U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

HIV/AIDS Bureau

Division of Community HIV/AIDS Programs

Ryan White HIV/AIDS Program Part C Capacity Development Program

Funding Opportunity Number: HRSA-24-062

Funding Opportunity Type(s): New

Assistance Listing Number: 93.918

Application Due Date: April 16, 2024

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
We will not approve deadline extensions for lack of registration.
Registration in all systems may take up to 1 month to complete.

Issuance Date: February 16, 2024

Brian Fitzsimmons
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HIV/AIDS Bureau
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See Section VII for a complete list of agency contacts.

Authority: 42 USC § 300ff-54(c)(1)(B) (Title XXVI, § 2654(c)(1)(B) of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in Section VII Agency Contacts.

SUMMARY

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part C Capacity Development Program
Funding Opportunity Number:	HRSA-24-062
Assistance Listing Number:	93.918
Due Date for Applications:	April 16, 2024
Purpose:	To strengthen organizational infrastructure to respond to the changing health care landscape and to increase capacity to develop, enhance, or expand access to high-quality HIV primary health care services for low-income and underserved people with HIV.
Program Objective(s):	The Part C Capacity Development Program supports one short-term activity that can be completed by the end of the one-year period of performance.
Eligible Applicants:	- Public or private, non-profit entities - Community-based organizations - Tribal (governments, organizations) See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2024 Total Available Funding:	$9,000,000
Estimated Number and Type of Award(s):	Up to 60 grants
Estimated Award Amount:	Up to $150,000 per award subject to the availability of appropriated funds

Cost Sharing or Matching Required:	No
Period of Performance:	September 1, 2024, through August 31, 2025 (1 year)
Agency Contacts:	**Business, administrative, or fiscal issues:** Bria Haley Grants Management Specialist HRSA Division of Grants Management Operations, Office of Federal Assistance Management Email: BHaley@hrsa.gov **Program issues or technical assistance:** Brian Fitzsimmons Public Health Advisor Division of Community HIV/AIDS Programs, HIV/AIDS Bureau Email: AskPartCCapacity@hrsa.gov

Application Guide

You (the applicant organization / agency) are responsible for reading and complying with the instructions included in this NOFO and in *HRSA Application Guide (Application Guide)*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

HRSA has scheduled the following webinar:

> Day: Tuesday, March 5, 2024
> Time: 2 – 4 p.m. ET
> Weblink: https://hrsa-gov.zoomgov.com/j/1619131538?pwd=ak9BaW5mRVhpZC8rQWtxbytSbFEwQT09
> Meeting ID: 161 913 1538
> Passcode: SKTdZ6eQ

Attendees without computer access or computer audio can use the following dial-in information.

> Call-In Number: 833-568-8864 US Toll-free
> Meeting ID: 161 913 1538
> Passcode: 82151360

We will record the webinar and make available on the TargetHIV Center website at https://targethiv.org/library/nofos.

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part C Capacity Development Program.

The purpose of this program is to strengthen organizational capacity to respond to the changing health care landscape and increase access to high-quality HIV primary health care services for low-income and underserved people with HIV.

Funding will support one short-term activity that can be completed by the end of the one-year period of performance. You may propose an expansion of an activity previously supported under FY 2022 or FY 2023 RWHAP Part C Capacity Development Program funding (HRSA-22-019; HRSA-23-052) or RWHAP Part D Supplemental funding (HRSA-22-037; HRSA-22-156: HRSA-23-050) for either an HIV Care Innovation or Infrastructure Development activity; however, **HRSA will not fund the same activity in FY 2024 as HRSA funded previously in FY 2022 or FY 2023**. If the proposed project is an expansion of a previously funded activity, you must provide a clear rationale for how the proposed activity builds upon and furthers the objectives of the previously funded HIV Care Innovation or Infrastructure Development activity. You may select only **one (1)** activity under the selected category.

HIV Care Innovation[1]

HIV Care Innovation activities support progress along the HIV care continuum to improve the health and increase the life spans of people with HIV and prevent new infections. If applying under this category, select only **one** of the four activities listed:

- Streamlining RWHAP eligibility
- Inclusive care for underrepresented communities with disproportionately high rates of HIV
- Intimate partner violence screening and counseling
- Coordination or integration of HIV primary care with oral health and/or behavioral health care

Infrastructure Development

Infrastructure Development activities support organizational development and will increase the capacity of organizations to respond to changes in the health care environment. If applying under this category, select only **one** of the three activities listed:

- Emergency preparedness

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[1] See Program Requirements and Expectations for more details.

- Telehealth
- Office dental equipment for expanding dental capacity

The selected activity should serve priority populations that are disproportionately impacted by the HIV epidemic and experience adverse health outcomes. Successful applicants will demonstrate the organization's intent and ability to sustain proposed HIV Care Innovation activities or proposed Infrastructure Development enhancements without additional federal funds beyond the one-year period of performance. Furthermore, successful applicants will demonstrate that the proposed activity will strengthen organizational capacity to respond to the changing health care landscape and increase access to high-quality HIV primary health care services for low-income people with HIV.

2. Background

The RWHAP Part C Capacity Development Program is authorized by 42 USC § 300ff-54(c)(1)(B) (Title XXVI, § 2654(c)(1)(B) of the Public Health Service (PHS) Act).

The [HRSA Ryan White HIV/AIDS Program](#) (RWHAP) provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds awards to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among priority populations.

The RWHAP has five statutorily defined Parts (Parts A, B, C, D, and F) that provide funding for core medical, support services, and medications; technical assistance (TA); clinical training; and the development of innovative interventions and strategies for HIV care and treatment to respond to emerging needs of RWHAP clients.

An important framework in the RWHAP is the HIV care continuum, which is comprised of the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication to achieve viral suppression. Supporting people with HIV to reach viral suppression not only increases their own quality of life and lifespan, but also prevents sexual transmission to an HIV-negative partner.

