

Disability and Health Secondary or Existing Data Analysis RFP | FAQs

IDC and Budget:

1. Is there a max IDC amount?
In order to remain competitive and to have the project receive as much of the limited funds as possible, we encourage an indirect cost rate not to exceed 28.25%
2. Is IDC capped at 10% or is that just a placeholder on the budget sheet?
See above.
3. Is the IDC MTDC or TDC?
Please note the items that cannot be included in this budget. IDC should be calculated based on TDC.
4. Could you clarify if the award amounts are Direct or Total Cost?
Award amounts are Total Cost (including IDC).

Other:

1. Will the award be coming from AUCD or ASTHO?
The funds came from CDC but are provided by ASTHO to AUCD for this contract.
2. Are the funds federal, state, etc?
The funds came from CDC but are provided by ASTHO to AUCD for this contract.
3. Do we have to submit a signed MOU? Can we submit redlined documents outlining the changes that we would be requesting?
Yes, you can submit a signed MOU even if it has been redlined. The proposal response is most important. If you cannot submit a signed MOU, upon selection we will finalize the MOU.
4. Seeing the eligibility criteria says "Eligibility: All states and territories in good standing with ASTHO are eligible to apply," can nonprofit 501(c)3 organizations apply? Does the applicant need to be the state public health agency or as a university within an ASTHO member state are we eligible to apply directly?
The applicants can be non-state level agencies. Good standing with ASTHO means that there have been no previous issues with contracts. ASTHO can check on that status for the applicants with the contracts team as awardees are finalized as well.
5. What data sources aside from the publicly available BRFSS and ACS, do you recommend the applicants should have access to? Given the following... "Data sources could include but are not limited to large national surveys, surveys that are representative of the applicant's state, territorial, local, or tribal jurisdiction, claims-based data sources, vital records, disease registries, or other data sets that include population-based cohorts of people with disabilities."
National, state or local existing data sets that you have access.
6. Does emergency preparedness need to be an integral part of the research question? There are multiple points in the RFP with examples of topics, some referencing emergency preparedness and others with broader topics related to disability and health. I'm looking for some clarity on this point to refine our research question.
Emergency preparedness does not have to be a part of the question, the broader disability and health applies