# U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES


Office of the Administrator (OA)
Office of Global Health (OGH)

**Global Reach** I

**Funding Opportunity Number:** HRSA-21-066
**Funding Opportunity Type(s):** New
**Assistance Listings (CFDA) Number:** 93.266

## NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

## Application Due Date: May 10, 2021

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

**Issuance Date: March 11, 2021**

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Authority: Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601 et seq.], Public Law 110-293 (the Tom Lantos and Henry Hyde United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008), and Public Law 113-56 (PEPFAR Stewardship and Oversight Act of 2013).

# EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 for the Global Reach I Program. The purpose of this initiative is to collaboratively formulate and deliver high quality solutions across the range of programming required to achieve durable HIV epidemic control under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), emphasizing new and innovative approaches pursued jointly with HRSA and other stakeholders. An additional purpose is to assist with translating new science into programming and to mitigate the impact of forces such as global pandemics on the HIV response. Programs and activities are to span health services, structural interventions, and data use and tracking systems.

Ultimately, most annual PEPFAR appropriations are directed to individual countries, and inter-agency headquarters and country-based teams then allocate funding to individual funding mechanisms consistent with priorities and performance targets. These processes typically occur in the period January through April, and allocations to agencies and mechanisms are made and approved during this period. Priorities, targets and funding amounts vary from year to year.

Accordingly, this notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. This initiative may otherwise be cancelled prior to award.

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| Funding Opportunity Title: | Global Reach I |
| Funding Opportunity Number: | HRSA-21-066 |
| Due Date for Applications: | May 10, 2021 |
| Anticipated Total Annual Available in FY 2021: | $20,000,000 |
| Estimated Number and Type of Award(s): | Up to two (2) cooperative agreement(s) |
| Estimated Award Amount: | Up to $100 million over 5 years, subject to the availability of appropriated funds. |
| Cost Sharing/Match Required: | No |
| Period of Performance: | September 30, 2021 through September 29, 2026 (5 years) |

| | |
|---|---|
| Eligible Applicants: | Eligible applicants include domestic and foreign public and private nonprofit entities, including institutions of higher education, faith-based and community-based organizations, Tribes and tribal organizations, and for profit entities.<br><br>See Section III.1 of this notice of funding opportunity (NOFO) 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 NOFO to do otherwise.

## Technical Assistance

HRSA has scheduled the following technical assistance:

*Webinar*

Friday, March 26, 2021
Time: 11 a.m. - 12:30 p.m. EST
Call-In Number: 1- 888-730-9136
Participant Code: 5686097
Weblink: **https://hrsa.connectsolutions.com/nofo_pre-application/**

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice announces the opportunity to apply for funding under the Global Reach I Program.

The purpose of this initiative is to collaboratively formulate and deliver high quality solutions across the range of programming required to achieve durable HIV epidemic control, emphasizing new and innovative approaches pursued jointly with HRSA and other stakeholders. An additional purpose is to assist with translating new science into programming and to mitigate the impact of forces such as global pandemics in the HIV response. Programs and activities are to span health services, structural interventions, and data use and tracking systems.

Global Reach I encompasses four major categories of support:

1. HIV Direct Service Delivery
2. Human Resources for Health
3. Quality Improvement
4. Health System Strengthening

Global Reach I will also involve “reaching back” to HRSA’s broader expertise and equities, to be brought to bear on global health needs

## 2. Background

Statutory Authorities

Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601 et seq.], Public Law 110-293 (the Tom Lantos and Henry Hyde United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008), and Public Law 113-56 (PEPFAR Stewardship and Oversight Act of 2013).).

Overview

Global Reach I is the first in a series of new consolidated HRSA programs. It encompasses aspects of previous HRSA offerings under PEPFAR including:

- Resilient & Responsive Health Systems Initiative (RRHS)
- Resilient & Responsive Health Organizations Initiative (RRHO)
- Medical Education Partnership Initiative (MEPI)
- General Nursing Capacity Building Project (GNCBP) and sub-project Nursing Education Partnership Initiative (NEPI)

Global Reach I also includes successful elements of other HRSA initiatives supporting HIV treatment and care, and quality improvement.

HRSA's current PEPFAR portfolio is heavily involved in diverse programming in human resources for health as well as the emerging priority area of quality improvement. HRSA is again administering HIV treatment and care programs and is positioned to expand in this area where opportunities and gaps appear. HRSA also plans to support system strengthening necessary to migrate the leadership of the HIV response from the national level to district or county level to achieve and sustain epidemic control and to enhance local capacity beyond HIV.

HRSA administered PEPFAR care and treatment programs in ten countries or "operating units" (OUs) and successfully transitioned all of these programs to qualified local partners, nearly all of which remain PEPFAR implementing partners (IPs) today. HRSA administered diverse educational and training programs as well as other capacity building activities. HRSA continues to administer a number of special initiatives on behalf of PEPFAR including programs administered by Historically Black Colleges and Universities.

HRSA now aims to link all of its equities in the PEPFAR response. HRSA's PEPFAR program sits within the Office of the HRSA Administrator (OA) and Office of Global Health (OGH), and maintains strong links with the HIV/AIDS Bureau.

This structure provides greater visibility of the Program and provides access to other key Bureaus and Offices such as the Bureau of Health Workforce (BHW), Bureau of Primary Health Care (BPHC), Maternal and Child Health Bureau (MCHB), and the Federal Office of Rural Health Policy (FORHP).

Program Description

Mature PEPFAR implementing partners and the agencies working with them continue to march toward sustainable epidemic control. Gaps remain, and many of these gaps are consistent across many PEPFAR countries.

Within each country, the highest burden districts or counties are generally covered, and existing implementing partners tend to fill any newly identified geographic gaps.

Opportunities remain in OUs with continued weak performance across the HIV care continuum, particularly with interventions targeted to low coverage and poor performing modalities in prevention, testing, linkage, treatment including adherence and continuity of treatment, and viral load coverage and viral suppression. Key and priority populations and associated interventions present additional opportunities to optimize coverage and impact.

Countries in which HRSA has a team on the ground may provide particular opportunities to intervene in key areas, even in mature programs.

This is a moment for new innovative solutions, advanced and/or developed as part of the application process, with such discovery and dissemination, in collaboration with HRSA, to continue throughout the duration of this project.

HRSA will release several companion funding opportunity announcements during the same period as this announcement and with overlap in some program areas, with the intention of creating additional opportunities and partners to support a broader engagement in global health. HRSA 21-064 and HRSA-21-096 are among the companion announcements.

PEPFAR Country Operating Plan (COP) and Regional Operating Plan (ROP) funding will be the primary PEPFAR funding sources for this project, and the associated annual COP Guidance will define the contours of the interventions and expected impact.

This notice of funding opportunity (NOFO) is informed by the PEPFAR COP21 Guidance (FY21) https://www.state.gov/wp-content/uploads/2020/12/PEPFAR-COP21-Guidance-Final.pdf. You should refer to applicable sections and orient your submission accordingly.

During the Emergency Phase of PEPFAR, HRSA supported treatment services in ten countries in Africa and the Caribbean. The United States Agency for International Development (USAID) and the US Centers for Disease Control and Prevention (CDC) have since assumed responsibility for most of these services given their large staff presence in most PEPFAR countries. There are other primarily small countries, which are included in one of several PEPFAR regional programs. Many of these countries do not have the same level of United States Government (USG) field coverage as the large independent PEPFAR countries. One such country is Sierra Leone, which currently has no CDC or USAID staff supported by PEPFAR and small overall staffing. HRSA, on the other hand, is present in Sierra Leone (and Liberia), and is supporting a full range of HIV treatment and other services in support of the HIV care continuum.

There are other countries and opportunities for HRSA to fill such gaps in instances where HRSA feels that it has the capacity, contacts, and contextual understanding to extend such support. This cooperative agreement aims to provide HRSA with the capacity to extend the reach of PEPFAR as well as continue to deliver HRSA's Agency-wide expertise.

