Gus Schumacher Nutrition Incentive Program (GusNIP)

Frequently Asked Questions
June 2022

Contents

Eligibility Questions

1. Can a university/university extension apply as the primary applicant for GusNIP?

    Eligibility to apply for a GusNIP Produce Prescription Program grant is limited to government agencies and non-profit organizations. Institutions of higher education that are local, county, tribal, territory, or state government agencies must provide documentation in support of eligibility as a government agency. Please upload this documentation in Field 12.

    The definition of a non-profit organization in 2 CFR 200 as follows:

    Nonprofit organization means any corporation, trust, association, cooperative, or other organization, not including Institution of Higher Education, that:
    (1) Is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest;
    (2) Is not organized primarily for profit; and
    (3) Uses net proceeds to maintain, improve, or expand the operations of the organization.

2. We are part of State Cooperative Extension at a land-grant university, what documentation is needed supporting our eligibility as a government agency?

    This varies by organization. Documentation needs to provide clarity on the structure of the organization within a governmental agency, such as a State, US Territory, Tribe, or County.

Examples of documentation could be documents that clearly identify that the university or Cooperative Extension is designated as an entity within the governmental structure, such as the Department of Agriculture, Department of Education, Department of Public Health, etc.

3. How does NIFA want healthcare providers to verify that a patient is eligible for SNAP or enrolled in Medicaid for PPR eligibility?

The applicant and their partners are responsible for screening and verifying eligibility for for participation in a produce prescription project. Individuals can participate in a produce prescription project if they are eligible for the following: (1) Benefits under the Food and Nutrition Act of 2008 (7 USC 2011 et seq.); or (2) medical assistance under a State plan or a waiver of such a plan under title XIX of the Social Security Act (42 USC 1392 et seq.) and enrolled under such plan or waiver; and (3) a member of a low-income household that suffers from, or is at risk of developing, a diet-related health condition.

One way to verify that a patient managing or at risk of developing a diet-related health condition is eligible for SNAP benefits is using the income guidelines of the SNAP State Agency.

One way to verify that a patient enrolled in Medicaid is eligible to participate in a produce prescription project is proof of enrollment in the Medicaid medical assistance plan via Proof of Insurance and verify the patient is managing or is at risk of developing, a diet-related health condition.

4. Would undocumented persons who have the health conditions mentioned be eligible? Or not because they do not qualify for any government assistance mentioned?

The spirit of the GusNIP Produce Prescription Program is to reach income-eligible individuals who are at-risk of or managing a diet-related health condition. The produce prescription program leverages Federal safety net programs, such as SNAP and Medicaid. Eligibility for food assistance and medical assistance varies by the State and Territory operating these programs. NIFA wants everyone who is eligible for produce prescription projects to be reached. Please reach out to the food assistance and medical assistance implementing agencies in your locality directly for more information about eligibility.

5. Can you further discuss the specifics for the requirement of veterans' eligibility (VA healthcare)?

As Federal government agencies VA hospitals and clinics are eligible primary applicants for produce prescription projects. VA hospitals and clinics are also among the four (4) categories of required healthcare partners. All primary applicants must include a healthcare partner on their proposal.

6. Do healthcare lead applicants need an additional separate Healthcare Partner, or can they be the Healthcare Partner to satisfy the requirement, and just need a confirmation letter from their own institution?

   First, all lead applicants should ensure that they meet the definition of an eligible entity as stated in the RFA (a governmental agency or nonprofit organization). Second, in order to satisfy the Healthcare Partner requirement, the applicant must ensure that the healthcare partner falls under one of the four categories as required in the RFA: (1) a hospital, (2) Federally qualified health center, (3) hospital or clinic operated by the Secretary of Veterans Affairs, or (4) a healthcare provider group. Third, applicants must include a statement (Letter of Support from the Healthcare Partner) specifying the eligibility of the healthcare partner(s) under one of the four categories. As long as these three requirements are met, the RFA does not preclude the healthcare partner from satisfying both the lead applicant (eligible entity) and the healthcare partner requirements.

Program Policy Questions

1. Do grocery stores participating in GusNIP/PPR programs have to source a percentage of produce locally or regionally?

   No.

2. Do farmers markets have to be open 40 hours a week to participate in GusNIP/PPR programs?

   No, farmers markets do not have to have extended hours.

