

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration**

HIV/AIDS Bureau  
Division of Policy and Data

***Ryan White HIV/AIDS Program Implementation Center for HIV Clinical  
Quality Improvement***

**Announcement Type: New  
Funding Opportunity Number: HRSA-17-034**

**Catalog of Federal Domestic Assistance (CFDA) No. 93.145**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2017

**Application Due Date: January 17, 2017**

*Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!  
Deadline extensions are not granted for lack of registration.  
Registration in all systems, including SAM.gov and Grants.gov,  
may take up to one month to complete.*

**Issuance Date: November 16, 2016**

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Authority: Section 311(c) of the Public Health Service (PHS) Act (42 U.S.C. § 243(c)) and sections 2606 (42 U.S.C. § 300ff-16) and 2654 (42 U.S.C. § 300ff-54) of the PHS Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87).

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) Division of Policy and Data (DPD) is accepting applications for fiscal year (FY) 2017 Ryan White HIV/AIDS Program (RWHAP) Implementation Center for HIV Clinical Quality Improvement. The purpose of this program is to assist RWHAP recipients and subrecipients with implementing clinical quality improvement methodologies and concepts. The activities outlined in this Funding Opportunity Announcement (FOA) align with the [Clinical Quality Management Policy Clarification Notice 15-02](#) (CQM PCN 15-02), which clarifies RWHAP program expectations for clinical quality management (CQM) programs, inclusive of quality improvement, infrastructure, and performance measurement. Although infrastructure and performance measurement are key components of CQM, this funding opportunity announcement (FOA) cooperative agreement will focus on quality improvement and improving patient health outcomes.

|   |   |
|---|---|
| Funding Opportunity Title:                  | Ryan White HIV/AIDS Program Implementation Center for HIV Clinical Quality Improvement  |
| Funding Opportunity Number:                 | HRSA-17-034   |
| Due Date for Applications:                  | January 17, 2017  |
| Anticipated Total Annual Available Funding: | \$1,500,000   |
| Estimated Number and Type of Award(s):      | 1 cooperative agreement   |
| Estimated Award Amount:                     | Up to \$1,500,000 per year  |
| Cost Sharing/Match Required:                | No  |
| Project Period:                             | July 1, 2017 through June 30, 2020 (three (3) years)  |
| Eligible Applicants:                        | Eligible applicants include public and nonprofit private entities including institutions of higher education and academic health science centers involved in addressing HIV related issues on a national scope. Faith-based and community-based organizations, Tribes, and tribal organizations also are eligible to apply.<br><br>[See <a href="#">Section III-1</a> of this funding opportunity announcement (FOA) for complete eligibility information.] |

### **Application Guide**

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where

instructed in this FOA to do otherwise. A short video explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

### **Technical Assistance**

A technical assistance webinar will be held on Tuesday, December 13, 2016 from 1-3pm ET. The conference line, passcode, and webinar link are below.

Conference Line: 888-324-6856

Participant passcode: 4002805

Webinars link: <https://hrsa.connectsolutions.com/foas-webinar/>

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# I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION

## 1. PURPOSE

This announcement solicits applications for the Ryan White HIV/AIDS Program (RWHAP) Implementation Center for HIV Clinical Quality Improvement. The purpose of this program is to assist RWHAP recipients and subrecipients with implementing clinical quality improvement methodologies and concepts, as required by the Ryan White HIV/AIDS Treatment Extension Act of 2009, to improve HIV health outcomes for people living with HIV (PLWH). The activities outlined align with the [Clinical Quality Management Policy Clarification Notice](#) 15-02 (CQM PCN 15-02), which clarifies RWHAP program expectations for clinical quality management (CQM) programs, inclusive of quality improvement, infrastructure, and performance measurement. Although infrastructure and performance measurement are key components of CQM, this funding opportunity announcement (FOA) cooperative agreement will focus on quality improvement and improving patient health outcomes. The cooperative agreement activities are priority areas for training and technical assistance (T/TA) which will require coordination with existing clinical quality improvement efforts.

The Implementation Center for HIV Clinical Quality Improvement shall focus on strategies to help RWHAP recipients and subrecipients identify and measure gaps in clinical processes and health outcomes, implement improvements, and assess the impact of improvement projects — all while using quality improvement methodologies, tools, and techniques. The Implementation Center for HIV Clinical Quality Improvement will assist RWHAP recipients and subrecipients with measuring HIV outcomes to meet program goals. In designing T/TA, the awardee will consider the challenges faced by RWHAP recipients and subrecipients related to health disparities in HIV outcomes for key populations identified in the National HIV/AIDS Strategy: Updated to 2020 (NHAS 2020) (i.e., gay, bisexual, and other men who have sex with men; Black women and men; Latino women and men; people who inject drugs; youth aged 13 to 24 years; people residing in the southern United States; and transgender women).

Applicants should have a firm understanding of HIV CQM programs to improve HIV outcomes for PLWH through enhanced access to quality core medical and support services. These improvements will be accomplished through providing T/TA on implementing quality improvement methodologies and concepts for RWHAP recipients and subrecipients. T/TA related to quality improvement is intended to maximally support recipients and subrecipients to design and deliver HIV care and support programs in alignment with the health care delivery system.