In November 2014 UNAIDS released a Fast Track Strategy for ending AIDS by 2030 https://www.unaids.org/en/resources/campaigns/World-AIDS-Day-Report-2014.

Over 18 years PEPFAR https://www.state.gov/pepfar/ has evolved to a complex and high impact program, with mature stakeholders and partners showing that epidemic control is indeed possible including in large OUs with big outbreaks. The final push to achieve the UNAIDS Fast Track Strategy https://www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_en.pdf goals brings particular challenges that were not so prevailing when coverage was lower. Meanwhile all stakeholders are seeking ways to maintain the remarkable gains and assure that clear counterparts in each OU are able to take up and maintain the response.

It is in this context that HRSA is renewing its commitment to PEPFAR and specifically seeking to fill gaps as well as to bring targeted and innovative solutions to the remaining barriers to epidemic control around the Globe. Central to this pursuit will be partnerships with Ministries of Health and other governmental institutions, and other stakeholders.

**Category 1: HIV Direct Service Delivery**

The Guidance, (page 14/665), states that PEPFAR programs should highlight four key themes in planning and implementation for COP21:

1. Client-Centered Services
2. Community Engagement
3. Resilient and Adaptive Approaches
4. Support for Sustainable Capacity

Note: In the Guidance, “retention” is replaced with “continuity of treatment” and “lost to follow-up” replaced with “interruption in treatment”.

The Guidance states that collective treatment and prevention priorities (page 23/665) for COP21 include:

1. Scaling solutions to address barriers to case finding and treatment continuity, particularly among young and asymptomatic clients, and ensuring all HIV-positive clients are engaged in continuous antiretroviral therapy (ART) and enabled to maintain viral load suppression.

2. Ensuring that PEPFAR prevention activities target the networks with the greatest need so that Voluntary medical male circumcision (VMMC), Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS), Pre-Exposure Prophylaxis (PrEP) and access to condoms are saturated in the highest prevalence and highest risk populations as evidenced by high yield, incidence or recency tests.

The Guidance subsequently provides detailed technical considerations for all aspects of prevention, case finding, and treatment, with additional specificity for key and priority populations. You should rely on the Guidance in developing program plans.

In an effort to ensure maximum cost efficiencies and program effectiveness, HRSA expects coordination among partners, and integration of activities that promote PEPFAR principles. The following activities need to be included in program plans:

- Implementing a woman- and girl-centered approach in OUs where the focus extends beyond KPs or other priority populations.
- Increased impact through strategic coordination and integration;
- Strengthening and leveraging key multilateral organizations, global health partnerships, and private sector engagement;
- Encouraging country ownership and investing in country-led plans;
- Building sustainability through investments in health systems; and
- Promoting innovation.

HRSA and PEPFAR propose looking to OU specific gaps in prevention, testing, linkage, adherence, and continuity of treatment to promote a new approach. The key features to consider include:

a. Client-friendly
b. Safe
c. Customized

PEPFAR leaders have urged PEPFAR stakeholders to design programs well before scaling them, and this principal may need to be retrofitted to existing programs to make them effective as well as sustainable.

The PEPFAR Site Improvement through Monitoring System (SIMS) https://www.state.gov/pepfar-fy-21-sims-guidance-materials/ provides PEPFAR standards against which facility, community-based services, and above-site activities are assessed. You can use the SIMS tools to assist with program planning.

PEPFAR is supporting community-led monitoring (CLM) of HIV service delivery through community service organizations (CSOs). Qualified CSOs will implement these activities following agreement with HRSA and/or a separate HRSA recipient on a custom framework or one developed by another organization such as the International Treatment Preparedness Coalition (ITPC). https://itpcglobal.org/?resourcetopic=community-monitoring.

Recipients of this award should capitalize on this feedback, and develop solutions, in collaboration with HRSA, when such monitoring produces gaps or opportunities.

Below each of the four categories of support within this initiative are illustrative outputs and outcomes. These are examples and are not all-inclusive.

| Illustrative Activities | Short Term Outcomes | Intermediate Outcomes | Long Term Outcomes |
|---|---|---|---|
| **Systems and processes for HIV prevention and treatment created (or adapted) and tested to assure they are effective and reliable prior to scaling.** | ○ Community engaged, and data from existing community-led monitoring activities utilized.<br>○ Early linkages with Global Fund to assure reliable commodities.<br>○ SIMS tools relied upon for applicable standards.<br>○ Designed informed by unique key population needs, relying on applicable | ○ Effective monitoring and prompt action when problems arise in system performance.<br>○ Deliberate actions, in consultation with HRSA and others, to seek, introduce and document innovative solutions and enhancements.<br>○ Continuous reliance of data for decision-making and in preparation of possible program expansion.<br>○ Achieve targets and any milestones | ○ Effective efforts to support a positive therapeutic alliance between the recipient of care, the health care provider, and the health care system.<br>○ OU showing strong progress toward achieving (and maintaining) epidemic control.<br>○ Integration of HIV service delivery in primary care<br>○ Differentiated service delivery for HIV services, with possible influence on management of other |

| Illustrative Activities | Short Term Outcomes | Intermediate Outcomes | Long Term Outcomes |
|---|---|---|---|
| | community stakeholders.<br>○ Index testing consistently performed in accordance with PEPFAR requirements for safe and ethical application.<br>○ Counterparts identified to be the recipients of new knowledge and capacity, with further mentoring and supportive supervision to support sustaining this capacity. | ○ Progress seen in typically challenging areas of pediatric treatment, continuity of treatment, interruption in treatment.<br>○ Strong progress in reducing KP transmission including through stigma reduction | chronic diseases |

Consistent with underlying authorities, PEPFAR seeks to ensure that children and youth obtaining services through PEPFAR programming are protected from abuse, exploitation, and neglect in PEPFAR-supported programs.

To that end, because activities to be funded under this award may involve children or personnel coming into contact with children, recipients of PEPFAR funds through HRSA must agree to ensure compliance with host country and local child welfare and protection legislation or international standards, whichever gives greater protection, and with U.S. law, where applicable.

Recipients are encouraged to pursue the following supporting actions:

- Establish policies and procedures that prohibit recipient personnel from engaging in child abuse, exploitation, or neglect;
- Consider child safeguarding in project planning and implementation to determine potential risks to children that are associated with project activities and operations;
- Apply measures to reduce the risk of child abuse, exploitation, or neglect, including, but not limited to, limiting unsupervised interactions with children; prohibiting exposure to pornography; and complying with applicable laws, regulations, or customs regarding the photographing, filming, or other image-generating activities of children;
- Promote child-safe screening procedures for personnel, particularly personnel whose work brings them in direct contact with children; and
- Have a process for ensuring that personnel and others recognize child abuse,

exploitation, or neglect, report allegations, investigate and manage allegations, and take appropriate action in response to such allegations. You are strongly encouraged to include the above provisions in any applicable code of conduct for its personnel implementing PEPFAR-funded activities.

**Category 2: Human Resources for Health (HRH)**

Many of the PEPFAR HRH activities administered by HRSA were supported through the PEPFAR Headquarters Operating Plan (HOP) and have comprised special initiatives such as the Medical Education Partnership Initiative, Nursing Education Partnership Initiative, Resilient and Responsive Health Systems Initiative, Resilient and Responsive Health Organizations Initiative, and the Strengthening Inter-Professional Education on HIV Care across Africa (STRIPE) project. New HRH activities may arise through this funding stream and be implemented through this project, though this funding stream continues to diminish within PEPFAR.

The Guidance describes expectations for "Optimizing HRH Staffing for Maximal Impact" in Section 6.6.8 beginning on page 457, with further information in Section 6.6.10 pertaining to "Planning for sustainable epidemic control" beginning on page 476. PEPFAR is focused on ensuring health care workers are utilized in the most efficient and effective manner possible.