The HIV care continuum framework allows recipients and planning groups to measure progress and to direct HIV resources most effectively. RWHAP recipients are required to assess the outcomes of their programs and should work with their community and public health partners to improve outcomes across the HIV care continuum. HRSA encourages recipients to use the [performance measures](#) developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

Strategic Frameworks and National Objectives

National objectives and strategic frameworks like [Healthy People 2030](#), the [National HIV/AIDS Strategy (NHAS) (2022–2025)](#); the [Sexually Transmitted Infections National Strategic Plan for the United States (2021–2025)](#); and the [Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025)](#) are crucial to addressing key public health challenges facing low-income people with HIV. These strategies detail the principles, priorities, and actions to guide the national public health response and provide a blueprint for collective action across the Federal Government and other sectors. The RWHAP supports the implementation of these strategies and recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to the extent possible.

Expanding the Effort: Ending the HIV Epidemic in the United States

As demonstrated by recent data from the [2021 Ryan White HIV/AIDS Program Services Report (RSR),](#) the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2017 to 2021, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 85.9 percent to 89.7 percent. Additionally, racial and ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.[1]

The [Ending the HIV Epidemic in the U.S](#) (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. For the RWHAP, the EHE initiative expands the program's ability to meet the needs of clients, specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed and in care but not yet virally suppressed, to the essential HIV care, treatment, and support services needed to help them reach viral suppression.

Using Data Effectively: Integrated Data Sharing and Use

HRSA and the Centers for Disease Control and Prevention (CDC) Division of HIV Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, conducting needs assessments, determining unmet need estimates, reporting, quality improvement, enhancing the HIV care continuum, and public health action. HRSA strongly encourages RWHAP recipients to:

- Follow the principles and standards in the [Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action](#)

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[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2021. https://ryanwhite.hrsa.gov/data/reports. Published December 2022. Accessed December 13, 2022.

- Establish data sharing agreements between surveillance and HIV programs to ensure clarity about the process and purpose of the data sharing and utilization.

Integrated data sharing, analysis, and utilization of HIV data by state and territorial health departments can help further progress toward reaching the NHAS goals and improve outcomes on the HIV care continuum.

HRSA strongly encourages complete CD4, viral load (VL), and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems to benefit fully from secure integrated data sharing, analysis, and utilization. State health departments may use CD4, VL, and nucleotide sequence data to identify cases, stage of HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic in the United States can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

HRSA's RWHAP Compass Dashboard is an interactive data tool to allow users to visualize the reach, impact, and outcomes of the RWHAP and supports data utilization to understand outcomes and inform planning and decision making. The dashboard provides a look at national-, state-, and metro area-level data and allows users to explore RWHAP client characteristics and outcomes, including age, housing status, transmission category, and viral suppression. The RWHAP Compass Dashboard also visualizes information about RWHAP services received and the characteristics of those clients accessing the AIDS Drug Assistance Program (ADAP).

In addition, RWHAP recipients and subrecipients are encouraged to develop data sharing strategies with other RWHAP recipients and relevant entities to reduce administrative burden across programs. As outlined in Policy Clarification Notice 21-02, *Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program*, recipients and subrecipients should use electronic data sources (for example, Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces) to collect and verify client eligibility information, such as income and health care coverage (that includes income limitations), when possible. RWHAP recipients and subrecipients should first use available data sources to confirm client eligibility before requesting additional information from the client.

Program Resources and Innovative Models

HRSA has several projects and resources that may assist RWHAP recipients with program implementation. These include a variety of HRSA HIV/AIDS Bureau (HAB) projects focused on specific TA, evaluation, demonstration, and intervention activities. A full list is available on TargetHIV. Recipients should be familiar with these resources and are encouraged to use them as needed to support their program implementation.

Examples of these resources include:

- Access, Care, and Engagement Technical Assistance Center (ACE TA)

- Best Practices Compilation

- Center for Innovation and Engagement (CIE)

- Center for Quality Improvement and Innovation (CQII)

- Dissemination of Evidence-Informed Interventions (DEII)

- Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)

- Ending Stigma through Collaboration and Lifting All to Empowerment (ESCALATE)

- Engage Leadership through Employment, Validation, and Advancing Transformation and Equity for persons with HIV (ELEVATE)

- Integrating HIV Innovative Practices (IHIP)

- AIDS Education Training Center Program – National Coordinating Resource Center

II. Award Information

1. Type of Application and Award

Application type: New

We will fund you via a grant.

2. Summary of Funding

We estimate $9,000,000 will be available to fund approximately 60 recipients. You may apply for a ceiling amount of up to $150,000 (reflecting direct and indirect costs).

The period of performance is September 1, 2024, through August 31, 2025 (1 year).

This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, we will proceed with the application and award process.

45 CFR part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards applies to all HRSA awards.

III. Eligibility Information

1. Eligible Applicants

You can apply if your organization is in the United States and is:

- Public or private, non-profit

- Community-based organization

- Tribal (governments, organizations)

 Foreign entities are not eligible for this award. (§ 2652 of the PHS Act).

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

We may not consider an application for funding if it contains any of the following non-responsive criteria:

- Exceeds the funding ceiling amount; or

- Fails to satisfy the deadline requirements referenced in Section IV.4.

Maintenance of Effort

You must agree to maintain non-federal expenditures for early intervention services (EIS) (i.e., counseling of individuals with respect to HIV, high risk targeted HIV testing, referral and linkage to care, other clinical and diagnostic services related to HIV diagnosis, and the provision of therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV) at a level equal to or greater than your total non-federal expenditures for EIS during the most recently completed fiscal year prior to the competitive application deadline.

Federal funds should add to, not replace, existing non-federal spending for such activities. Complete the Maintenance of Effort (MOE) information and submit as *Attachment 8*.

We will enforce statutory MOE requirements through all available mechanisms.

Multiple Applications

You may submit multiple applications under the same Unique Entity Identifier (UEI), if each proposes distinct projects. We will only review your **last** validated application for each distinct project before the Grants.gov application due date of April 16, 2024.