## **RWHAP IMPLEMENTATION CENTER FOR HIV CLINICAL QUALITY IMPROVEMENT PROGRAM REQUIREMENTS**

The RWHAP Implementation Center for HIV Clinical Quality Improvement is expected to develop and deliver T/TA for RWHAP recipients on issues related to quality improvement and quality management. There are seven (7) requirements in this FOA that the cooperative agreement is expected to achieve:

- 1) Offer levels of T/TA to support the overall goal of assisting RWHAP recipients and subrecipients with implementing quality improvement methodologies and concepts. The three levels of T/TA activities, expanded later in this announcement, are:
  - A. Training and Dissemination of Tools/Guides,
  - B. Targeted, time-limited TA; and
  - C. Communities of Learning.
  
- 2) Assess the impact of the T/TA provided to RWHAP recipients and subrecipients on health outcomes of PLWH using scientifically accepted methodologies. Monitor recipients' and subrecipients' efficiency and effectiveness in implementing T/TA. The results of the evaluation should be used to modify operations in order to improve T/TA activities. Implement and apply [National Quality Forum](#) endorsed, HAB developed, and/or HHS promoted performance measures throughout the three levels of T/TA.
  - A. Development and/or use of other performance measures must be:
    - i. Approved by HAB
    - ii. Consistent with the HHS HIV guidelines, available from <http://www.aidsinfo.nih.gov>
    - iii. Unique and non-duplicative of existing National Quality Forum endorsed, HAB developed, or HHS promoted measures
    - iv. Consistent with data already collected by RWHAP recipients and subrecipients as part of their clinical quality management program
    - v. Reflective of high quality care based on national prevention, care, or treatment guidelines appropriate for the specific measure
  
- 3) Measure achievement of RWHAP Implementation Center for HIV Clinical Quality Improvement objectives and impact of the project, then implement an internal continuous quality improvement plan to include:
  - A. Data collection plan and measurable outcomes to determine progress toward relevant evidence-based benchmarks
  - B. A system-level process with identified leadership, accountability, and dedicated resources available
  - C. Data-driven feedback into the quality improvement process to assure that goals are accomplished and that they are concurrent with improved outcomes
  
- 4) Participate in national HIV care and treatment conferences, by submitting abstracts for presentations and by disseminating information, relevant to the target audiences and work of this project. Potential abstracts on T/TA impacts and outcomes for national meetings/conferences should be proposed with HAB's input and approval.
  
- 5) Respond to requests by HAB for data and information related to project activities, HAB performance measures, and other HAB quality management initiatives.
  
- 6) Ensure the participation of the following key personnel:
  - A. Principal Investigator (PI) should possess a clinical/healthcare background

degree and offer at least 0.10 FTE on the project

- B. A Program Director (PD) with fiscal and programmatic authority for the management of the program who will be the contact person for HAB staff. The Program Director should have experience in project management, working with federal grants and cooperative agreements, have the skills and requirements addressed under the *Organization Information* in Section IV. 2, and have no less than 0.60 FTE associated with the funded project. This position must be responsible for the administration of the cooperative agreement, and 1) provides vision, 2) directs the strategic planning, operations, and capacity, 3) has the technical expertise in quality improvement, 4) supervises key tasks and staff, 5) clearly delineates staff responsibilities and roles, 6) creates the work plan and timelines, and 7) oversees program management.
- C. A program evaluator (minimum of 0.25 FTE) with impact evaluation expertise

7) Use the TARGET Center as the website to post and disseminate T/TA information, materials and products.

## 2. Background

This program is authorized by Section 311(c) of the Public Health Service (PHS) Act (42 U.S.C. § 243(c)) and sections 2606 (42 U.S.C. § 300ff-16) and 2654 (42 U.S.C. § 300ff-54) of the PHS Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L 111-87).

The RWHAP legislation addresses the unmet health needs of PLWH by funding core medical and support services that enhance access to and retention in care. First enacted by Congress in 1990, the law was amended and reauthorized in 1996, 2000, 2006, and 2009. The RWHAP reaches more than 500,000 individuals diagnosed with HIV each year, making it the Federal Government's largest program specifically for PLWH<sup>1</sup>. The goal of the RWHAP is to improve the availability and quality of HIV services for low income, uninsured, and underinsured individuals and families.

HIV disproportionately affects people in poverty, racial/ethnic minority populations, and others who are underserved by health care and prevention systems. As the payor of last resort, the RWHAP fills gaps in care not covered by other resources. The Program works with cities, states and local community-based organizations to provide HIV care and treatment services to more than half a million people each year, reaching approximately 52 percent of all those diagnosed with HIV in the United States.

The majority of RWHAP funds support primary medical care and essential support services. A smaller but equally critical portion is used to fund technical assistance, clinical training, and the development of innovative models of care. The Program serves as an important source of ongoing access to HIV medication that can enable people living with HIV to live close to normal lifespans.

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<sup>1</sup> 2014 Ryan White Services Report (RSR); December, 2015.