3. Is there any reason shopping for groceries online would be prohibited?

   No, produce prescription projects may include online grocery shopping as a method for filling the fresh fruit and vegetable prescription.

4. Can PPR project proposals request to include dried/canned/frozen F/V in addition to fresh?

   Produce Prescription proposals must prescribe any variety of fresh whole or cut fruits and vegetables without added sugars, fats, or oils, and salt (i.e. sodium). Peanuts or hazel nuts are not considered fruits and vegetables for the purpose of the GusNIP produce prescription. Beans, mushrooms, peas, and lentils, classified as vegetables by the Dietary Guidelines for Americans 2020-2025 are considered fruits and vegetables. NIFA recognizes that food supply and food system disruptions may hinder the ability to access fresh fruits and vegetables. If the community involved in the proposed project continues to face such disruptions as a result of the public health emergency include a thorough description and justification in the **Project Goals and Intended Outcomes** section of the project narrative.

Project Directors with additional questions about including culturally important fruits and vegetables that are not fresh fruits and vegetables, such as dried beans, should send the National Program Leader a description and justification for how inclusion within the range of fresh fruits and vegetables prescribed aligns with the definition of fresh fruits and vegetables and supports the goals and priorities of the GusNIP Produce Prescription Program.

5. Is nutrition education mandatory or optional?

   Providing nutrition education is one of three (3) options. In addition to prescribing fresh fruits and vegetables, projects proposed must do one of the following, (1) provide financial or non-financial incentives for eligible individuals to purchase or procure fresh fruits and vegetables; (2) provide educational resources on nutrition to eligible individuals; or (3) establish additional accessible locations for eligible individuals to procure fresh fruits and vegetables. The most competitive proposals are consistent with the state of the science for chronic disease management and prevention.

6. What is the core data set? What is firm-level data?

   The GusNIP produce prescription RFA resources page includes descriptions of the participant-level core metrics and the firm-level core metrics for produce prescription projects. The direct links to these NTAE resources are included below.

   Please visit the suite of resources to help applicants with participant-level metrics, including a list of the core metrics, baseline and post surveys, and more.

   Please visit the suite of resources to help applicants with firm-level metrics, including a list of core metrics, and firm-level reporting instructions.

7. Are we required to track all three of the outcome categories?

   All produce prescription proposals must evaluate the impact of the project on the three goals of the GusNIP produce prescription program, (1) dietary health through consumption of fruits and vegetables; (2) individual and household food insecurity; and (3) healthcare use and associated costs.

8. Can you elaborate more on the evaluation requirements for reducing healthcare use and associated costs? This appears to be separate from core data set you mentioned earlier.

   One of the primary goals of the GusNIP produce prescription program is to reduce healthcare use and associated costs. Proposals need to evaluate impact of the produce prescription project on healthcare use and associated costs. The field is still coming to consensus on these metrics. The NTAE website lists potential healthcare outcomes of interest under Other Reporting & Evaluation Resources - https://www.nutritionincentivehub.org/media/znmnjjrr/ppr_healthcare_optional_metrics_011 12022_final.pdf

9. Are any metrics self-reporting without the clinical markers? This sounds like people who get PRx have to enlist in medical research?

    The participant-level evaluation follows a cohort-based pre- and post-project survey model from a subsample of participants. The core metrics survey includes measures of fruit and vegetable consumption and food security. The dietary assessment tool is 10-items from the Dietary Screener Questionnaire (DSQ) developed by the National Cancer Institute (NCI) Risk Factor Assessment Branch (RFAB) and administered in the 2009-2010 National Health and Nutrition Examination Survey. The DSQ captures daily cup equivalents of fruits and vegetables consumed. The food security assessment tool is the USDA Economic Research Service (ERS) 6-item Food Security Survey Module. The Food Security Survey captures household food security status on a scale from high or marginal food security, low food security, to very low food security. These measures are the foundation that proposals may build upon to advance the field.

    Collection of these measures may constitute human subjects research. All GusNIP grantees must protect the rights, privacy and welfare of human subjects that are recruited to participate in research activities. This is done by working with Institutional Review Boards (IRBs). IRB review ensures that research is ethical, unbiased, and complies with laws and regulations designed to protect program participants. The NTAE can help applicants navigate the IRB process and determine the best IRB through which to submit for approval.