IV. Application and Submission Information

1. Address to Request Application Package

We *require* you to apply online through Grants.gov. Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: How to Apply for Grants. If you choose to submit using an alternative online method, see Applicant System-to-System.

Note: Grants.gov calls the NOFO "Instructions."

Select "Subscribe" and enter your email address for HRSA-24-062 to receive emails about changes, clarifications, or instances in which we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You're responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *Application Guide* and this program-specific NOFO state. **Do so in English and express budget figures in U.S. dollars.** There's an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **30 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items do not count toward the page limit:

- Standard Office of Management and Budget (OMB)-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (Attachment 1)

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not in the HRSA-24-062 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-062 before the [deadline].

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[2] (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in [45 CFR § 75.371]. This includes suspending or debarring you.[3]
- If you cannot certify this, you must include an explanation in *Attachments 10-15: Other Relevant Documents*.

(See Section 4.1 viii "Certifications" of the *Application Guide*)

Program Requirements and Expectations

This section provides descriptions of the activities that you may select for funding. You may submit a proposal for only **one** of the following two categories: HIV Care Innovation or Infrastructure Development. You may select only one (1) activity under the selected category. You may propose an expansion of an activity previously supported under FY 2022 or FY 20023 RWHAP Part C Capacity Development Program funding ([HRSA-22-019]; [HRSA-23-052]) or RWHAP Part D Supplemental ([HRSA-22-037]; [HRSA-22-156]; [HRSA-23-050]) for either category; However, we will not accept applications that propose the same activity in FY 2024 that were funded previously under the NOFOs listed above.

- ▪ **HIV Care Innovation**

  - **Streamlining RWHAP eligibility**

    Consistent with the efforts of HRSA's HIV/AIDS Bureau (HAB) to implement best practices for facilitating rapid entry to HIV care and treatment, streamlined RWHAP eligibility seeks to minimize client burden by utilizing available data sources before requesting additional information from the client. Available sources of data that could verify eligibility may come from a variety of sources including health information exchanges, Medicaid enrollment, state tax filings, and enrollment and eligibility information collected from health care marketplaces.

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[2] See definitions at [eCFR :: 2 CFR 180.995 -- Principal.] and [eCFR :: 2 CFR 376.995 -- Principal (HHS supplement to government-wide definition at 2 CFR 180.995).]
[3] See also 2 CFR parts [180] and [376], [31 U.S.C. § 3354], and [45 CFR § 75.113].

Recent reports from RWHAP recipients and technical expert panels indicate some RWHAP recipients have begun to streamline their eligibility processes across their respective states, jurisdictions, and participating community-based organizations. Many HIV programs, including RWHAP recipients and subrecipients, could benefit from adopting best practices and understanding the facilitators and challenges to implementing such approaches.

- **Intimate partner violence screening and counseling**

    There has been an increased risk of intimate partner violence (IPV) and other forms of trauma since the onset of the COVID-19 pandemic. If you select this activity, you should implement IPV screening and counseling in the clinical setting and establish referral networks to community-based social service organizations. The activity must address one or more of the stages of the HIV care continuum. For resources addressing this topic, access the IPV Toolkit (Intimate Partner Violence Health Partners Toolkit) located on the HRSA Office of Women's Health website.

- **Coordination or integration of HIV primary care with oral health and/or behavioral health care**

    The National HIV/AIDS Strategy: 2022 – 2025 outlines the importance of improved coordination and integration of HIV primary care with other services. Integration between oral health care or behavioral health care services (including mental health services) and primary care can help improve health outcomes for people with HIV and reduce HIV-related disparities and health inequities.

    You may select this activity to coordinate or integrate behavioral health care to support the need and access to behavioral and mental health services for people with HIV. Applicants can develop strategies, policies, and procedures to improve care coordination and integration of HIV primary care with oral health and/or behavioral health care. Specific activities may include: developing policies and procedures to facilitate onsite provision of oral health care or behavioral health services; training staff to understand workflow and processes; and, developing policies and procedures to track and coordinate referrals for oral health care or behavioral health services.

    The proposed activity must address one or more of the stages of the HIV care continuum. **Hiring clinical staff is not allowable as part of this activity.**

- **Inclusive Care for underrepresented communities with disproportionately high rates of HIV**

    This activity will focus on educating health care professionals and front-line service staff about the health and social needs of underrepresented

communities with disproportionately high rates of HIV, such as transgender people with HIV, and how the provision of inclusive care can reduce HIV-related disparities and health inequities in this population. If you select this activity, you should implement inclusive care, education, and training in the clinical setting, and establish collaborative networks with other educational and training programs and community-based social service organizations serving underrepresented communities. **The activity must address at least *one* of the following two educational and training components critical to inclusive care for underrepresented communities with disproportionately high rates of HIV:**

1. *Didactic Training and Education:* Activities in this category should include training and education for clinical and administrative personnel on topics such as cultural competency, stigma, discrimination, and implicit bias, which can affect the quality of care and health outcomes. Additionally, educational content should address the social determinants of health, medical and pharmacological management of underrepresented communities with disproportionately high rates of HIV, such as transgender people with HIV. For mental health and psychosocial service providers, learning activities may also include training and education on trauma-informed, person-centered care.

2. *Model of Care Infrastructure and Clinical Application:* Activities in this category should include activities that facilitate an inclusive infrastructure of care. Examples may include modifying existing electronic health records (EHR), medical intake, or registration forms to be more inclusive, tailoring systems and forms to collect sexual orientation and gender identity (SOGI) data, and integrating social determinants of health (SDOH) data into EHR systems. Other activities may include other structural approaches such as integrating other services that support inclusive care, e.g., onsite pharmacy care, developing referral mechanisms and facilitating referrals to other medical and social support services that support person-centered care for underrepresented communities with disproportionately high rates of HIV, including transgender patients. Finally, this activity may include strategies that create a more physically inclusive and supportive infrastructure.