The RWHAP provides for significant local and state control of HIV health care planning and service delivery, which has led to many innovative and practical approaches to care delivery for PLWH. Applicants are encouraged to visit <http://hab.hrsa.gov/> for a comprehensive review of these programs.

HAB requires recipients to establish a CQM program as outlined in the RWHAP legislation in order to:

- Assess the extent to which HIV health services are consistent with the most recent HHS guidelines for the treatment of HIV disease and related opportunistic infections, and
- Develop strategies for ensuring that such services are consistent with the HHS guidelines for improvement in the access to and quality of HIV services.

### **Development of the RWHAP Implementation Center for HIV Clinical Quality Improvement**

The framework for the Implementation Center for HIV Clinical Quality Improvement builds upon current T/TA activities for CQM with a focus on clinical quality improvement and improving patient health outcomes. HAB will help identify the areas of need for T/TA based on recipient/subrecipient performance and HAB-implemented RWHAP site visit findings related to clinical quality improvement. A variety of input was reviewed in defining the T/TA priorities for this initiative including:

- Statutory language in Title XXVI of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)
- Goals, priorities and action steps of the NHAS 2020
- Findings from RWHAP site visits conducted between 2013-2015
- TARGET Center end-user evaluation data
- Select non-aligned experts in the field

### **Training and Technical Assistance**

HAB focuses on the integration of the RWHAP recipients and subrecipients within the health care delivery landscape, on supporting the implementation of NHAS 2020, and on data utilization to achieve better health outcomes for low income PLWH.

In this context, HAB designs, coordinates, and administers RWHAP T/TA activities. HAB responds to the evolving need for up-to-date HIV information, health care delivery, and management capabilities among RWHAP recipients and subrecipients. HAB provides T/TA through a comprehensive portfolio of contracts and cooperative agreements. HAB uses a number of resources and mechanisms to provide HIV and RWHAP-specific T/TA including:

- HAB Project Officers, staff, TA consultants and other HRSA staff
- Consultative meetings with RWHAP recipients, subrecipients, and representatives of professional groups
- AIDS Education and Training Centers (AETCs)
- Interagency agreements that promote federal HIV TA collaboration

- TA and logistics contracts that provide and support on-site TA, national and program-specific conference calls, webinars, regional trainings/meetings, special projects, development of TA tools/products, and information dissemination
- Cooperative agreements with organizations that provide multifaceted mechanisms for nationwide information dissemination and direct provision of T/TA
- Funding special evaluation studies that have T/TA relevance such as client-level demonstration projects and evaluation of the quality of care
- Dissemination of Special Projects of National Significance (SPNS) lessons learned and service models
- The HAB website: <http://hab.hrsa.gov/>
- The TARGET Center website: <https://careacttarget.org/>

## National HIV AIDS Strategy

The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020 or Strategy) is a five-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. To the extent possible, program activities should strive to support the four primary goals of [NHAS 2020](#):

- 1) Reduce new HIV infections;
- 2) Increase access to care and optimize health outcomes for PLWH;
- 3) Reduce HIV-related health disparities and health inequities; and
- 4) Achieve a more coordinated national response to the HIV epidemic.

Updated in 2015, the NHAS 2020 has fully integrated the objectives and recommendations of the [HIV Care Continuum Initiative](#) and the Federal Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities. The Strategy also allows for opportunities to refocus and strengthen the ongoing work in HIV prevention, care, and research.

Recipients should take action to align their organization's efforts, over the next five years, around the Strategy's four areas of critical focus:

- Widespread testing and linkage to care, enabling PLWH to access treatment early;
- Broad support for PLWH to remain engaged in comprehensive care, including support for treatment adherence;
- Universal viral suppression among PLWH; and
- Full access to comprehensive Pre-Exposure Prophylaxis (PrEP) services for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.

More information on how recipients can support the NHAS 2020, including the [Community Action Plan Framework](#), a tool to help recipients and other stakeholders in developing their own plans to implement NHAS 2020, can be found online at <https://aids.gov/federal-resources/national-hiv-aids-strategy/overview/>.

## HIV Care Continuum

The [HIV care continuum](#) includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of ART, and, ultimately, HIV viral suppression. The HIV care continuum performance measures align with the [U.S. Department of Health and Human Services] [HHS Common HIV Core Indicators](#), approved by the HHS Secretary. RWHAP recipients and providers submit data through the RSR. HAB collects the data elements needed to produce the HHS Common HIV Core Indicators (Indicators); uses the data to calculate Indicators, across the entire RWHAP; and reports six of the seven Indicators to the HHS, Office of the Assistant Secretary for Health. The HHS Common HIV Core Indicators may be updated in the future to align with changes to the National HIV/AIDS Strategy and/or national HIV care and treatment guidelines.