The Guidance states that "In planning for COP21, countries should prioritize: 1) ensuring the safety and well-being of the workforce; 2) further optimizing the health and social welfare workforce to efficiently and effectively achieve epidemic control; and 3) advancing the sustainability of the health and social welfare workforce for maintaining epidemic control under local leadership".

The Guidance contains changes in the HRH section. You should refer to applicable sections and orient your submission accordingly.

Pre-service HRH interventions are increasingly uncommon within PEPFAR, as are opportunities for developing professional boards and councils because, as mentioned earlier, PEPFAR is focused on health care workers' ability to provide lifesaving HIV care and treatment at high priority service delivery sites. If such opportunities arise within PEPFAR, you will be expected to administer these activities under this initiative.

Broadly, activities might comprise innovative and cost effective approaches to increasing the production, capacity, employment, deployment, and retention of nurses, midwives, clinical officers, pharmacists, community health workers and others who provide primary care and community health services to people living with HIV, tuberculosis (TB), other infectious and chronic diseases.

PEPFAR supports targeted in-service training to improve service delivery and system performance. Developing non-clinical workforce responsible for systems, including district health teams and management of HRH data (e.g., HRIS and PEPFAR HRH inventories), represents an additional likely area of support.

PEPFAR is requiring transition of programs to local partners, and opportunities may arise to assist with developing the capacity of eligible local partners. Sustainability remains a primary objective of PEPFAR, and a central focus of capacity building efforts is to identify local counterparts supported to receive, apply, and disseminate new knowledge.

Use of telehealth and tele-mentoring platforms to support sites and practitioners lacking the tools to succeed has emerged as an effective intervention. Capability to rapidly spread new advances in treatment and other modalities creates an important advantage when such opportunities arise.

Finally, support for policy and other efforts to create an enabling environment, including to drive improvement across PEPFAR Minimum Program Requirements (MPRs), is expected of treatment partners as well as partners involved with broader system strengthening interventions. The MPRs as described in the Guidance appear below within Category 4: Health System Strengthening.

| Illustrative Activities | Short Term Outcomes | Intermediate Outcomes | Long Term Outcomes |
|---|---|---|---|
| **Health workers trained appropriately to provide equitable and competent care.**<br>**The right skill mix of workers exists at the right locations.**<br>**Multidisciplinary team-based approaches for case management are defined and optimized to support client-specific needs.** | ○ Health workforce datasets established and utilized, and strong human resource management systems, in collaboration with stakeholders.<br>○ Sustainability counterparts identified for all capacity building activities. | ○ Workforce monitored and realigned to meet programmatic objectives.<br>○ Identify opportunities for cadres not formally recognized by the government to be formally integrated into national systems. | ○ Institutionalize Efficient Models.<br>○ Processes created to attribute service outcomes to the facility and community-based HRH responsible for delivering the services and regularly used for HRH management and decision-making.<br>○ Provide leadership in defining and establishing a health workforce that meets workload requirements for HIV services and that host country governments are willing and able to sustain. |

**Category 3: Quality Improvement**

The Guidance suggests that PEPFAR country programs must incorporate explicit quality management practices, including both QA and QI activities, into service delivery and partner management.

Section 3.1 of the Guidance (page 107) describes “PEPFAR’s Focus on Quality and Patient-Centered Services”, perhaps better articulated than in any previous COP Guidance. The role of “quality” in the final stretch to epidemic control has become central, though independent funding for quality is far less common than in previous years, replaced by an expectation that implementing partners imbed such practices in their plans. As stated in the

Guidance, “diligent and sustained attention to quality is required to reaching sustained epidemic control.”

You must demonstrate the capacity to draw from QI tools and methods and formulate targeted, cost effective and timely QI interventions.

HRSA will continue to support cost-effective rapid quality improvement collaboratives, supported through a number of HRSA global mechanisms. Supporting implementation of existing “change packages” will also be a central strategy. You must pursue QI capacity at the site and district level, particularly in the context of transition and sustainability.

| Illustrative Activities | Short Term Outcomes | Intermediate Outcomes | Long Term Outcomes |
|---|---|---|---|
| **Optimal health outcomes met on a daily and routine basis.**<br>**A culture of quality comprised of energy, professional investment and teamwork.**<br>**Client at the center of all service delivery.** | ○ Use of SIMS to improve quality.<br>○ Use of existing “change packages” as efficient solution to existing and multi-site challenges.<br>○ Improved score for Minimum Program Requirements associated with QA/QI. | ○ Quality Management policies in place and practiced, covering key areas such as enabling and engaging provider teams to use data and their first-hand understanding of operations to identify the root causes of barriers to program quality, implementing a client-centered approach and achievement of results.<br>○ Sustained and active approach to implementing CQI at the site level. | ○ Context specific durable solutions.<br>○ Use of existing indicators (MER, SIMS, SID, above site benchmarks) and establishing new indicators to track key client-centered quality measures (e.g., wait times) and to monitor the progress of quality improvement processes.<br>○ Full compliance with Minimum Program Requirements associated with QA/QI. |

**Category 4: Health System Strengthening (HSS)**

This initiative will support diverse HSS needs as presented in the various categories below. One of HRSA’s fundamental principles is that for all HSS support as well as other areas of support through this initiative, you must identify host country national counterparts, individuals, groups, or organizational units, who will become the ultimate host of this transitioned and sustainable capacity.

Component 1: Minimum Program Requirements

The Guidance describes 15 minimum requirements for continued PEPFAR support, beginning on page 48 in Section 2.1.1.

As stated in the Guidance, “Evidence demonstrates that lack of any one of these policies/practices significantly undermines progress to reaching epidemic control and results in inefficient and ineffective programs.”

The status of these requirements in each OU is reported and PEPFAR tracks the progress. Below is a partial illustration for West Africa (reporting COP20 MPRs).

## Status of MPRs in the West Africa Region

| | Senegal | | Burkina Faso | | Togo | | Sierra Leone | |
|---|---|---|---|---|---|---|---|---|
| **Policy** | Pre-ROP19 | Current Status | Pre-ROP19 | Current Status | Pre-ROP19 | Current Status | Pre-ROP19 | Current Status |
| **Test and Start** | adopted and implemented | adopted and implemented, still scaling | adopted and implemented | adopted and implemented | adopted | adopted and implemented | adopted | adopted and implemented |
| **Index Testing** | no policy in place | adopted; still underway (PEPFAR) | no policy in place | adopted; still underway (PEPFAR) | no policy in place | adopted; still underway (PEPFAR) | adopted and scaling up | adopted; still underway (PEPFAR) |
| **Eliminating User Fees** | policy in place | adopted and implemented; monitoring | adopted and implemented | adopted and implemented; monitoring | policy in place | adopted and implemented; monitoring | policy in place | adopted and implemented; monitoring |
| **Unique Identifiers** | no policy in place | adopted and implemented | adopted and implemented | adopted and implemented | adopted and implemented | adopted and implemented | adopted, challenges but improving | adopted and implemented |
| **% TLD Transition** | no policy in place | adopted; transition underway - **17%** | no policy in place | adopted; transition underway - **19%** | no policy in place | adopted; transition underway - **15%** | no policy in place | adopted; transition underway |
| **DSD models and MMD** | policy in place | adopted; transition underway | policy in place | adopted; transition underway | policy in place | adopted; transition underway | policy in place | adopted; transition underway |
| **Viral Load / EID Optimization** | policy in place; not implemented | adopted; challenges but improving | policy in place; not implemented | adopted; challenges but improving | policy in place; not implemented | adopted; challenges but improving | policy in place; not implemented | adopted; challenges but improving |

You must demonstrate the capacity to support improvements in key policy requirements, particularly those directly associated with project interventions such as a unique patient identifier, an important aspect to achieving epidemic control.

Component 2: Transitioning HIV Services to Local Partners

The PEPFAR requirement associated with transitioning HIV Services to Local Partners states: “the intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term, local partner engagement and impact. This action is a priority for all PEPFAR countries, Regional Programs, and Country Pairs”.

