.

Q29: Below are several questions about RFA 67-202: Public transportation expenses that enable patients to utilize community-based health care clinics services is in the list of allowed expenses. Does this include transportation services, for locations that do not have buses or other forms of public transportation? We have downloaded the Budget (MATCHING FUNDS) worksheet from the Marketplace solicitation announcement, but where is the budget for funds being requested?

Are the dates in the tables in Category 2: #5 TOPIC: Project Impact– starting at 1/1/2022-12/31/2024 and ending with 7/1/2027-6/30/2028 correct?

A29: No, transportation services for locations that do not have buses are not public. As it relates to this RFA, public transportation is buses, trains, subways, and other forms of transportation that charge set fares, run on fixed routes, and are available to the public. These are the modes of transportation that are the only allowable forms of public transportation.

The matching funds information contained in the Budget Template is being supplied by each applicant in accordance with the RFA and must be provided with the application. The proposed budget is generated by the applicant organization based on the project category and submitted with a Budget Justification supporting each budget item listed in the Budget Template. The Budget Template allows for funds being requested under column D “Original Budget DOH” and funds being requested should be allocated in that column. See pages 15, 27, 37, 48, and 59 of the RFA, respectively.

Yes, the dates listed in the tables for Category #2 are correct. They measure patients before (pre) and after (post) program participation to determine whether there are significant changes in primary health outcomes.

Q30: I have two questions regarding this statement: What is the current definition of a “community-based health care clinic,” and which types of applicants fall under this designation? Do Federally Qualified Health Center Look-Alikes (FQHC-LAs) fall under the definition of a “community-based health care clinic”?

A30: For purposes of this RFA, a Community-Based Health Clinic is defined as a facility that offers outpatient comprehensive primary health care services which include basic primary and preventive health services provided by physicians, and where appropriate, physician assistants, nurse practitioners and nurse midwives. FQHCs, FQHC LAs, hospital health clinics, rural health clinics, free clinics, and nurse managed health care clinics all fall under this designation. (Please refer to Part One, Section 1. Introduction, pages 2 and 3 of the RFA.)

Yes, for purposes of this RFA, FQHC-LAs fall under the definition of a community-based health care clinic.

Q31: Under Application Format, C. Work Statement in the RFA says that all information shall be separated according to the work statement topic and clearly labeled. Are the numbers, letters, and topic categories enough or should each subtopic and questions be listed in the application? Is there a preference?

A31: It is recommended that Topic Headings be used at a minimum. The applicant may choose to include the subheadings in its application. Including the subheadings assists the Evaluation Committee members when scoring the applications.

Q32: I have a few questions: If we submit an application for Category 1 and would also like to apply for Categories 2 and 5, we would only get funding for one category? Matching funds 1 to 4, for Category 1, \$1 to \$4 is to x to \$300,000 x = \$75,000 in matching funds Category 1 - is this correct?

A32: Yes, a single applicant organization can be awarded only one award, regardless of the number of categories for which it applies (see Section C(1)(f) on page 6 of the RFA).

As outlined in the RFA, the 1:4 ratio in Category 1 means for every dollar the grantee commits to its program, four dollars of Commonwealth funding is matched. Yes, your calculation is correct.

Q33: We received your email about the deadline extension about an hour after we had submitted our application. If we find that the Department's answers to our initial questions change our budget and other key items in our application, will we be able to re-submit?

A33: Yes, you can re-submit your application in light of the answers contained in this Addendum. However, both applications will not be considered. Only the latest submission will be evaluated and scored, so please re-submit a complete application and not simply changes to certain key items.

*Except as clarified and amended by this Addendum, the terms, conditions, specifications, and instructions of the RFA and any previous addenda, remain as originally written.