    Please visit the suite of resources to help applicants navigate IRB requirements.

10. Are incentives for evaluation allowed (e.g., participants completing surveys)? If so, should that be included in the evaluation budget, or the grantee's budget?

    Proposed projects cannot provide cash or cash value items to incentivize the behavior of potential participants. Participants can, however, be reimbursed for their time and effort if they independently choose to complete an evaluation survey. Applicants may include compensation of participant time and effort under participant support costs, other direct costs, or the evaluation budget depending on who will administer the reimbursement. The value of compensation or stipend should be commensurate with the time and effort contributed. For example: survey completion is anticipated to take one hour, participants will be reimbursed $20; or, travel to the clinic is anticipated to be approximately 18 miles, participants will be reimbursed $10.

11. Who are participant surveys directed towards?

    Surveys are intended for any participant. However, the sample size is intended to be yearly. The NTAE will work with each grantee on an individual basis to determine the sample size and sampling plan.

12. What are USDA's expectations for GusNIP awardees?

Grantees and their participating firms are expected to comply with all policies and requirements laid out the RFA document as well as any GusNIP or SNAP/NAP policies or requirements further clarified in Q&As, memoranda, or other relevant USDA documents (including all applicable provisions of the Food and Nutrition Act of 2008 and SNAP regulations at 7 CFR 278). Grantees will be notified in writing of instances of noncompliance and will face serious repercussions for repeated instances of noncompliance.

Examples of such noncompliance include, but are not limited to, failure to timely report a change of Project Director (PD), failure to provide required evaluation data to Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center (NTAE), allowing unapproved firms to participate in a project, and/or incentivizing ineligible products, or exchanging incentives for cash.

First Instance of Noncompliance. If the grantee or the grantee's firms fail to comply with GusNIP or SNAP/NAP rules and this is the first instance of noncompliance associated with that grantee, then the USDA will notify the grantee of the issue in writing and establish a timeline for corrective action. The general timeline for such corrective action is 30 calendar days, although the timeline may be extended or shortened depending on the nature and extent of the issue at hand at the discretion of the USDA.

If the grantee fails to take required corrective action within the established timeline, then the USDA will immediately suspend that grantee's access to grant funds. Access to grant funds will be restored when corrective action has been taken.

Second Instance of Noncompliance. If the grantee or the grantee's firms fail to comply with GusNIP or SNAP/NAP rules and this is the second instance of noncompliance associated with that grantee, then the USDA will immediately suspend that grantee's access to grant funds, notify the grantee of the issue in writing and establish a timeline for corrective action. The general timeline for such corrective action is 30 calendar days, although the timeline may be extended or shortened depending on the nature and extent of the issue at hand at the discretion of the USDA. Access to grant funds will be restored when corrective action has been taken.

Third Instance of Noncompliance. If the grantee or the grantee's firms fail to comply with GusNIP or SNAP/NAP rules and this is the third instance of noncompliance associated with that grantee, then the USDA will immediately suspend that grantee's access to grant funds, notify the grantee of the issue in writing and establish a timeline for corrective action. In addition, the USDA will rescind 10% of the total Federal grant funding. The general timeline for such corrective action is 30 calendar days, although the timeline may be extended or shortened depending on the nature and extent of the issue at hand at the discretion of the USDA. Access to the remaining grant funds will be restored when corrective action has been taken.

Further Instances of Noncompliance. If the grantee or the grantee's firms fail to comply with GusNIP or SNAP/NAP rules and more than three such instances of noncompliance have

already been documented, then the USDA will rescind the remaining Federal GusNIP grant funds in their entirety.

<u>Considering a History of Noncompliance during Application Evaluation.</u> A history of noncompliance with GusNIP or any other USDA grant policies and requirements will be considered during the grant application evaluation process as detailed in Part V. B, Evaluation Criteria.

Program Area Questions

1. GusNIP was appropriated $53M in FY2022. Why is available funding listed in the FY2022 Produce Prescription RFA $5M?

   The annual mandatory appropriations of $53M in FY2022 are for the entire GusNIP portfolio, nutrition incentive projects ($34M), produce prescription projects ($5M), NTAE ($7M), USDA administrative expenses ($4M), and Presidential sequestration order ($3M).