In collaboration with HRSA and other stakeholders, the recipient will identify and strengthen local partners, and will transition some activities and funding to these local partners. HRSA will establish goals in this area, consistent with PEPFAR expectations.

Component 3: Strengthening Capacity for Sub-National Leadership of the National HIV Response

Another area supported by this project is strengthening local leadership in support of sustained and effective leadership of the local HIV response. For countries in which this “devolution” is desired or required, you will be expected to collaborate with HRSA and other

stakeholders, including possibly other USG PEPFAR implementing agencies, to successively assess the capacity of district or county health management teams (DHMTs) or comparable sub-national units, and support capacity development on a timeline agreed upon by stakeholders.

This process may also involve partial transition of responsibilities to CHMTs as capacity is achieved and confirmed.

You will be required to identify counterparts and outcomes, in collaboration with HRSA and other stakeholders.

You will be required to develop the domains and elements in consultation with stakeholders, led by HRSA, possibly in collaboration with one or more HRSA implementing partners (IPs).

**Illustrative Institutional Strengthening Plan Activities**

1. Develop a tailored District Health Management Strengthening Plan, using a competency-based approach and maturity model to enhance performance in each domain identified as in need of improvement.

   Illustrative approaches might include:

   a. Hands-on training and skills transfer.
   b. Development of an online 'toolkit' including case studies, didactic materials, and customized tools and job aides.
   c. Webinars and videoconferencing to enhance peer-to-peer exchange.
   d. Ongoing supportive supervision.
   e. If needed, placing a technical advisor or advisors for a period of time to complement, coordinate and collaborate with District Health Management Teams and staff who currently provide site-level capacity development, mentorship, and supportive supervision.
   f. Enhancement of critical thinking and crisis response skills using scenario planning.

   Illustrative activities might include:

   a. Develop county award management capacity especially on key requirements for program and grant management including submission of applications.
   b. Support counties to map donor requirements to existing county governance structures to facilitate smooth programming including matching existing positions/roles in the county to required roles and responsibilities for award management.
   c. Facilitate skills transfer through twining with the sub-national service-delivery mechanisms to build the capacity of county health care workers and managers to implement interventions and collect and use data for planning and program improvement.

Component 4: Other Health Systems Strengthening (HSS)

Increasingly PEPFAR limits HSS investments to activities attributable to improvements in treatment and prevention coverage and outcomes.

One clear area where HRSA expects needs to arise is to strengthen Global Fund programs, specifically HIV and related programs, particularly in OUs where the leadership and performance remain sub-optimal. HRSA may seek to catalyze funding from Global Fund for some of the necessary systems strengthening activities, and HRSA, recipients, and other stakeholders, will collaborate on priority impediments to PEPFAR success. Opportunities may arise in monitoring and evaluation, program performance and quality improvement, leadership, governance, and policy.

| Illustrative Activities | Short Term Outcomes | Intermediate Outcomes | Long Term Outcomes |
|---|---|---|---|
| **Identify several top priority PEPFAR minimum program requirements (MPR)**<br><br>**Identify organizational and individual counterparts to assume aspects of the initiative over time.**<br><br>**Support temporary placement of locally employed individuals to sub-national health management team to support increased responsibility for local HIV response.**<br><br>**Support improved performance of local Global Fund structures in poor performing** | ○ Determine barriers and engage with government and other stakeholders to develop a work plan<br><br>○ Review PEPFAR transition requirements, in collaboration with HRSA, and develop plans to conform.<br><br>○ Agreement from National Gov't to transition leadership of local HIV response to sub-national level in several high burden sub-national locations.<br><br>○ Assess priority needs and consult with stakeholders, in collaboration with HRSA, on a plan to address priority gaps. | ○ MPR score changed from red to yellow with plan for getting to green<br><br>○ Strengthening of counterparts with start of partial transition.<br><br>○ Local HMTs effectively managing aspects of the local response.<br><br>○ Evidence of improved performance in key areas such as supply chain, resolution of Global Fund areas of concern, budget execution. | ○ MPR scored as green<br><br>○ Counterpart organizations and individuals successfully administering aspects of the initiative.<br><br>○ Local HMTs using data for effective decision-making and demonstrating increasing capacity to managing the local response well, including with community involvement.<br><br>○ Local Global Fund structures showing significant improved performance including across Global Fund performance framework. |

| Illustrative Activities | Short Term Outcomes | Intermediate Outcomes | Long Term Outcomes |
|---|---|---|---|
| **OUs.** | | | |
| **Determine and disseminate best practices** | ○ Evaluate effective and efficient new service delivery models for HIV, TB and other chronic disease care integrated into primary care at facility and community levels.<br>○ Determine best practices for sustainable health systems with quality delivery of HIV care.<br>○ Evaluate best practices for sustainable and interdisciplinary health care workforce roles.<br>○ Determine best practices for civil society engagement toward sustainable HIV, TB, and chronic disease health care. | ○ Data available for utilization on best service delivery models and methods for integrating or adapting HIV and related chronic disease management into existing local health systems.<br>○ Data available and utilized to make evidence-based HRH and HSS decisions<br>○ Best practices and tools made available on knowledge sharing platform | ○ Improved capacity and planning for sustainable chronic disease and continuum of care management.<br>○ Sustainable HRH for continuation of HIV services by local government<br>○ Chronic disease management integrated into existing local health systems<br>○ Maintain 90-90- 90 goals for one year (i.e., viral load suppression >90%)<br>○ Staffing needs met for one (1) year |

## II. Award Information

### 1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

**HRSA program involvement will include**:

- Collaborate in planning, implementing, and evaluating program activities, and facilitate any required technical assistance. Review and possibly contribute to documents, curricula, contracts, personnel (including consultants and contractors), evaluation, implementation science studies and protocols, M&E Plan, etc., prior to printing,

dissemination or implementation.
- Collaborate on development of work plans and carry over plans ahead of submission by recipient.
- Facilitate coordination and collaboration among program partners including the Office of the Global AIDS Coordinator at the Department of State (S/GAC), other HHS Agencies, the USAID, host governments, and international and other key stakeholders.
- Participate, as appropriate, in the planning and conduct of any meetings or workgroups.
- Facilitate access to the expertise of HRSA and other USG personnel and other relevant resources applicable to the project.
- Collect and analyze data relative to unmet need, special populations, other key health indicators, and emerging priorities or policy shifts to guide current/future strategic planning, developmental efforts, and program activities.
- Participate in the dissemination of program findings, best practices, and lessons learned.
- Provide SIMS tools and HRSA site visit tools. These tools articulate required standards and can be used for program design and self-assessment.
- Catalyze innovation.

**The cooperative agreement recipient's responsibilities will include:**

- Adhere to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds, per Section 2.2 of the Application Guide (**Acknowledgement of Federal Funding**).
- Collaborate with HRSA, the USG field teams, other USG agencies, host governments and other key stakeholders to achieve program objectives.
- Strengthen host country capacity in all aspects of the program with deliberate plans.
- Consult with HRSA and relevant USG Country Teams on program implementation, challenges, and opportunities.
- Develop and execute a final M&E plan, in consultation with HRSA and key stakeholders, including establishing a final list of indicators, baseline data, and performance targets for each indicator.
- Participate in monitoring activities including but not limited to SIMS and HRSA site visits.

## 2. Summary of Funding

HRSA estimates approximately $20,000,000 to be available annually to fund up to two recipients, with a smaller amount likely in Year 1. Annual amounts are determined through the PEPFAR Country/Regional Operating Plan (COP/ROP).

The period of performance is September 30, 2021 through September 29, 2026 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for PEPFAR in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

HRSA may shift funding to other recipients and other mechanisms beyond the first year if recipient(s) is unable to achieve the goals set forth in their application.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at 45 CFR part 75.