- **Infrastructure Development**

  - **Emergency Preparedness**

    Investment in emergency preparedness can help build much needed capacity of safety net clinics to protect their vulnerable populations at risk during public health emergencies and natural disasters.

    The Department of Health and Human Services (HHS) supports developing and strengthening the capabilities of health care systems, and their providers, to maintain services and continuity of care during public health emergences and medical disasters.

    The areas of focus for this activity are to address the development of organizational assessments of vulnerability, creation of an emergency preparedness plan, staff training and evaluation through drills and exercises, and identification of and collaboration with the local emergency management planners. The activity should result in the development of an implementation plan/toolkit and/or policies and procedures for effective preparation and response to natural disasters (e.g., hurricanes, floods, tornadoes) and public health emergencies (e.g., disease outbreaks) that will maintain continuity of operations and result in minimal interruption to care and treatment for people with HIV. For resources addressing this topic, access the [HHS](#) [Administration for Strategic Preparedness and Response](#) (ASPR) website; ASPR's 2022-2026 Health Care Preparedness and Response Capabilities Report, and the [ECRI Institute website.](#)

  - **Telehealth**

    The ability of patients to access care remotely though telehealth modalities continues to increase. Since telehealth technology allows for care delivery without regard to distance and without the need to travel, this modality can help improve access to quality health care for patients in rural/remote areas and patients that are hard-to-reach.

    [HRSA's Office for the Advancement of Telehealth](#) defines telehealth as *"the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health."* This definition includes patient counseling and case management. Telehealth also includes clinical activities such as [mHealth](#), telehomecare, remote monitoring, e-health, and tele-ICUs.

    If you select this activity, you must develop and acquire, through lease or purchase, computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and/or other equipment that furthers the objectives of the proposed telehealth activity. You must describe technology requirements

and each type of equipment to be employed. Include a concise description of the equipment's relevance to the project, its cost-effectiveness, timeliness, accuracy of care, and ease of use. Discuss the telehealth reimbursement environment and whether Medicare, Medicaid, and/or private insurance in your state(s) cover telehealth services. For resources addressing this topic, access HRSA's National Consortium of Telehealth Resource Centers or HRSA Telehealth Programs.

- **Dental Equipment for Expanding Dental Service Capacity**

  If you select this activity, you must purchase dental equipment for the purpose of developing, enhancing, or expanding oral health care services for people with HIV. Specifically, this activity involves creating or expanding a dental operatory in a clinic or in a mobile unit (e.g., van) through purchasing such equipment as dental patient chairs, sterilization units, X-ray imaging instruments, dental operating lights, operatory cabinets, hand pieces, etc.). **Purchase of a van is not allowable under this activity**.

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide.*

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	Review Criteria
Introduction	*Criterion 1: NEED*
Organizational Information	*Criterion 5: RESOURCES/CAPABILITIES*
Need	*Criterion 1: NEED*
Approach	*Criterion 2: RESPONSE*

Narrative Section	Review Criteria
Work Plan	*Criterion 2: RESPONSE* *Criterion 4: IMPACT*
Resolution of Challenges	*Criterion 2: RESPONSE*
Evaluation and Technical Support Capacity	*Criterion 3: EVALUATIVE MEASURES* *Criterion 5: RESOURCES/CAPABILITIES*
Budget Narrative	*Criterion 6: SUPPORT REQUESTED*

ii. *Project Narrative*

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- *Introduction -- Corresponds to Section V's Review Criterion(a) #1 Need*

  Clearly indicate the activity proposed under either HIV Care Innovation or Infrastructure Development. Briefly describe the purpose of the proposed activity. Clearly indicate the category under which the proposed activity falls: **1) HIV Care Innovation** or **2) Infrastructure Development.** Discuss why your local community and/or organization needs capacity development funds and how the proposed activity will develop, enhance, or expand access to high quality HIV primary care services for low income, uninsured, and underserved people with HIV. If the proposed activity is an expansion of a previously funded activity, clearly describe how the proposed activity builds upon and furthers the objectives of the previously funded activity in maximizing impact.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources/Capabilities*

  This section will help reviewers understand whom you will serve with the proposed project.

  Describe the organizational skills, capabilities, and resources, including staff that will contribute to your organization's ability to carry out the proposed activity. Highlight key staff with relevant expertise and experience with similar work. This information should align with the staffing plan provided in Attachment 6 and the biographical sketches of key personnel provided in Attachment 4.

  Describe the organizational resources that will be used to sustain, without additional federal funds, the project activities, and/or enhancements supported by this award beyond the one-year period of performance. In addition, describe your experience with the fiscal management of grants and contracts. Include information on your organization's experience managing multiple federal awards.

- *NEED-- Corresponds to Section V's Review Criterion #1 Need*

For **HIV Care Innovation activities**, clearly describe and document the priority population(s) and their unmet health care needs. More specifically, describe how the affected population(s) is disproportionately affected by the HIV epidemic and has poor health outcomes. Additionally, describe the service needs based on your evaluation of the gaps in the HIV care continuum for your priority population(s) with HIV that your organization serves. Provide data on the five stages of the HIV care continuum for your target population(s) with HIV using the most recent three calendar years of available data. You must clearly define the numerator and the denominator for each stage. Use the same numerators and denominators as outlined for the HHS HIV Core Indicators.

Regarding the **Streamlining RWHAP Eligibility** activity, discuss the administrative, policy, technological, service-related, and systemic challenges that affect the adoption and/or optimal application of promoting efficiencies to streamline RWHAP client eligibility determination and confirmation; reduce administrative burden of clients, recipients, and subrecipients; and increase client satisfaction.

Describe the method(s) you will use to conduct a local/regional systems assessment of RWHAP recipient organizations, care delivery systems, income based federal programs (e.g., health information exchanges; Medicaid; Supplemental Nutrition Program for Women, Infants and Children; Healthy Start; etc.), and/or state or local health care marketplaces to identify current administrative systems, electronic data sources, and tools utilized to determine client eligibility, confirm eligibility, and obtain client consent. Discuss how you will promote sharing and collaboration across all RWHAP parts and others who engage in the peer-to-peer information exchange.