RWHAP recipients are asked to assess the outcomes of their programs along the HIV care continuum and work with their community and public health partners to improve outcomes, so that individuals with diagnosed HIV infection are linked to and engaged in care and started on ART as early as possible. HAB encourages recipients to use the RWHAP [performance measures](#), at their local level, to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

## II. AWARD INFORMATION

### 1. TYPE OF APPLICATION AND AWARD

Type of applications sought: New

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial programmatic involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

In collaboration with the cooperative agreement recipient, **HRSA will:**

- Contribute to and review documents prior to printing, dissemination, or implementation.
- Participate in the design, implementation, direction, and evaluation of T/TA activities, including meetings, training activities, or workshops.
- Provide assistance in the management and technical performance of activities to ensure the timely identification of organizations in need of assistance and the type of T/TA required.
- Provide assistance to and serve as a liaison between the cooperative agreement recipient, HRSA staff and RWHAP recipients/subrecipients in planning and implementing requested T/TA.
- Ensure integration of T/TA efforts and/or findings into HAB programmatic and data reporting efforts.
- Anticipate and respond to the changes taking place in the health care environment in relation to quality initiatives.

- Provide assistance in coordinating the T/TA efforts in the planning, development, and implementation of the various phases of these projects.

**In collaboration with HRSA, the cooperative agreement recipient will:**

- Provide T/TA to maximally assist RWHAP recipients with a focus on quality improvement and improving patient health outcomes.
- Collaborate with HAB project officers and other HRSA staff as necessary to plan, execute, and evaluate activities.
- Disseminate T/TA information and tools to RWHAP recipients and subrecipients.
- Work with HAB to modify activities, as necessary, to align with the changing trends and needs of the RWHAP recipients and clients.
- Work with HAB staff to ensure CQM T/TA delivered to RWHAP recipients are coordinated with other T/TA resources and activities.
- Create and align actions across three distinct activity areas: training, targeted time-limited TA, and Communities of Learning.
- Measure achievement of objectives and assess the impact of the T/TA provided to RWHAP recipients and subrecipients on health outcomes of PLWH using scientifically accepted methodologies.
- Monitor the efficiency and effectiveness in implementing T/TA.
- Coordinate with HRSA to address the T/TA needs of the target audience and assist with new/emerging strategic initiatives.
- Use the TARGET Center as the website to post and disseminate T/TA information, materials and products.

**2. SUMMARY OF FUNDING**

Approximately \$1,500,000 is expected to be available annually to fund one recipient. Applicants may apply for a ceiling amount of up to \$1,500,000 per year. The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is July 1, 2017- June 30, 2020 (three years). Funding beyond the first year is dependent upon the availability of appropriated funds for the Implementation Center for HIV Clinical Quality Improvement in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

This award is subject to the Uniform Administrative Requirements codified by HHS at 45 CFR part 75.

**III. ELIGIBILITY INFORMATION**

**1. ELIGIBLE APPLICANTS**

Eligible applicants include public and nonprofit private entities including institutions of higher education and academic health science centers involved in addressing HIV

related issues on a national scope. Faith-based and community-based organizations, Tribes, and tribal organizations also are eligible to apply.

## 2. COST SHARING/MATCHING

Cost sharing/matching is not required for this program.

## 3. OTHER ELIGIBILITY INFORMATION

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

## IV. APPLICATION AND SUBMISSION INFORMATION

### 1. Address to Request Application Package

HRSA **requires** applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 application package associated with this FOA following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

### 2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the FOA to do otherwise.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

### Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application

package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

**Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under the announcement.**

### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on this and other certifications.

### **Program-Specific Instructions**

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

#### ***i. Project Abstract***

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

#### ***ii. Project Narrative***

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- ***INTRODUCTION -- Corresponds to Section V's Review Criteria #1 Need and #2 Response***  
This section should briefly describe how the proposed project responds to the program requirements as described in Section I of this FOA. Describe the overall approach proposed in conducting the T/TA activities to support CQM with a focus on clinical quality improvement and improving patient health outcomes. Include documented experience showing that both the applicant organization's staff and proposed consultants have expert understanding of the RWHAP.
- ***NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need***  
This section should help reviewers understand the need for the T/TA as identified within the proposed activity of this initiative. Use and cite demographic data whenever possible to support the information provided. Include the

data/information gathering methods. Discuss the ability and expertise in identifying and developing T/TA that best addresses the needs of RWHAP recipients and subrecipients based on assessments of unmet needs, HIV prevalence data, targeted outreach with RWHAP recipients and subrecipients, geospatial mapping or other techniques aimed at locating areas of greatest need for these types of technical assistance and training. Discuss the current environment of curricula and resources on quality improvement methodologies appropriate for this project. Outline how the project's activities will contribute to the current national HIV environment and serve as a complement to the RWHAP.

▪ **METHODOLOGY -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact**

Propose methods that will be used to meet the described program requirements in this announcement. Please discuss why the methodologies chosen are appropriate for the program requirements as described in Section I and the identified target group(s). Discuss how the methodologies will respond to the requirements and outcomes of evaluative work completed. Describe how you will meet requirements for the three levels of T/TA activities as identified in the program requirements stated in Section I. Discuss past effectiveness of proposed methodologies.

You should explore a range of strategies and activities to meet the expectations described for the following activities. The activities should be replicable and support broad scale RWHAP communities.