2. I saw the announcement on June 1. Does this announcement mean there will be more funding for new proposals?

   June 1, 2022, USDA announced the availability of an additional $22.5 million through the American Rescue Plan to support Produce Prescription proposals received in response to the 2022 GusNIP Produce Prescription RFA for a total of $27.5 million. Please visit the press release for more information.

3. Must State SNAP agencies sign off on any GusNIP Produce Prescription Project application?

   SNAP State Agency support is not required for Produce Prescription proposals. However, Produce Prescription applications **with a project design that involves SNAP transactions** and SNAP authorized firms must submit a SNAP State Agency letter of support and follow the SNAP firm MOU process. Additional information about SNAP policy may be found in the SNAP Policy FAQs on the GusNIP FAQs resource page.

   Produce prescription grant applications must include documentation of a partnership agreement with a healthcare partner in one of the following four categories: hospital, Federally-qualified health center, hospital or clinic operated by the Secretary of Veterans Affairs, or healthcare provider group.

4. Who is the GusNIP NTAE Center? Is there more than one?

   The GusNIP Nutrition Incentive Training, Technical Assistance, Evaluation, and Information Center (NTAE) Center is led by the Gretchen Swanson Center for Nutrition. In partnership with Fair Food Network, they created the Nutrition Incentive Hub, a coalition of partners including the Farmer's Market Coalition, National Grocers Association Foundation, Michigan Farmers Market Association, and Ecology Center. The Nutrition Incentive Hub

coalition of partners support produce prescription projects. Currently there is only one GusNIP NTAE Center.

The GusNIP NTAE's Nutrition Incentive Hub provides free one-on-one support - including templates, checklists, webinars, and other resources -- to all GusNIP grantees and applicants. Applicants are highly encouraged to take advantage of these technical assistance resources and services. Please visit the resource page at: https://www.nutritionincentivehub.org/resources.

The Nutrition Incentive Hub also offers several resources specifically developed to assist with the Request for Applications (RFA). These resources can be found here: https://www.nutritionincentivehub.org/resources/resources/gusnip-request-for-applications/2022-rfa-resources

For specific questions related to proposal development or implementation, the technical assistance team may be reached at: ta@nutritionincentivehub.org.

For specific questions related to reporting and evaluation, please contact evaluation@nutritionincentivehub.org.

5. Is there technical assistance provided before and/or after the grant is awarded?

    The GusNIP NTAE's Nutrition Incentive Hub provides free one-on-one support to potential applicants (before) and grantees (after) of the GusNIP produce prescription program.

    Before submitting their proposal all applicants are required to have a consultation session of approximately 1 hour with the GusNIP Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center's (GusNIP NTAE Center's) Nutrition Incentive Hub for free one-on-one support and to review general pitfalls. Free one-on-one support includes templates, checklists, webinars, and other resources. To document completion of this consultation all applicants must include a letter of support from the GusNIP NTAE Center in their proposal. The opportunities for applicants to engage in the required NTAE consultation session and instructions for requesting the verification letter are available on the Nutrition Incentive Hub 2022 RFA resources page: https://www.nutritionincentivehub.org/resources/resources/gusnip-request-for-applications/2022-rfa-resources

6. Does the prime applicant only have to attend the NTAE sessions, or would it have to be any subs or partners too?

    The Project Director must attend the consultation. Additional partners and team members are also welcome.

7. Can we join the practice groups even though we are not currently grantees?

Yes, communities of practice are open. All are encouraged to attend, no matter your experience level with the topic! Learn more here: https://www.nutritionincentivehub.org/join-our-community

8. What information needs to be included in a letter of support?

    These letters should acknowledge the support and contributions of partner organizations, provide evidence of broad community involvement in both planning and decision-making. Additionally, letters of support for each key organization are limited to two (2) pages and should be uploaded to Field 12.

9. Do PPR proposals need to serve all residents in an entire county?

    PPR projects may be proposed by groups developing program at less than the county level. A project in one healthcare facility is eligible. Applicants should request a budget and project period commensurate with the proposed project.

10. Do PPR smaller scope projects need to be under $100,000 for up to 1-year in duration?

    Project proposals submitted to the PPR program area may be for up to 3 years in duration and of $500,000 or less. All PPR program area grantees are required to participate in the comprehensive GusNIP evaluation.