For **Infrastructure Development activities**, clearly describe the gaps in organizational capacity that exist due to current limitations in system infrastructure. Include alterations you have made to the current service delivery system and how lessons learned will be applied to this activity. Provide information specific to the selected activity and describe how these gaps or limitations are affecting the optimal provision of quality HIV primary care services and/or affecting your organization's ability to optimize your response to the changing health care landscape.

Regarding **Emergency Preparedness**, discuss your organization's current capacity for responding to emergencies including public health emergencies, disaster preparedness, and continuity of operations. Include any recent capacity needs assessed in carrying out or continuing operations during a recent natural disaster or a public health emergency such as the COVID-19 pandemic. If you received funding under the FY2020 Coronavirus Aid, Relief and Economic Security (CARES) Act, discuss any impact of those awards on your organization's ability to maintain operations during emergency or disaster recovery. Discuss any

lessons learned or assessments of your organization's ability to operate under such conditions and how these funds will be utilized to improve current capacity.

- *APPROACH -- Corresponds to Section V's Review Criteria #2 Response*

Provide detailed information regarding the proposed methods that you will use to address the stated needs described in the needs section. In addition, provide information regarding involvement of people with HIV in the activity, collaboration and coordination efforts, and sustainability plans as follows:

- **Involvement of People with HIV**: People with HIV who receive services at a RWHAP-funded organization should be actively involved in the development, implementation, and evaluation of program and clinical quality management (CQM) activities. Describe how you will engage people with HIV and/or organizations that represent them in the implementation of this activity, including decision-making.

- **Collaboration and Coordination:** In describing the methods by which you will implement the activity, outline the partners and/or collaborating entities needed for this proposed activity, if applicable. Identify the tasks each partner proposes to perform and the amount of funding, if any, you expect to allocate to the partner. Include letters of agreement and/or memoranda of understanding from each partner and/or collaborating entity as Attachment 9.

- **Sustainability:** Describe how you will maintain the efforts set forth in this activity after the period of federal funding ends. For example, describe how you will support the maintenance of systems, the continuation of personnel time and effort on proposed activities, continued training of new staff, updates to workflows, policies, and procedures, etc. In addition, describe how you intend to share or disseminate relevant information and/or products developed through the funded activity and lessons learned with other providers in the community and/or collaborators to this project.

- *WORK PLAN -- Corresponds to Section V's Review Criterion #2 Response, #4 Impact and #6 Support Requested*

A work plan is a concise, easy-to-read overview of your goals, strategies, objectives, activities, timeline, outcomes, and staff responsible for implementing the program. **You must submit the detailed work plan for the 12-month period of performance of September 1, 2024 – August 31, 2025**. Describe the activity's goal, specify the objectives, and identify the key action steps that you will use to achieve the proposed goal. Use a timeline that includes each step of the proposed activity and target date for each step's completion and identifies staff responsible for the activities. Identify the measures you will use to evaluate success for each action step.

The work plan should detail the expected outcomes to demonstrate the impact of the project's activity. The expected outcomes can include changes in knowledge, awareness, attitudes, skills, behaviors, practices, or more. The outcomes must address at least one or more of the stages of the HIV care continuum. As appropriate, identify meaningful support and collaboration with key partners in planning, designing, and implementing all activities.

Please provide the above information in a table format with the following sections outlined: goal, objectives, action steps, timeline, person responsible, evaluation measures, and outcomes. Submit the work plan as Attachment 7

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criteria #2 Response*

Discuss challenges you are likely to encounter in the planning and implementation of your proposed HIV Care Innovation or Infrastructure Development project, including the impact of COVID-19 on organizational operations and proposed activities.

Describe the specific activities or strategies you will use to mitigate or resolve anticipated challenges in implementing your proposed activity.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion(a) #3 Evaluative Measures and #5 Resources/Capabilities*

Describe the systems and processes you will use to track measures and evaluate progress toward meeting the goals and objectives of the proposed activities. Explain how you will use data to improve service delivery. More specifically, address the following:

- **Data Collection and Management:** Describe the systems and processes that will support your organization's monitoring of the proposed activity, including performance measures and outcomes. Include a description of how your organization will collect, manage, and analyze data (e.g., assign skilled staff, data management systems, and software).

- **Project Evaluation:** Describe the evaluation plan that will monitor ongoing processes and progress toward the goals and objectives of the proposed activity. Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. Describe how you will share evaluation results internally with program staff and externally with key stakeholders (including people with HIV) to improve program implementation and outcomes.

If applicable, provide a brief description of the CQM program, how supplemental CQM activities are linked to the overarching RWHAP CQM work, and other resources devoted to CQM.

iii. *Budget*

The *Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which includes MOE for those projects that propose HIV Care Innovation projects).

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at 45 CFR § 75.307.

Specific Instructions

In addition, the RWHAP Part C Capacity Development Program requires the following:

Line item budget: In addition to the SF-424 Application Guide requirements, you must also provide the line item budget and budget narrative according to each object class category (e.g., Personnel, Fringe Benefits, Travel). The budget allocations on the line item budget must relate to the activities proposed in the project narrative, including the work plan.

The line-item budget requested must not exceed the total funding ceiling amount. In addition, the total amount requested on the SF-424A and the total amount listed on the line item budget must match. Please list personnel separately by position title and the name of the individual for each position title or note if position is vacant. In addition, designate the full-time equivalent (FTE). Upload the line-item budget as Attachment 5.

By law, not more than 10 percent of an RWHAP Part C Capacity award can be spent on administrative costs. You must allocate to administrative costs staff activities that are administrative in nature. To evaluate your adherence to RWHAP Part C Capacity statutory budget requirements, highlight in bold any administrative costs. For further guidance on the treatment of costs under the 10 percent administrative limit, refer to PCN 15-01 Treatment of Costs under the 10 Percent Administrative Cap for Ryan White HIV/AIDS Programs Parts A, B, C, and D.