Indirect costs on grants awarded to foreign organizations and performed outside of the territorial limits of U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of 8 percent of modified total direct costs (MTDC), exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards and contracts under the grant in excess of $25,000.

## III. Eligibility Information

### 1. Eligible Applicants

Eligible applicants include domestic and foreign public or private, nonprofit entities, including institutions of higher education, and for-profit entities. Faith-based and community-based organizations, Indian Tribes, and tribal organizations are eligible to apply.

If you are an applicant from a U.S. domestic organization, HRSA encourages you to form a consortium of partners to include foreign institutions with the relevant expertise, with the long-term goal of strengthening networks, ensuring sustainability, and providing in-country personnel.

If you are a foreign applicant, you may include collaboration with U.S. and other foreign institutions with particular expertise in the proposed priority areas as sub-recipient consortium partners.

The applicant institution must meet the eligibility requirements and assumes all legal, programmatic, and financial responsibilities under the award. Consortium participants are sub-recipients under the award. Sub-recipients are subject to all programmatic terms and conditions of the award. Depending on the type of engagement and scope of work, consortium agreements may be in the form of memorandums of understanding (MOUs), sub-awards, or contracts.

### 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

### 3. Other

HRSA will consider your application non-responsive if it fails to address the programmatic goals and requirements outlined in this NOFO, and will not consider it for review. In addition, HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowed.

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*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

### 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 NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

**Application Page Limit**
The total size of all uploaded files included in the page limit 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 NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-066, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in

the page limit. **It is therefore important 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.**

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

1. You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
3. Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachments 8-15: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all 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), include the following:

### *i. Project Abstract*

See Section 4.1.ix of HRSA's SF-424 Application Guide.
https://www.hrsa.gov/sites/default/files/hrsa/grants/apply/applicationguide/sf-424-app-guide.pdf

Please limit project abstract to one page in length, single-spaced, and please place the following at the top of the abstract: Project Title
Applicant Organization Name
Address
Project Director Name
Contact Phone Numbers
Email Address
Website Address, if applicable
List all grant program funds requested in the application

### *ii. Project Narrative*

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

Please minimize background information and emphasize systems, processes, capabilities and results.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion 1 Criterion_1_Need*

Provide a concise description of the proposed strategy and approaches you will take for each of the five categories of support.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1 Criterion_1_Need*

In relation to Categories 1-4, outline your understanding of the needs of diverse low and middle-income (LMIC) countries. Select three PEPFAR-supported LMICs and discuss the context and specific needs of each. Consider including OUs at various stages of epidemic control (low coverage, improving coverage, approaching epidemic control) to differentiate the unique needs and opportunities of each. Sierra Leone and Liberia are proposed for inclusion under Methodology below and one or both can be included here if desired.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion 2 Criterion_2_Response*

For Category 1, please use Sierra Leone and Liberia as potential OUs requiring such support, and orient your responses to the needs, challenges and solutions in each OU. PEPFAR supports community-led monitoring by community service organizations. Please consult the COP Guidance and describe how you will capitalize on such feedback. Please label your response as M-1.

For Category 2, please summarize existing gaps, design, and rationale of supporting the development of health care workers in low and middle-income countries with high HIV, TB other infectious disease, and chronic disease burdens. Discuss how the program will engage and collaborate with stakeholders to collectively develop practical, unique, and innovative solutions. Discuss how the proposed program aligns with needs identified in existing national health strategic plans and how the program will contribute to longer term, sustainable health outcomes. Consider selecting one low income OU and one middle income OU to describe your approach. Please label your response as M-2.

You must demonstrate the capacity to draw from QI tools and methods and formulate targeted, cost effective and timely QI interventions. For Category 3, please present ideas for supporting improvement in this context. If you have a relevant example of such an action please consider using it in your response. Please label your response as M-3.

PEPFAR leaders have urged PEPFAR stakeholders to design programs well before scaling them, and you may need to retrofit this principal to existing programs to make them effective as well as sustainable. Please comment on your approach to assuring that any supported activities are assessed in this context and reshaped as necessary. If you have a relevant

example of such an action please consider using it in your response. Please label your response as M-4.

The initiative requires a substantive approach to producing and disseminating innovative solutions. Please describe your approach including how you will seek innovative solutions and how you might develop innovative new solutions. Please label your response as M-5.

Within Category 4, you are required to demonstrate the capacity to support improvements in key PEPFAR minimum program requirements (MPRs), particularly those directly associated with project interventions such as a unique patient identifier, an important aspect to achieving epidemic control. Please make use of one to two MPRs in describing your approach, and if you have a relevant example of such an action please consider using it in your response. Please label your response as M-6.

PEPFAR requires that HIV services be transitioned to local partners to establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term, local partner engagement and impact. Please describe your capacity to support such transitions. You should rely on the COP Guidance as needed. Please label your response as M-7.

One clear area where HRSA expects needs to arise is to strengthen Global Fund programs, specifically HIV and related programs, particularly in OUs where the leadership and performance remain sub-optimal. HRSA, recipients, and other stakeholders will collaborate on priority impediments of Global Fund performance to PEPFAR success. Opportunities may arise in monitoring and evaluation, program performance and quality improvement, leadership, governance, and policy. Please discuss possible approaches, particularly in OUs in which performance of Global Fund grants is weak. Please label your response as M-8.

Propose a plan for project sustainability after the period of federal funding ends. Please describe approaches to transferring capacity to multiple counterparts and any other support such as mentoring and supportive supervision. Please discuss this in relation to all four categories of support. Please label your response as M-9.

- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 and 4*
  *Criterion_2_Response; Criterion_4_Impact*

Describe the interventions you will use to achieve each of the objectives proposed in the Methodology section. Use a time line that includes each intervention and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.

Discuss how goals and objectives directly relate to the requirements and expectations of this initiative. Provide a work plan that demonstrates how the outcomes, strategies, and activities will take place over the course of the award. Include a detailed work plan for the first year of the project and a high-level plan for the four subsequent years.

The work plan should include goals, objectives, and outcomes that are SMART (specific, measureable, achievable, realistic, and time-measured). Include all aspects of planning, implementation, and evaluation. The work plan should relate to the needs identified in the needs assessment and to the activities described in the project narrative with a minimum of the following:

- Interventions for each goal
- Activities for each intervention
- Responsible staff to complete or monitor each activity
- Anticipated timeline for activity, intervention, and completion.

The work plan should include sufficient detail to support understanding while recognizing that you will revise the work plan after the cooperative agreement is awarded and after initial consultations with HRSA and in-country stakeholders. Include the project's work plan as **Attachment 1**.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2 Criterion_2_Response*

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the needs assessment and work plan sections of the narrative, and provide actionable solutions to address these barriers. Discuss the strength of your methodology in identifying and responding to these challenges. Discuss approaches that you will use to resolve such challenges. Include a compelling relevant example if it exists.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review;* (3) Criterion_3_Evaluative_Measures; *5_Resources/Capabilities*

Describe plans for monitoring program performance, detecting issues early, and making the necessary adjustments to achieve targets and intended results. Include a relevant example. Please label your response as ETSC-1.

Describe any plans for continuous learning and improvements to the initiative independent of program performance. Include a compelling relevant example if it exists. Please label your response as ETSC-2.

Describe how the performance plan will link with expenditure reporting for the proposed interventions and activities. Please label your response as ETSC-3.

Describe any plans for assessing the success of skills transfer to local counterparts (individuals and organizations). Please label your response as ETSC-4.

Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Please label your response as ETSC-5.

Describe any data collection strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Please label your response as ETSC-6.

Describe current experience, skills, and knowledge, including staff, materials published, and previous work of a similar nature. Explain whether existing staff have current experience with PEPFAR reporting systems including Data for Accountability, Transparency, and Impact Monitoring (DATIM). Please label your response as ETSC-7.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5 Criterion_5_Resources/Capabilities*

Please provide a succinct organizational description and project organizational chart, an outline of the management and staffing plan, and an outline of key collaborators and partners. Each element is described in more detail below.