- 1) **Training and Dissemination of Tools/Guides:** Develop and implement new and innovative training tools and guides with a focus on quality improvement and improving patient health outcomes. The delivery mechanism should use developed tools and guides appropriate for the purpose and objectives. Trainings should include, but not be limited to:
  - a. CQM introduction which will include background in CQM methodologies and concepts, CQM PCN 15-02, and overview of RWHAP funded services
  - b. Development and implementation of quality improvement programs and facilitating and coaching teams on implementing quality improvement
  - c. Consumer-focused sessions on CQM methodologies and concepts, consumer self-efficacy and effective consumer participation on quality improvement teams
  - d. Comprehensive training materials needed to execute T/TA
  - e. Development of up to two new online tutorials per year with topic and development review by HAB staff; annual review of existing tutorials to assess and implement updates
  - f. Methods to engage the HAB project officer in the review and approval of the concept, work plan, and products
  
- 2) **Targeted, Time-limited Technical Assistance:** Implementation of targeted, time-limited TA focused on quality improvement, as identified by HAB staff (as a result of HAB comprehensive, diagnostic, or technical

assistance site visit or as approved by HAB staff), with specified objectives and timeframes. The applicant should explore a range of strategies to fulfill the following components:

- a. Development of a standardized assessment tool to be used with RWHAP recipients and subrecipients
- b. Use of multiple communication and interaction methods to deliver TA
- c. Development and implementation of an electronically based method to share ongoing and timely TA progress and activities
- d. Identification of methods to engage the HAB staff in the management of targeted, time-limited TA including identification and resolution of challenges, management of caseload, and ability of applicant staff or consultants to maintain skills required to implement TA
- e. Assessment of the impact TA has on improving health outcomes

3) **Communities of Learning:** Develop, solicit participants for, implement, and evaluate Communities of Learning with a national or regional focus, depending on the needs of the RWHAP recipients and subrecipients.

Explore a range of strategies to fulfill the following components:

- a. The Communities of Learning will follow the Institute for Healthcare Improvement collaborative model  
<http://www.ihl.org/resources/pages/ihlwhitepapers/thebreakthroughseriesihiscollaborativemodelforachievingbreakthroughimprovement.aspx>.
- b. Use of quality improvement methodologies and concepts that lead to improved health outcomes for PLWH
- c. Develop and propose a mechanism for accelerating the launch by streamlining participant recruitment and engagement efforts, clearly defining participant expectations, and clearly outlining evaluation activities
- d. Timing and number of Communities of Learning will be determined based on the proposed focus and impact of the Community of Learning and number and/or geography of participants
- e. Develop a work plan to detail corresponding activities and timelines for both the implementation of Communities of Learning and recipient engagement
- f. Use virtual, in person, or a combination of methods to convene Communities of Learning
- g. Engage RWHAP recipients and subrecipients in Communities of Learning with a focus on specific patient populations or health outcomes
- h. Define roles and responsibilities of all participants including RWHAP recipients and subrecipients and applicant staff/consultants
- i. Develop methods to engage the HAB project officer and designated staff in the development, initiation, and management of Communities of Learning to include the identification of the need for the Communities of Learning, determination of the focus, identification and resolution of challenges, and ability of staff to

## manage Communities of Learning

- *WORK PLAN -- Corresponds to Section V's Review Criterion #2 Response*  
Discuss how these goals and objectives directly relate to the requirements and expectations of the program requirements outlined in Section 1. Describe how your organization will deliver each of the T/TA elements/activities to funded RWHAP recipients and subrecipients. Discuss any collaboration that will take place between your agency and other organizations or individuals in order to accomplish these activities. Describe how creative communication tools designed to facilitate information sharing, self-learning, and collaborative technical assistance will be developed and delivered. Complete a work plan table (include as **Attachment 1**) that corresponds with the work plan narrative. You may develop a work plan, in table format, which includes each project activity, action steps, intended target population, measurable outcome, target end dates, and the person(s) responsible for each step. The work plan must include goals, objectives, and outcomes that are SMART (specific, measurable, achievable, realistic, and time-oriented). The work plan should be comprehensive of all T/TA elements/activities as outline in Section I. Include communication tools to facilitate information sharing and activities. Include appropriate milestones (e.g., a significant or important event in the grant budget period) and any products to be developed.

The work plan, in suggested table format, should relate to the needs previously identified in the needs assessment and closely correspond to the activities described in the program narrative. The action steps are those activities that will be undertaken to implement the proposed project and also provide a basis for evaluating the program.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 Response*  
Discuss challenges that are likely to be encountered in designing and implementing the activities described in the needs assessment and work plan sections of the narrative. Discuss the strength of your methodology in identifying and responding to these challenges. Discuss approaches that will be used to resolve such challenges. Also discuss relevant challenges encountered in implementing similar work plans, and how these were resolved. Include a discussion of challenges in response to providing T/TA in specific TA focus areas outlined in the Program Requirements.
- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 Evaluative Measures*  
Describe the evaluation plan, inclusive of qualitative and quantitative measures, to be used concurrently with the development of T/TA activities to assure impact is measured. Include how the efficiency and effectiveness in implementing T/TA will be assessed. List the outcome evaluation questions that will be addressed by the project, in order to show if the project has met its objectives. Describe the scientifically accepted techniques/methods proposed to assess the impact of the T/TA provided to RWHAP recipients and subrecipients on health outcomes of PLWH. Consider elements that relate to changes in knowledge and skills, and

changes in practice or organizational structure. Describe how you plan to monitor your goals and objectives.