Review PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds for allowable uses of RWHAP funds.

NOTE: HRSA recommends that you convert or scan the budgets into PDF format for submission. Do not submit Excel spreadsheets. Submit the program-specific line-item budget in a table format, listing the object class categories (e.g., Personnel, Fringe Benefits, Travel) in a column down the left-hand side.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Effective January 2024, the salary rate limitation is $221,900. As required by law, salary rate limitations may apply in future years and will be updated.

iv. *Budget Narrative*

See Section 4.1.v. of the *Application Guide.*

In addition to the requirements specified in the SF-424 Application Guide, RWHAP Part C Capacity Development Program requires a budget narrative that clearly explains the amounts requested for each line in the line item budget. The budget narrative must be clear and concise and the requested budget must correlate with the work plan.

v. *Attachments*

Provide the following attachments in the order we list them.

Most attachments count toward the application page limit. Indirect cost rate agreement (if it applies), funding preference, biographical sketches of key personnel, and proof of non-profit status are the only exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Proof of Non-Profit Status (required) (Does not count towards the page limit)
If your organization is a non-profit, you need to attach proof. We will accept any of the following:

- A copy of a current tax exemption certificate from the IRS.

- A letter from your state's tax department, attorney general, or another state official saying that your group is a non-profit and that none of your net earnings go to private shareholders or others.

- A certified copy of your certificate of incorporation. This document must show that your group is a non-profit.

- Any of the listed documents for a parent organization. Also include a statement signed by an official of the parent group that your organization is a non-profit affiliate.

Attachment 2: Funding Preference (required)(Do not count towards the page limit)

>   Provide information, including supporting documentation, data, and other details according to the instructions for funding preferences for either rural areas or underserved populations. **HRSA will review the information to determine whether you qualify for a funding preference.** See Section V.2 for more information.

Attachment 3: Federally Negotiated Indirect Cost Rate Agreement (If applicable) (Do not count towards the page limit)

>   Submit a copy of the current agreement.

Attachment 4: Biographical Sketches of Key Personnel (required) (Do not count towards the page limit)

>   Include biographical sketches for persons occupying the key positions described in *Attachment 6*, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 5: Program-specific Line-Item Budget (required)

>   Submit as a PDF document a program-specific line-item budget for the 1-year period of performance. Reference Section IV.2.iii for details.

Attachment 6: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's SF-424 Application Guide) (required)

>   Include a staffing plan that lists the key personnel who will be involved in the implementation of the proposed activity. Key personnel include the program director and other individuals who contribute to the programmatic development or execution of the activity in a substantive and measurable way, whether they are funded by the grant. Additionally, include the role, responsibilities, and qualifications, and credentials (if applicable) of proposed project staff. For each staff, note all sources of funding and the corresponding time and effort. It may be helpful to supply this information in a table. Provide a job description for any vacant positions on the proposed project. Keep each job description to one page in length as much as is possible. Also include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 7: Work Plan (required)

>   Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative.

Attachment 8: Maintenance of Effort (MOE) Documentation (required)

You must provide a baseline aggregate total of the actual expenditure of non-federal funds for EIS activities for your fiscal year prior to the application deadline and estimates for your next fiscal year using the following table. In addition, you must provide a description of baseline data and the methodology used to calculate the MOE.

NON-FEDERAL EXPENDITURES	
FY Prior to Application (Actual)	Current FY of Application (Estimated)
Actual prior FY non-federal funds, including in-kind, expended for EIS activities proposed in this application. Amount: $_____	Estimated current FY non-federal funds, including in-kind, designated for EIS activities proposed in this application. Amount: $_____

Recipients must maintain non-federal expenditures for EIS at a level equal to or greater than their total non-federal expenditures for EIS during the most recently completed fiscal year prior to the competitive application deadline.

The costs associated with the RWHAP Part C EIS include:

- Counseling of individuals with respect to HIV
- High risk-targeted HIV testing
- Referral and linkage to care
- Other clinical and diagnostic services related to HIV diagnosis, and periodic medical evaluations
- Providing therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV

Attachment 9: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) (if applicable)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. Not scored during the objective review.

Attachments 10-15: Other Relevant Documents (if applicable)
Include here any other documents that are relevant to the application. Please note that all optional attachments count toward the 30-page limit. Not scored during the objective

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: General Service Administration's UEI Update

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.[4]

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- System for Award Management (SAM) (SAM Knowledge Base)

- Grants.gov

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.

- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.

- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

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[4] Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)).

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) [more about this change on the BUY.GSA.gov blog](#) to know what to expect.

For more details, see Section 3.1 of the *Application Guide.*

*Note***:** Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Date

Your application is due on *April 16, 2024, at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

RWHAP Part C Capacity Development Program must follow the terms of [Executive Order 12372](#) in 45 CFR part 100.

See Section 4.1 ii of the *Application Guide* for more information.

6. Funding Restrictions

You may request funding for a period of performance of up to one year, at no more than $150,000 (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The General Provisions in Division H that reference the [Consolidated Appropriations Act, 2023 (P.L. 117-328)](#) apply to this program. See Section 4.1 of the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

Program-specific Restrictions

You cannot use funds under this notice for the following purposes:

- Funding restrictions included in [PCN 16-02](#)

- Charges that are billable to third party payors (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, Department of Housing and Urban Development (HUD) funding for housing services, other RWHAP funding including AIDS Drug Assistance Program)

- To directly provide housing or health care services (e.g., HIV care, counseling and testing) that duplicate existing services

- Payments for clinical research

- Payments for nursing home care

- Cash payments to intended clients of RWHAP services

- Purchase or improvement to land

- Purchase, construction, or major alterations or renovations on any building or other facility (see 45 CFR part 75 – subpart A Definitions)

- PrEP or non-occupational Post-Exposure Prophylaxis (nPEP) medications or the related medical services. As outlined in the updated November 16, 2021 RWHAP and PrEP program letter, the RWHAP statute provides grant funds to be used for the care and treatment of people with HIV, thus prohibiting the use of RWHAP funds for PrEP medications or related medical services, such as clinician visits and laboratory costs. RWHAP Part C Capacity funds can be used toward risk reduction counseling and targeted testing, a component of primary HIV care, which may include counseling and testing and information on PrEP to eligible clients and their partners, within the context of a comprehensive PrEP program.