11. Must participants in PPR projects be receiving SNAP or eligible for SNAP?

    Being eligible for SNAP is one part of determining eligibility to participate in a produce prescription project. It is not the only criterion for eligibility, and it is not required.

    Individuals can participate in a Produce Prescription project if they are eligible for the following: (1) benefits under the Food and Nutrition Act of 2008 (7 U.S.C. 2011 et seq.); or (2) medical assistance under a State plan or a waiver of such a plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and enrolled under such plan or waiver; and (3) a member of a low-income household that suffers from, or is at risk of developing, a diet-related health condition.

    To be eligible to participate in a produce prescription project the individual may either meet items (1) and (3) or items (2) and (3) above.

12. How are you defining underserved and underrepresented communities? Those which don't have PPR programs, or historically underserved communities such as communities of color, etc?

    Underrepresented geographies listed in the RFA are States and US Territories that do not have GusNIP produce prescription projects.

    Historically underrepresented communities include Tribal communities, communities of color, LGBTQ+, individuals with disabilities, Veterans, rural and remote communities,

insular areas, or communities with residents predominantly living under the Federal poverty line.

13. What are common reporting requirements in addition to the NTAE program reporting requirements?

Annually, NIFA requires the submission of progress and financial reports into a system. called REEport. Additionally, a Federal Financial form SF-425 is due annually. NIFA's [Manage a Grant](#) website provides further information on annual reporting.

14. About how many applications do you typically receive? Curious about funding percentage.

The success rate in FY2021 was 24%.

Application Questions

1. Can organizations who apply to the GusNIP Nutrition Incentive Program submit a GusNIP Produce Prescription Program application?

Yes, the same organization may submit a Produce Prescription proposal and a Nutrition Incentive Program proposal. Applicants are encouraged to think critically about their organization's capacity to complete the work proposed.

2. When is the estimated start date for funded applicants?

The start date of the grant must be no later than September 30, 2022.

3. Do the 15-pages in the project narrative include charts and tables? Is there a page limit for charts and tables? Do charts and tables have to be at the end or can they be woven throughout?

Charts and tables are included in the 15-page project narrative. The project narrative must not exceed 15-pages, 1.5 spaced including written text, figures, and tables with 1-inch margins. The font size for text and tables should be no smaller than 12 points, Times New Roman. There is no limit to the number of pages an applicant may dedicate to figures, tables, or charts within the overall 15-page limit. Figures, tables, or charts may be woven throughout the narrative, it is not required for them to be at the end of the narrative following the text. We have established this maximum (15 pages) to ensure fair and equitable competition. Applications exceeding this limit may be administratively declined without review.

4. There used to be a recommendation that a table of activities to achieve the project goals be no more than 3 pages. Is this recommended for the 2022 RFA?

In 2022, it is recommended to include a table with implementation details in the Activities to Achieve the Goals section of the project narrative. A recommended length has been

removed. Applicants may determine the length appropriate to best communicate their proposed project.

5. Are MOUs and/or Data Use Agreements required in the application or after award?

   Before a firm or clinic can participate in a GusNIP Produce Program project, the applicant/grantee organization and the partner firm must execute a signed MOU or Data Use Agreement. The signed Agreement provides grantees with a means to ensure that the partner firm understands their role and responsibilities, including following GusNIP policy and that core program data sets must be submitted to the NTAE. Signed Agreements need not be included in the application but should be available upon NIFA's request during the active award period while the partner participation is in place.

   MOU Resource - https://www.nutritionincentivehub.org/media/fxla45yw/gusnip-firm-mou-template-2019.docx

6. Are Medicaid, Medicare, and VA health plans the only ones that qualify as State health plans?

   State-run medical assistance health plans qualify participants as eligible for PPR programs. Medicaid, Medicare, Veterans Affairs Health Plans, and CHIP are some examples. Medical assistance and waivers do vary by state. Please reach out if you have a specific form of medical assistance in your state that you feel may be eligible.

7. Will applications from outside the target geographies or populations not be considered at all?

   All applications that meet the initial screening criteria in the RFA will be considered for funding; proposals serving underrepresented communities and geographies will be prioritized.

8. Can Produce prescription incentives be provided to additional members of the household who may not be the eligible patient?