Describe the methods you plan to use to collect data. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As part of this section, discuss the effectiveness of methods proposed to monitor and evaluate the project and project results. Please include any developed evaluation tools as **Attachment 5** (optional).

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

Provide information on your current mission and structure, scope of current activities, and an organizational chart (**Attachment 4**). Discuss organizational capacity and specific areas of organizational expertise. Describe the organizational level of experience and understanding of the current and future health care funding and organizational environment in which RWHAP recipients and subrecipients operate. Describe collaborative efforts with partners, local recipients and subrecipients and their HAB program staff, and other pertinent agencies that enhance your ability to accomplish proposed projects. Explain how these efforts ensure broad national scope and secure specific expertise. Describe past performance managing collaborative federal grants at the national level. Describe the estimated percentage of total agency budget that funding for this cooperative agreement would make up, and note other sources of federal funding the applicant organization receives. Describe experience in management of federal funds. Describe the level of experience and number of years' experience in developing and disseminating informational materials and providing T/TA on CQM to HIV related organizations and constituencies on a national level.

Include biographical sketches, not to exceed two pages in length, for key personnel on the project as **Attachment 3**. The required key personnel are listed in the program requirements in Section 1. Include a description of the staff experience in the area of CQM, including ability to: effectively assess CQM programs in accordance with the CQM PCN 15-02, experience developing and implementing evaluation studies to assess the impact of T/TA, knowledge of RWHAP, ability to plan, implement, and evaluate TA, and ability to effectively use technology to transfer knowledge and skills including: no cost voice and video calls (e.g. Skype), webinar platforms (e.g. Adobe Connect), and conference calls. If a biographical sketch for an individual not yet hired is included, you must attach a letter of commitment signed by the individual.

Staff requirements: Applicant shall include a staffing plan and job descriptions for key personnel (**Attachment 2**) to illustrate expertise of staff as it relates to the scope of work proposed. Included in the key personnel are the positions required as listed in the program requirements in Section I. Describe how each of these individuals contributes to the ability of the organization to conduct and meet the program requirements.

Key personnel, at a minimum, must include:

- 1) Principal Investigator (PI) should possess a clinical/healthcare background degree and offer at least 0.10 FTE on the project
- 2) A Program Director (PD) with fiscal and programmatic authority for the management of the program who will be the contact person for HAB staff. The Program Director should have experience in project management, working with federal grants and cooperative agreements, have the skills and requirements addressed under the *Organization Information* in Section IV. 2, and have no less than 0.60 FTE associated with the funded project. This position must be responsible for the administration of the cooperative agreement, and 1) provides vision, 2) directs the strategic planning, operations and capacity, 3) has the technical expertise in quality improvement, 4) supervises key tasks and staff, 5) clearly delineates staff responsibilities and roles, 6) creates the work plan and timelines, and 7) oversees program management.
- 3) A program evaluator (minimum of 0.25 FTE) with impact evaluation expertise

| <b>NARRATIVE GUIDANCE</b>  |   |
|--|---|
| In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. |   |
| <b><u>Narrative Section</u></b>  | <b><u>Review Criteria</u></b>   |
| Introduction   | (1) Need and (2) Response   |
| Needs Assessment   | (1) Need  |
| Methodology  | (2) Response and (4) Impact   |
| Work Plan  | (2) Response  |
| Resolution of Challenges   | (2) Response  |
| Evaluation and Technical Support Capacity  | (3) Evaluative Measures   |
| Organizational Information   | (5) Resources/Capabilities  |
| Budget and Budget Narrative  | (6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested. |

### **iii. Budget**

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and, *if applicable*, the additional budget instructions provided below.

**Reminder:** The Total Project or Program Costs are the total allowable costs

(inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

In addition, the Ryan White HIV/AIDS Program Implementation Center for HIV Clinical Quality program requires the following:

Project Activity Budget

Applicants must submit a separate program-specific line item budget for the first year of the proposed project period. This budget will be uploaded as an attachment to the application as **Attachment 6**. Note: It is recommended that the budget be converted or scanned into a PDF format for submission. Do not submit Excel spreadsheets. It is recommended that a line item budget be submitted in table format, listing the program category costs. The budget should include personnel name and title, fringe benefits, total personnel costs, consultant costs by individual consultant, supplies, staff travel, other expenses by individual expense, total direct costs, indirect costs, and total costs. Annual salary and total project FTE should be included, as well as all costs by major activity.

Ensure that the key staff listed above under the Organizational Information section are included in the project budget.

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states, “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.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2017, as required by law.

**iv. Budget Narrative**

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#).

**v. Attachments**

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative.

*Attachment 1: Work Plan*

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

*Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. See key personnel requirements outlined in Section IV. ii. Organizational Information.

*Attachment 3: Biographical Sketches of Key Personnel*

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch. See key personnel requirements outlined in Section IV. ii. Organizational Information.

*Attachment 4: Project Organizational Chart*

Provide a one-page figure that depicts the organizational structure of the project, including subcontractors, and other significant collaborators.