- Purchase of sterile needles and syringes for the purpose of hypodermic injection of any illegal drug use. Some aspects of syringe services programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See Syringe Services Programs.

- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.

- Research

- Foreign travel

- Long-term activities; instead, the activities should be short-term in nature with a targeted completion by the end of the one-year period of performance.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *Application Guide.* We may audit the effectiveness of these policies, procedures, and controls.

- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We use six review criteria to review and rank RWHAP Part C Capacity Development Program applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (20 points) – Corresponds to Section IV's Introduction and Need

- **Introduction**

  - The extent to which the proposed project responds to the "Purpose" included in the program description.

  - The extent to which the application demonstrates the need and associated contributing factors to the problem.

- **Need**

- **HIV Care Innovation ONLY:**

  - The strength of the applicant's justification for the need for capacity development funds in the proposed service area and for the identified target population(s) based on the identified gap(s) in their HIV care continuum.
  - The completeness of the baseline data reported for each stage in the organization's HIV care continuum for the most recent three calendar years of available data with clear numerators and denominators that align with the HHS Common HIV Core Indicators.

- **Infrastructure Development ONLY:**

  - The strength of the applicant's justification for the need for capacity development funds to address gaps in organizational capacity that exists due to current limitations in system infrastructure.
  - The extent to which the applicant clearly describes how the system limitations are affecting the optimal provision of quality HIV primary care services.

Criteria 2: RESPONSE (25 points) – Corresponds to Section IV's Approach, Work Plan, and Resolution of Challenges

HIV Care Innovation *and* Infrastructure Development

- **Methodology** *(15 points)*

  - The extent to which the activities described in the application can address the need and attain the project objectives.

  - The clarity and strength of the roles for identified partners in the proposed project, and the tasks for each partner as described in the letters of support/commitment, if applicable.

  - The extent to which people with HIV and/or organizations that represent them are engaged in the implementation of the activity, including decision-making.

  - The strength and reasonableness of the proposed resources, organizational support, and organizational capacity to sustain project activities without additional federal funds beyond the one-year period of performance.

- **Work Plan** *(5 points)*

  - The strength and clarity of the proposed goals and objectives and their relationship to the identified project.

  - The strength of the proposed work plan (Attachment 7) as evidenced by measurable and appropriate objectives.

- **Resolution of Challenges** *(5 points)*

The extent to which the potential challenges in designing, implementing, and measuring health outcome improvement are identified and a plan to address the challenges is provided.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

HIV Care Innovation *and* Infrastructure Development

- The strength and effectiveness of the method proposed for data collection, monitoring and evaluation of project results and outcomes.

- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Work Plan

HIV Care Innovation *and* Infrastructure Development

- The extent to which the proposed goals, objectives, work plan activities (Attachment 7) address the health outcome gaps in the HIV care continuum.

- The extent to which activities outlined in the work plan can reasonably be completed in the 12-month period and the organization presents a plan for sustaining activities without additional federal funds.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information

HIV Care Innovation *and* Infrastructure Development

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project (Attachment 4).

- The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

- The extent to which the staffing plan (Attachment 6) is consistent with the proposed activity.

- The strength of the applicant's experience with the administration of federal funds and multiple awards.

- The strength and reasonableness of the proposed resources, organizational support, and organizational capacity to sustain project activities without additional federal funds beyond the one-year period of performance.

Criterion 6: SUPPORT REQUESTED (20 points) – Corresponds to Section IV's Budget AND Budget Narrative

HIV Care Innovation *and* Infrastructure Development

- The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work and are consistent with the applicant's stated plans for sustaining project activities without additional federal funds beyond the one-year period of performance.

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

- The extent to which the budget justification narrative fully explains each line item and justifies the resources requested, including proposed staff.

- The applicant's program-specific line-item budget, budget justification narrative, and SF-424A are aligned with each other.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO
- Funding Preferences

For this program, HRSA will use Funding Preferences

This program provides a funding preference for some applicants, as authorized by section 2654(c)(3) of the PHS Act. HRSA will grant only **one** funding preference to any qualified applicant that justifies their qualification. If your application receives a funding preference, it will be placed in a more competitive position among fundable applications. If your application does not receive a funding preference, it will receive full and equitable consideration during the review process. HRSA staff will determine the funding factor and will apply it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Qualification 1: Rural Areas

The criterion for this funding preference is based on the provision of HIV primary care services in a rural area. RWHAP recipients are defined as rural if their service area (in part or in whole) or main organizational address is in a HRSA Federal Office of Rural Health Policy (FORHP)-designated rural area. FORHP classifies all non-metropolitan counties, as defined by the Office of Management and Budget, as rural. In addition, FORHP uses Rural-Urban Commuting Area (RUCA) codes to identify other rural areas. For more information about what defines a rural area, visit FORHP's website at https://www.hrsa.gov/rural-health/about-us/definition/index.html. **To determine if your organization serves a rural area, refer to https://data.hrsa.gov/tools/rural-health.**

If your service area (either in part or in whole) or main organizational address is defined as rural by FORHP's Rural Health Analyzer, print out a screenshot of the result and include the printout as supporting documentation in .pdf format as Attachment 2.

If your organization does not provide HIV primary care services in a rural area, you can indicate "Not applicable" on Attachment 2.