**Project Structure and Project Organizational Chart**

Provide mission and structure, scope of current activities, and history of developing and promoting the four categories of support required within the initiative.

You must demonstrate at least three years of direct technical experience implementing health programs in the international setting with successful outcomes. Please label your response as PS-1.

Describe previous projects that reflect the expertise of proposed personnel in working collaboratively with Ministerial, education institutions, regulatory bodies, health management teams, civil society organizations, other USG-funded programs, and stakeholders. Please label your response as PS-2.

Describe the proposed organizational structure of any consortium, if applicable, and the plans for administering, managing, tracking, and coordinating its activities. Please label your response as PS-3.

If applicable, describe the consortium's implementing and technical partners' prior experience and performance with USG funding. Describe the necessary processes and systems in place to comply with the requirements identified at 45 CFR part 75.

Provide a project organizational chart as **Attachment 5.** The organizational chart should be a one-page figure that depicts the organizational structure, including any consortium, if applicable, including technical partners and any collaborating entities, and lines of authority for staff.

Note: If the application includes sub-agreements, describe separately your organization's experience with establishing and administering sub-agreements.

**Management and Staffing Plan**

Include as **Attachment 2** the Staffing Plan and concise job descriptions for key personnel including core technical staff, inclusive of a management plan for project implementation. Please indicate and justify the FTE proposed for each.

The management plan must describe how the project will relate to and respond to HRSA and to applicable other in-country USG agencies.

Please describe your capacity for rapid start-up of the initiative, including plans for rapidly accessing and deploying key personnel and essential technical staff to support program implementation.

Include concise biographical sketches for key personnel as **Attachment 3**. Include a description of the staff experience; knowledge of PEPFAR priorities, and PEPFAR-supported LMICs.

If a biographical sketch for an individual not yet hired is included, you must attach a letter of commitment signed by the individual.

Describe the qualifications of the Project Director (by training and experience) that demonstrate their ability to lead a project of similar size and scope. Include a description of any publications and funded research in the specialty, with appropriate academic preparation, experience and expertise.

Key personnel, at a minimum, should include:

- Principal Investigator (PI) should possess clinical/health care background.
- Program Director (PD) with fiscal and programmatic authority for the management of the program. The Program Director should have experience in project management, working with federal grants and cooperative agreements, and have the skills and requirements addressed under the *Organization Information* in Section IV. 2. 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 necessary technical expertise, 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.
- Lead for strategic information, monitoring, and evaluation.

Describe your resources and capabilities to support the provision of culturally and linguistically competent training and capacity development services. See the USG National Standards for Culturally and Linguistically Appropriate Services at https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53 .

**Key Collaborators and Partners**

Describe how you will collaborate with key stakeholders. Describe how you will liaise and

coordinate with the partner government(s) as well as with other district and local government partners, USG partners and other stakeholders working across program areas. If you plan to collaborate with other organizations or government agencies for the implementation of the proposed activities, you should outline the services each such agency or organization will provide. You should state whether you have any existing relationships with the proposed partner(s) and, if so, include the MOUs in **Attachment 4**.

- *BUDGET AND BUDGET NARRATIVE -- Corresponds to Section V's Review Criterion_6_Support_Requested*

### *iii. Budget*

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's *SF-424 Application Guide* and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

**Reminder:** The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 Salary Limitation does **not** apply to this program.

### *iv. Budget Narrative*

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

The Global Reach I initiative requires that any overseas or other employee costs such as home leave travel allowance, housing allowance, or severance be clearly explained and in sufficient details. The budget/budget justification should include this information to determine that these costs are both reasonable and allowable.

Severance pay is allowable under certain conditions:

Severance pay, also commonly referred to as dismissal wages, is a payment in addition to regular salaries and wages, by non-Federal entities to workers whose employment is being terminated. Costs of severance pay are allowable only to the extent that in each case, it is required by:

- Law;
- Employer-employee agreement;
- Established policy that constitutes, in effect, an implied agreement on the non-Federal entity's part; or
- Circumstances of the particular employment.

For any staff allowances, if these costs are in addition to the fringe benefits already requested, provide an explanation of what this staff allowance entails to determine whether the costs are allowable. Include a breakdown of how costs were estimated.

| **NARRATIVE GUIDANCE**<br>To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review. | |
|---|---|
| **Narrative Section** | **Review Criteria** |
| Introduction | (1) Need |
| Needs Assessment | (1) Need |
| Methodology | (2) Response |
| Work Plan | (2) Response and (4) Impact |
| Resolution of Challenges | (2) Response |
| Evaluation and Technical Support Capacity | (3) Evaluative Measures and<br>(5) Resources/Capabilities |
| Organizational Information | (5) Resources/Capabilities |
| Budget and Budget Narrative | (6) Support Requested |

### *v. Attachments*

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. **Clearly label each attachment**.

*Attachment 1: Work Plan*

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. If you will make sub-awards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

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

Please orient your responses to guidance provided under the **Management and Staffing Plan** heading within Section IV.ii. above.

*Attachment 3: Biographical Sketches of Key Personnel*

Please orient your responses to guidance provided under the **Management and Staffing** Plan heading within Section IV.ii. above.

*Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)*

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. Please consult additional guidance provided under the **Key Collaborators and Partners** heading within Section IV.ii. above.

*Attachment 5: Project Organizational Chart*

Please provide an organizational chart (one page if possible) which depicts the organizational structure, including any consortium, if applicable, including technical partners and any collaborating entities, and lines of authority for staff.

*Attachment 6: Tables, Charts, etc.*

You may use this optional section to give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

*Attachment 7: For Multi-Year Budgets--5th Year Budget*

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit: however, any related budget narrative does count. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

*Attachments 8–15: 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 Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)**

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. Beginning in April 2022, the *DUNS number will be replaced by the UEI, a "new, non-proprietary identifier" requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: Planned UEI Updates in Grant Application Forms and General Service Administration's UEI Update.

You must also register with 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))**.**

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed 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.

*Currently, the Grants.gov registration process requires information in three separate systems:

1. Dun and Bradstreet (http://www.dnb.com/duns-number.html)
2. System for Award Management (SAM) (https://www.sam.gov)
3. Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

**SAM.GOV ALERT:** For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

**If you fail to allow ample time to complete registration with SAM or Grants.gov, you 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 NOFO is May 10, 2021 *at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

## 5. Intergovernmental Review

Global Reach I is not an initiative 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

You may request funding for a period of performance of 5 years, with a maximum amount of $100 million across the five years (inclusive of direct **and** indirect costs).

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.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) do **not** apply to this program.

Recipients may not use funds for research. Certain activities that may require human subjects review due to institutional requirements but that are generally considered not to constitute research (e.g., formative assessments, surveys, disease surveillance, program monitoring and evaluation, field evaluation of diagnostic tests, etc.) may be funded through this mechanism. If research is proposed, the application will not be reviewed. The following descriptions from CDC can assist with the distinctions: https://www.cdc.gov/os/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf

In addition, please note the following:

1. Consistent with numerous United Nations Security Council resolutions, including UNSCR 1267 (1999), UNSCR 1368 (2001), UNSCR 1373 (2001), UNSCR 1989 (2011), and UNSCR 2253 (2015) (https://www.un.org/sc/suborg/en/sanctions/un- sc-consolidated-list), both HRSA and the recipient are firmly committed to the international fight against terrorism, and in particular, against the financing of terrorism. Funds may not be used, directly or indirectly, to provide support to individuals or entities associated with terrorism. In accordance with this policy, the recipient agrees to use reasonable efforts to ensure that none of the HRSA funds provided under this award are used to provide support to individuals or entities associated with terrorism, including those identified on the United States Department of Treasury Office of Foreign Assets Control Specially Designated Nationals List (https://www.treasury.gov/resource-center/sanctions/SDN- List/Pages/default.aspx). This provision must be included in all sub-agreements, including contracts and sub-awards, issued under this award.