   The dosage for a produce prescription should be determined in partnership with the healthcare provider. There are PPR projects where the dosage of the prescription is written at the household level. Be sure to make this clear in the project narrative.

9. Is there a template partnership agreement for State Medicaid Agency?

   A template Medicaid State Agency Agreement is available at:
   https://www.nutritionincentivehub.org/gusnip-app

10. There used to be a requirement that at least 50% of the budget be dedicated to produce prescriptions. Is this required in the 2022 RFA?

No, there is no funding allocation guidance in the 2022 RFA. The funding allocation requirement was removed to provide more flexibility to applicants when preparing project budgets. Applicants may divide their budget as it fits the work proposed. Anything to do with the budget information should be provided in the Budget and Budget Justification section. The GusNIP comprehensive evaluation has found that altogether active GusNIP nutrition incentive projects and GusNIP produce prescription projects allocated 68% of project budgets toward direct incentives in Year 1 (September 1, 2019 to August 31, 2020) and 75% of project budgets toward direct incentives in Year 2 (September 1, 2020 to August 31, 2021).

11. Would costs associated with obtaining claims data be allowable?

    Costs associated with administrative claims data from healthcare encounters may be allowable if they are necessary and reasonable for the performance of the program and are adequately documented.

12. Based on the information from the RFA, this sounds to us like we can submit our indirect cost rate that we have calculated from audits (but is not a federally negotiated rate yet), and if awarded we will go through the process of submitting the indirect rate package for review. Does this sound accurate?

    You may estimate what you think your indirect cost rate is and the amount and put that on the budget pending negotiation. However, please note, it may take six to nine months to negotiate a rate if NIFA is your cognizant negotiating agency. The funds for the indirect costs will not be released for payment until the rate has been approved. More information can be found here.

13. As the federal government is behind in reviewing and issuing new indirect cost agreements, can an entity budget its current, or recently expired, IDC rate for a grant application if the new agreement is under negotiation?

    Requirements for the development and submission of indirect cost rate proposals differ by entity type (2 CFR Part 200.414(e)). For budgeting purposes, an entity may elect to use the most recent indirect cost rate or a reasonably estimated indirect cost rate that will be negotiated. Upon award, indirect costs will be withheld until a new agreement is produced.

14. Is there any subaward restriction?

    The RFA Sub-award Restrictions require no more than 33% of the budget be sub-awarded without prior NIFA approval from the National Program Leader.

15. Can you submit projects that are shorter than three years?

    Yes, applicants may propose 3-year projects, 2-year projects, or 1-year projects. NIFA makes awards in 12-month increments.

16. Can we get assistance with registering for the SAM number from you or your team?

    To start the SAM.gov registration process, please visit: https://sam.gov/content/entity-registration. On April 4, the unique entity identifier changed from the DUNS Number to the Unique Entity ID. Entity registration now requires use of the new Unique Entity ID. New entities can get their Unique Entity ID at SAM.gov

17. Is this application available annually or does it only come across every 3 years?

    GusNIP produce prescription program is a mandatory program with an RFA released each year. The maximum project duration that can be proposed is 3 years.

18. Do you share lists of funded awards from the past?

    Previously funded PPR projects - FY2019, FY2020, & FY2021 GusNIP Produce Prescription Projects - can be found here: https://cris.nifa.usda.gov/cgi-bin/starfinder/0?path=fastlink1.txt&id=anon&pass=&search=(GC=PPR)%20%20AND%20(IY=2019;2020;2021)%20&format=WEBTITLESG

19. Is pre-award spending allowable?

    NIFA authorizes award recipients to incur project costs up to 90 calendar days before the Federal award start date. Expenses more than 90 days pre-award require prior approval from NIFA. Costs incurred, may be reimbursed after the Federal award start date, but are at the risk of the recipient. NIFA is not required to reimburse costs if for any reason the: (1) award is not made; (2) award is less than anticipated; or (3) award is inadequate to cover such costs. If charged to the award, these costs must be charged to the initial budget period of the award, unless otherwise specified by NIFA.

20. Where on the research and related budget form should costs associated with nutrition incentives be placed?

    Budget allocated for direct incentives to participants should be in Section E line 5 Other Participant/Trainee Support Costs.

For additional questions, please see contact information in the RFA