Qualification 2: Underserved Populations

The criterion for this funding preference is the provision of HIV primary care services to underserved populations. Underserved populations include communities and subpopulations that do not have access to adequate HIV primary care services, as defined by HAB PCN 16-02. These gaps in the provision of HIV primary care services must be defined and documented in Attachment 2.

State in Attachment 2 whether your organization provides HIV primary care services for underserved populations. Provide:
- Data and information on overall HIV primary care gaps, including any inadequate or unavailable HIV primary care services, as defined by HAB PCN 16-02; and
- Data and information on specific HIV subpopulations served by your organization that are disproportionately affected by inadequate or unavailable HIV primary care services, as defined by HAB PCN 16-02.

If your organization does not provide HIV primary care services to underserved populations, you can indicate "Not applicable" on Attachment 2.

Attachment 2 is required for all applicants. HRSA will review the information and determine whether your application qualifies for a funding preference, although receipt of a funding preference is not a guarantee of funding.

NOTE: HRSA may fund out of rank order when applying these preferences.

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application (45 CFR § 75.205).

First, your application must get a favorable merit review. Then we:
- Review past performance (if it applies)
- Review audit reports and findings
- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the start date listed in the NOFO. See Section 5.4 of the *Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the *Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of 45 CFR part 75, currently in effect.

- Other federal regulations and HHS policies in effect. at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance measurement.

- Any statutory provisions that apply.

- The Assurances (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the Laws and Regulations Enforced by the HHS Office for Civil Rights.

Contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Executive Order on Worker Organizing and Empowerment (E.O. 14025) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. 45 CFR § 75.101 Applicability gives details.

Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
Implementing, acquiring, or upgrading health IT for activities by any funded entity	Use health IT that meets standards and implementation specifications adopted in 45 CFR part 170, Subpart B, if such standards and implementation specifications can support the activity. Visit https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-D/part-170/subpart-B to learn more.
Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Use health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.

If standards and implementation specifications adopted in [45 CFR part 170, Subpart B](#) cannot support the activity, recipients, and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at https://www.healthit.gov/isa/.

3. Reporting

Award recipients must comply with Section 6 of the *Application Guide* **and** the following reporting and review activities:

1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA

2) **Progress Reports**. The recipient must submit a progress report to us on a semi-annual basis. The first progress report is due six months after the period of performance start date. Additionally, a final report is due 90 days after the period of performance ends. The final report collects:

   - information relevant to program-specific goals and progress on the work plan (e.g. number of clients served, partnerships, etc.);
   - performance measurement data on HIV care continuum stages (to include baseline data and numerator/denominator for each HIV care continuum stage;
   - impact of the overall project;
   - the degree to which the recipient achieved the mission, goal, and objectives outlined in the program;
   - recipient accomplishments;
   - barriers encountered; and
   - responses to summary questions regarding the recipient's overall experiences during the one-year period of performance. Recipients will be expected to provide end-of-the-period of performance outcome data and demonstrate the impact of the project's activity. Further information will be available in the award notice.

The NOA will provide details.

Please Note: Recipients currently funded under the RWHAP Part C EIS and/or Part D WICY program who are successfully awarded through this NOFO will be required to provide updated progress on the impact of capacity funded activities. Recipients will provide updates through routine monitoring and progress reports (non-competing continuation applications). HRSA will request these updates for up to one year following the completion of the funded period of performance.

VII. Agency Contacts

Business, administrative, or fiscal issues:

> Bria Haley
> Grants Management Specialist
> Division of Grants Management Operations
> Office of Federal Assistance Management
> Health Resources and Services Administration
> Call: 301-443-3778
> Email: BHaley@hrsa.gov

Program issues or technical assistance:

> Brian Fitzsimmons
> Public Health Advisor
> Division of Community HIV/AIDS Programs
> Attn: RWHAP Part C Capacity Development Program
> HIV/AIDS Bureau
> Health Resources and Services Administration
> Call: 301-945-9820
> Email: AskPartCCapacity@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
Search the Grants.gov Knowledge Base

Once you apply or become an award recipient, you may need help submitting information and reports through HRSA's Electronic Handbooks (EHBs). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910
Electronic Handbooks Contact Center

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

See TA details in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

Appendix: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name *(Forms themselves do not count against the page limit)*	Attachment File Name *(Unless otherwise noted, attachments count against the page limit)*	# of Pages *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment = ___ pages*
Attachments Form	Attachment 1: Proof of Non-Profit Status	*(Does not count toward page limit)*
Attachments Form	Attachment 2: Funding Preference	*(Does not count against the page limit)*
Attachments Form	Attachment 3: Federally Negotiated Indirect Cost Rate	*(Does not count toward the page limit)*
Attachments Form	Attachment 4: Biographical Sketches	*(Does not count against the page limit)*
Attachments Form	Attachment 5: Program Specific Line Item Budget	*My attachment = ___ pages*
Attachments Form	Attachment 6: Staffing Plan annd Job Descriptions for Key Personnel	*My attachment = ___ pages*
Attachments Form	Attachment 7: Work Plan	*My attachment = ___ pages*

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Attachments Form	Attachment 8: Maintenance of Effort Documentation	*My attachment = ___ pages*
Attachments Form	Attachment 9: Letters of Agreement, MOUs, and/or Descriptions of Proposed/Existing Contracts	*My attachment = ___ pages*
Attachments Form	Attachment 10-15 Other Relevant Documents	*My attachment = ___ pages*
Attachments Form	Attachment 11	*My attachment = ___ pages*
Attachments Form	Attachment 12	*My attachment = ___ pages*
Attachments Form	Attachment 13	*My attachment = ___ pages*
Attachments Form	Attachment 14	*My attachment = ___ pages*
Attachments Form	Attachment 15	*My attachment = ___ pages*
Project/Performance Site Location Form	Additional Performance Site Location(s)	*My attachment = ___ pages*
Project Narrative Attachment Form	Project Narrative	*My attachment = ___ pages*
Budget Narrative Attachment Form	Budget Narrative	*My attachment = ___ pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-24-062 is 30 pages		**My total = ____ pages**