2. No funds or other support provided under the award may be used for support to any military or paramilitary force or activity, or for support to any police, prison authority, or other security or law enforcement forces without the prior written consent of HRSA.
3. Funds may not be used, directly or indirectly, to provide support to individuals or entities designated for United Nations Security Council sanctions. In accordance with the policy, the recipient agrees to use reasonable efforts to ensure that none of the funds provided under this award are used to provide support of individuals or entities designated for UN Security Council Sanctions (compendium of Security Council Targeted Sanctions Lists at: https://www.un.org/sc/suborg/en/sanctions/un-sc-consolidated-list). This provision must be included in all sub-agreements, including contracts and sub-awards, issued under this award.
4. No funds or other support provided hereunder may be used for any activity that contributes to the violation of internationally recognized worker rights in the recipient country. In the event the recipient is requested or wishes to provide assistance in areas that involve workers' rights or the recipient requires clarification from HRSA as to whether the activity would be consistent with the limitation set forth above, the recipient must notify HRSA and provide a detailed description of the proposed activity. The recipient must not proceed with the activity until advised by HRSA that it may do so. The recipient must ensure that all employees and subcontractors and sub-recipients providing employment- related services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub- agreements entered into hereunder. The term "internationally recognized worker rights" includes the right of association; the right to organize and bargain collectively; a prohibition on the use of any form of forced or compulsory labor; a minimum age for the employment of children, and a prohibition on the worst forms of child labor; and acceptable conditions of work with respect to minimum wages, hours of work, and occupational safety and health. The term "worst forms of child labor" means all forms of slavery or practices similar to slavery, such as the sale or trafficking of children, debt bondage and serfdom, or forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict; the use, procuring, or offering of a child for prostitution, for the production of pornography or for pornographic purposes; the use, procuring, or offering of a child for illicit activities in particular for the production and trafficking of drugs; and work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children, as determined by laws and regulations.

HRSA reserves the right to terminate this award or take other appropriate measures if the recipient or a key individual of the recipient is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

The Applicant agrees not to disburse, or sign documents committing the Applicant to disburse funds to a sub-recipient designated by HRSA until advised by HRSA that: 1) any United States Government review of the sub-recipient and its key individuals has been completed; 2) any related certifications have been obtained; and 3) the assistance to the sub-recipient has been approved.

The Applicant shall insert the following clause, or its substance, in its agreement with its sub-recipient: The Applicant reserves the right to terminate this Agreement or take other

appropriate measures if the [sub-recipient] or a key individual of the [sub-recipient] is found to have been convicted of a narcotic offense or to have been engaged in drug trafficking as defined in 22 CFR part 140.

An organization, including a faith-based organization, that is otherwise eligible to receive funds under this award for HIV/AIDS prevention, treatment, or care:

1) Shall not be required, as a condition of receiving such assistance:

(a) To endorse or utilize a multi-sectoral or comprehensive approach to combating HIV/AIDS; or
(b) To endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and

2) Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a) above.

Information provided about the use of condoms as part of projects or activities funded under the award must be medically accurate and must include the public health benefits and failure rates of such use.

Funds made available under this award must not be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

No funds or other support provided hereunder may be used to provide a financial incentive to a business enterprise currently located in the United States for the purpose of inducing such an enterprise to relocate outside the United States if such incentive or inducement is likely to reduce the number of employees of such business enterprise in the United States because United States production is being replaced by such enterprise outside the United States.

In the event the recipient requires clarification from HRSA as to whether the activity would be consistent with the limitation set forth above, the recipient must notify HRSA and provide a detailed description of the proposed activity. The recipient must not proceed with the activity until advised by HRSA that it may do so.

The recipient must ensure that its employees and subcontractors and sub-recipients providing investment promotion services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.

No funds made available under this award may be used for needle exchange programs.

Trafficking in Persons Provision:

- No recipient or sub-recipient under this Agreement that is a private entity may, during the period of time that the award is in effect:

    - Engage in trafficking in persons, as defined in the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime;
    - Procure any sex act on account of which anything of value is given to or received by any person; or
    - Use forced labor in the performance of this award.
- If HRSA determines that there is a reasonable basis to believe that any private party recipient or sub-recipient has violated the above or that an employee of the recipient or sub-recipient has violated such a prohibition where the employee's conduct is associated with the performance of the award or may be imputed to the recipient or sub-recipient, HRSA may, without penalty, 1) require the recipient to terminate immediately the contract or sub-award in question or 2) unilaterally terminate this Agreement in accordance with the termination provision.
- For purposes of this provision, "employee" means an individual who is engaged in the performance in any part of the project as a direct employee, consultant, or volunteer of any private party recipient or sub-recipient.
- The Applicant must include in all sub-agreements, including sub-awards and contracts, a provision prohibiting the conduct described above by private party sub-recipients, contractors, or any of their employees.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

Be aware of the requirements for HRSA recipients and sub-recipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

### 7. Other Submission Requirements

## V. Application Review Information

### 1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators 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.

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

Review criteria are used to review and rank applications. The Global Reach I initiative has six review criteria. See the review criteria outlined below with specific detail and scoring points.

*Criterion 1: NEED (10 points) – Corresponds to* Section IV's Introduction and Needs Assessment sections of the Narrative. NEEDS_ASSESSMENT;

The extent to which the applicant demonstrates a clear understanding of the needs, challenges, and underlying factors in relation to successfully implementing the four categories of support in low and middle-income countries.

*Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's Methodology, Work Plan and Resolution of Challenges sections of the Narrative.* METHODOLOGY; WORK_PLAN.

The extent to which the proposed project responds to the "Purpose" included in the program description, including concise responses to items M1-M9 in the Methodology Section, which may be strengthened by a real or illustrative example.

| Methodology Section | Brief Description | Points |
|---|---|---|
| M1 | Methodology for HIV Direct Service Delivery including integration of CLM data | 8 |
| M2 | Methodology for HRH | 6 |
| M3 | Methodology for QI | 6 |
| M4 | Methodology for designing programs | 3 |
| M5 | Approach to producing and disseminating innovative solutions | 3 |
| M6 | Approach to MPRs | 3 |
| M7 | Plan for support of transition to local partners | 4 |
| M8 | Approach to strengthening performance of Global Fund | 3 |
| M9 | Category specific approach to transferring capacity to multiple counterparts | 4 |

The strength and technical specificity of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

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

The strength and effectiveness of the method proposed to monitor and evaluate the project results. The strength of concise responses to items ETSC 1-7.

The strength and feasibility of the applicant's plan to develop appropriate evaluation tools, systems, and strategies to electronically receive, store, manage, and maintain data; including data specific to the PEPFAR program.

The strength of the proposed strategy to collect, analyze, and track data to measure process and impact/outcomes, and the clarity of the description of how the data will be used to inform program development and implementation.

The extent to which the applicant demonstrates the local experience and capability to implement performance monitoring and evaluation of the project.

The extent to which the performance plan will link with expenditure reporting for the proposed project.

*Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Work Plan WORK_PLAN*

The extent to which the proposed project has a public health impact on the community or target population, 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 this funding.

The extent to which the applicant intends to successfully monitor, and rely on data, to manage performance, and to intervene as necessary; and any proposed approaches to explore and introduce new and innovative solutions to achieve results and cultivate sustainability.

*Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Evaluation and Technical Support and Organizational Information.*
*EVALUATION_AND_TECHNICAL_SUPPORT_CAPACITY;*
*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. A clear and concise description of the structure for collaboration between any headquarters staff and field-based staff, if applicable.

The extent to which the applicant demonstrates successful established or planned partnership(s) with relevant ministerial, educational institutions, regulatory bodies, health management teams, civil society organizations, and other entities in order to successfully carry out the proposed program.

The extent to which the applicant institution and any consortia partners have experience in implementing and managing programs aimed at strengthening the delivery of services for HIV/AIDS, TB, malaria, or other relevant health areas.