*Attachment 5: Developed Evaluation Tools (optional)*

Include any evaluation tools that have been developed.

*Attachment 6: Program Specific Line Item Budget*

Include the program specific line item budget for the Year 1 proposed project period. Submit as a PDF document, not as an Excel spreadsheet.

*Attachments 7 – 15: Other Relevant Documents*

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

### **3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

**Applicants that fail to allow ample time to complete registration with SAM or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.**

#### **4. Submission Dates and Times**

##### **Application Due Date**

The due date for applications under this FOA is *January 17, 2017 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

#### **5. Intergovernmental Review**

The Implementation Center for HIV Clinical Quality Improvement program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's [SF-424 Application Guide](#) for additional information.

#### **6. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$1,500,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes:

- Provision of direct healthcare or supportive services,
- To develop materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual,
- PrEP or Post-Exposure Prophylaxis (nPEP) medications or the related medical services [RWHAP Part C and D recipients *may* provide prevention counseling and information to eligible clients' partners (also see the [June 22, 2016 RWHAP and PrEP program letter](#))],

- Syringe services programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See <https://www.aids.gov/federal-resources/policies/syringe-services-programs/>,
- Purchase or construction of new facilities or capital improvement to existing facilities,
- Purchase of or improvement to land,
- Purchase of vehicles,
- International travel, or
- Cash payments to intended clients of RWHAP services.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds is considered additive and must be used for approved project-related activities. Recipients are responsible for ensuring that subrecipients have systems in place to account for program income, and for monitoring to ensure that subrecipients are tracking and using program income consistent with RWHAP requirements. Please see 45 CFR §75.307 and [PCN #15-03 Clarifications Regarding the RWHAP and Program Income](#) for additional information.

## V. APPLICATION REVIEW INFORMATION

### 1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The Implementation Center for HIV Clinical Quality Improvement program has six review criteria:

#### *Criterion 1: NEED (5 points) – Corresponds to Section IV's Introduction and Needs Assessment*

- The extent to which the application demonstrates the problem and associated contributing factors to the problem.
- The extent to which the applicant describes the overall approach proposed in

conducting the T/TA activities to support CQM with a focus on clinical quality improvement and improving patient health outcomes.

- The extent of the applicant's ability and expertise to identify and develop T/TA that best addresses the needs of RWHAP recipients and subrecipients based on assessments of unmet needs, HIV prevalence data, targeted outreach with RWHAP recipients and subrecipients, geospatial mapping or other techniques proposed.

*Criterion 2: RESPONSE (45 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges*

Methodology (15):

- The extent to which the applicant plans to use current HAB approved or recommended curricula and resources as appropriate to the project.
- The extent to which the applicant's proposal demonstrates the ability to maximally assist RWHAP recipients and subrecipients to design and implement a CQM program.
- The extent to which the applicant provides a clear and comprehensive description of an effective methodology that accomplishes both the program requirements outlined in Section I and the general requirements outlined in Section II.
- The extent to which the applicant demonstrates past effectiveness of the proposed methodology in the same or similar areas of need.
- The strength and feasibility of the multiple methods proposed to deliver technical assistance to a larger portion of the RWHAP community than would be possible with on-site TA alone.
- The extent to which the project proposes utilizing principles of self-efficacy in work with consumers to empower them to make informed health choices, if applicable.
- The extent to which the project proposes several different mechanisms for technical assistance.

Work Plan (15):

- The extent to which the work plan includes goals and objectives that will meet the program requirements (as outlined in Section I) and corresponds to the described methodologies.
- The extent to which the activities of the work plan are measurable and achievable.
- The extent to which the timeline of the work plan is measurable and achievable.
- The extent to which the work plan includes, for each project activity, clear action steps, target populations, measureable outcomes, end dates, and responsible persons.
- The strength and usefulness of the proposed tools/products/resources to be developed as a result of the T/TA and the extent to which these will be applicable and useable for continued use after the life of this specific T/TA funding.
- The strength, clarity, and feasibility of the applicant's proposed activities to deliver each of the T/TA elements/activities as defined in Section I, to RWHAP-funded recipients and subrecipients, including collaboration(s) with other organizations or individuals to accomplish these activities.

- The clarity of the proposed plan and description of how they will develop and deliver creative communication tools designed to facilitate information sharing, self-learning, and collaborative technical assistance.

Resolution of Challenges (15):

- The strength of the applicant's understanding of challenges likely to be encountered in designing and implementing the activities described in the needs assessment and work plan sections of the narrative.
- The strength and feasibility of the activities/approaches/methodologies for identifying, addressing, and resolving these challenges.
- The extent to which the applicant was effective in implementing proposed methodologies in past projects.
- The strength of the applicant's ability to effectively resolve challenges in implementing similar work plans.
- The extent to which the application fully and clearly describes challenges in responding to the specific focus areas and in meeting the expectations of this program.

*Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity*

The strength and effectiveness of the method proposed to monitor and evaluate the project results. 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.

- The extent to which the proposed evaluation plan is clear, comprehensive, and feasible.
- The strength of the proposed quantitative and qualitative measures in demonstrating the impact of the T/TA activities.
- The strength of the proposed evaluation methodology in assessing the extent to which the project has met its objectives and if these results can be attributed to the project activities.
- The clarity and strength of the proposed method(s) to collect data and the appropriateness to the program.
- The strength of the proposed methods to monitor and evaluate the progress of the funded project and the results of the T/TA activities.
- The strength of the proposed evaluation plan in assessing outcomes as a result of the T/TA among the targeted RWHAP recipient(s) and/or subrecipient(s).

*Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Methodology*

The feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

- The strength of the proposed plan to disseminate findings of the project.
- The extent to which the applicant proposes delivering technical assistance to a larger portion of the RWHAP community.

- The extent to which the applicant demonstrates how any tools and resources developed will be constructed to provide continuing value to the widest audience.
- The strength of the proposed plan to use the findings of the evaluation activities to improve the impact of the technical assistance.
- The degree to which project activities are demonstrated to be replicable.

*Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV’s Organizational Information*

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. 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. This should also include the attributes of any contracted organizations.

- The extent to which the organizational capacity and specific areas of organizational expertise relate to the proposed project.
- The extent to which the applicant has demonstrated their performance in prior national level activities.
- The extent to which the applicant has demonstrated experience in the management of federal funds.
- The extent to which the expertise of the staff matches the needs of the project.
- The strength and feasibility of proposed collaborative efforts with other partners and organizations that will enhance the proposed project.
- The extent to which the staffing plan and position descriptions demonstrate the needed expertise for this project.
- The extent to which the applicant demonstrates the capability of the organization and its facilities to fulfill the terms of the cooperative agreement.
- The strength and appropriateness of proposed partner organization(s) or consultants, if applicable.
- The extent to which the applicant possesses experience, skills, and knowledge to implement the evaluation activities, including individuals on staff, materials published, and previous work of a similar nature.
- The extent to which the applicant possesses experience, skills, resources, and knowledge to successfully implement the T/TA.

*Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Budget and Budget Justification Narrative*

The reasonableness of the proposed budget for each year of the project period 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.
- The extent to which key personnel including the PI, PD, and program evaluator have adequate time devoted to the project to achieve project objectives.
- The extent to which the proposed budget is reasonable for each year of the project period in relation to objectives, the complexity of the activities, and the anticipated results.
- The extent to which the budget narrative clearly justifies the proposed staff, contracts, and other requested resources.

## **2. Review and Selection Process**

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials also may apply other factors in award selection, (e.g., geographical distribution), if specified below in this FOA. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

Past performance in managing contracts, grants and/or cooperative agreements of similar size, scope and complexity will be considered by HRSA. Past performance includes timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous awards, and if applicable, the extent to which any previously awarded federal funds will be expended prior to future awards.

## **3. Assessment of Risk and Other Pre-Award Activities**

The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)).

Applications receiving a favorable objective review that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of the applicant's management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or grants information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, the HRSA approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

#### **4. Anticipated Announcement and Award Dates**

HRSA anticipates issuing/announcing awards prior to the start date of *July 1, 2017*.

## **VI. AWARD ADMINISTRATION INFORMATION**

### **1. Award Notices**

HRSA will issue the Notice of Award prior to the start date of July 1, 2017. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### **2. Administrative and National Policy Requirements**

See Section 2 of HRSA's [SF-424 Application Guide](#).

### **3. Reporting**

The successful applicant under this FOA must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s)**. The recipient must submit a progress report to HRSA every four months. Further information will be provided in the award notice.

## **VII. AGENCY CONTACTS**

You may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

India Smith, Grants Management Specialist  
Attn.: Ryan White HIV/AIDS Program Implementation Center for HIV Clinical Quality Improvement  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, 10NWH04  
Rockville, MD 20857  
Telephone: (301) 443-2096  
Fax: (301) 443-6686  
E-mail: [ISmith@hrsa.gov](mailto:ISmith@hrsa.gov)

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Marlene Matosky, MPH, RN  
Nurse Consultant/Quality Specialist  
Division of Policy and Data Attn: Ryan White HIV/AIDS Program Implementation  
Center for HIV Clinical Quality Improvement  
HIV/AIDS Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 09N176B  
Rockville, MD 20857  
Telephone:(301) 443-0798  
Fax:(301) 443-1185  
E-mail: [mmatosky@hrsa.gov](mailto:mmatosky@hrsa.gov)

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding federal holidays at:

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
E-mail: [support@grants.gov](mailto:support@grants.gov)  
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays at:

HRSA Contact Center  
Telephone: (877) 464-4772  
TTY: (877) 897-9910  
Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

## VIII. OTHER INFORMATION

### Technical Assistance:

A technical assistance webinar will be held on Tuesday, December 13, 2016 from 1-3pm ET. The conference line, passcode, and webinar link are below.

Conference Line: 888-324-6856

Participant passcode: 4002805

Webinars link: <https://hrsa.connectsolutions.com/foas-webinar/>

## IX. TIPS FOR WRITING A STRONG APPLICATION

See Section 4.7 of HRSA's [SF-424 Application Guide](#).