The extent to which the applicant institution and any consortia partners have experience in implementing and managing health workforce, technical assistance, and capacity-building programs in resource-constrained countries and/or fragile settings.

The extent to which the applicant demonstrates a strong capacity to successfully build, manage, leverage, and engage in various types of partnerships with resulting transition or sustainability of programs.

*Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's Budget and Budget Narrative. BUDGET; BUDGET NARRATIVE*

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of activities, and the expected results and impact.

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 have adequate time devoted to the project to achieve project objectives.

**2. Review and Selection Process**

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

**3. Assessment of Risk**

HRSA 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).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative 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 HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, 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.

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk

posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

HRSA will report to FAPIIS a determination that an applicant is not qualified (45 CFR § 75.212).

## VI. Award Administration Information

### 1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 30, 2021. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

### 2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

**Requirements of Sub-awards**
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to sub-recipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded sub-recipients. See 45 CFR § 75.101 Applicability for more details.

**Data Rights**
All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort will be addressed in the NOA. Data and copyright-protected works developed by a sub-recipient also are subject to the Federal Government's copyright license and data rights.

**Human Subjects Protection**
Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

Recipients may not use funds for research. Certain activities that may require human subjects review due to institutional requirements but that are generally considered not to constitute research (e.g., formative assessments, surveys, disease surveillance, program monitoring and evaluation, field evaluation of diagnostic tests, etc.) may be funded through this mechanism. If research is proposed, HRSA will not review the application. The following descriptions from CDC can assist with the distinctions: https://www.cdc.gov/os/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf

**Terms and Conditions**

Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.

## 3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

**Progress Reports**

A. A Non-Competing Continuation (NCC) Progress Report is required at least 60 days prior to the start of each budget year, and the HRSA project officer will release NCC instructions with applicable due dates via the Electronic Handbooks (EHB).

B. Semi-Annual Progress Report is required approximately six months from the due date of the NCC. Further information will be available in the Notice of Award (NOA).

C. The Semi-Annual Progress Report shall contain a written narrative of no more than twenty (20) pages in length, as well as three attachments: 1) Financial Report; 2) M&E Update; and 3) copies of all documents, publications and flyers produced under the project. The narrative should provide an overview of progress to date organized by work plan objectives, noting accomplishments, barriers and any significant deviations from planned activities.

D. A final/completion report that summarizes the accomplishments, methods, budget and disbursement activity, and recommendations regarding unfinished

work and/or program continuation. The final/completion report shall also contain an index of all reports and information products produced under this agreement. The report shall be submitted no later than 90 days following the estimated completion date of the agreement.

**Federal Financial Report (FFR)**

Recipients must submit an annual Federal Financial Report (FFR) by January 30. The report should reflect cumulative reporting within the period of performance. Please submit through the Payment Management System (PMS).

**PEPFAR Required Reports**

A. Quarterly Obligation & Outlay Reporting

An obligation and outlay report must be submitted quarterly in EHB, within 30 days of the end of the Federal Fiscal Year Quarter (January 30th, April 30th, July 30th, and October 30th). There is no required format, but an optional template is included as Appendix B and is available to recipient (s) in electronic format if desired.

B. Work Plan Submission and Expenditure Reporting

PEPFAR requires recipients to submit their costed work plan, and at the end of the Fiscal Year to report expenditures against the costed work plan. PEPFAR HQ may also provide feedback on the work plan. The project officer will provide Guidance ahead of these annual processes.

C. Performance Monitoring

The recipient(s) will be responsible for monitoring provision of quality HIV health services as well as assessing progress towards county management, financing, and sustainability of these services during the award period.

For PEPFAR activities, recipients will be required to prepare and submit quarterly performance reports that reflect detailed data on achievements and targets as part of the PEPFAR Oversight and Accountability Result Team (POART) process.

PEPFAR Monitoring, Evaluation, & Reporting (MER) indicators are the primary requirements across PEPFAR programming, and the applicable guidance and tools can be found at: https://www.state.gov/pepfar-fiscal-year-2020-monitoring-evaluation-and-reporting-guidance/.

Unless otherwise indicated, the reporting periods for Monitoring, Evaluation and Reporting (MER) indicators will mirror the PEPFAR MER indicator reporting frequency (quarterly, semi-annually, and annually).

Targets and reporting frequencies may be adjusted or new targets identified in subsequent years based on implementation of HIV/AIDS epidemic control strategies and program

priorities. Any gaps or unmet needs not fulfilled in the one year will affect the targets of the subsequent years.

You can find additional information regarding MER reporting in Appendix B as well as in the PEPFAR MER guidance at https://www.state.gov/pepfar-fiscal-year-2020-monitoring-evaluation-and-reporting-guidance/.

**Other Required Reports**

**Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

**Other Required Review Activities**
SITE VISITS

Recipients will conduct joint site visits with HRSA or PEPFAR IPs to ascertain the actual performance at site level on an annual basis. You should conduct their own site visits to health facilities quarterly. These will be based on SIMS guidelines and enhanced technical assistance site visits in order to assess site level performance. https://www.state.gov/pepfar-fy-21-sims-guidance-materials. Following site visits, action plans will be developed and based on the level of gaps identified; and follow on visit(s) will be conducted to check progress, validate changes and ensure program improvement. Other STI/HIV survey and surveillance activities will be used to further evaluate the outcomes of the programs.

In addition, recipient(s) may be required to conduct a costing analysis or economic evaluation of implemented interventions or activities at the end of project to determine:

- Cost and/or unit costs, and cost drivers of interventions or activities;
- Cost-effectiveness of interventions or activities.

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020.

## VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Olusola Dada
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-0195
Email: ODada@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

George Tidwell
Senior Program Advisor, Office of Global Health
Office of the Administrator
Health Resources and Services Administration
5600 Fishers Lane, Room 9N-33
Rockville, MD 20857
Telephone: (301) 443-4688
Email: gtidwell@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, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: 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 the EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 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

HRSA has scheduled following technical assistance:

*Webinar*

Friday, March 26, 2021
Time: 11 a.m. - 12:30 p.m. EST
Call-In Number: 1- 888-730-9136
Participant Code: 5686097
Weblink: **https://hrsa.connectsolutions.com/nofo_pre-application/**

## Tips for Writing a Strong Application

**See Section 4.7 of HRSA's *SF-424 Application Guide*.**

## Appendix A

## HRSA 21-066 Global Reach I

Targets and Reporting Frequency

Shown below are illustrative PEPFAR monitoring and evaluation reporting (MER) indicators.

Unless otherwise indicated, the reporting periods for MER indicators will mirror the MER indicator reporting frequency (quarterly, semi-annually, and annually).

Targets and reporting frequencies may be adjusted or new targets identified in subsequent years based on implementation of HIV/AIDS epidemic control strategies and program priorities. Any gaps or unmet needs not fulfilled in the one year will affect the targets of the subsequent years.

Additional information regarding MER reporting is included in the PEPFAR MER guidance.

**Example MER Indicators** (absolute values will vary by OU, but an approximate range has been provided).

- **HTS_TST**: Number of individuals who received HTS and received their test results (Target: range between 53,000 and 700,000)
- **KP_PREV:** Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population (Target: range between 6,000 and 65,000)
- **TX_PVLS:** Number of adult and pediatric patients on ART with suppressed VL results (<1,000 copies/ml) documented in the medical records and /or supporting laboratory results within the past 12 months (Target: range between 11,000 and 180,000)
- **TX_NEW:** Number of adults and children newly enrolled on ART (Target: range between 900 and 28,500)
- **TX_CURR:** Number of adults and children currently receiving ART (Target: range between 12,000 and 195,000)

Recipient(s) are responsible for reporting on, but not limited to applicable MER indicators. You should propose additional relevant non-MER indicators as part of their initial Evaluation and Performance Management Strategy. HRSA and the recipient(s) will finalize any additional indicators within 6 months after award. Progress reports should use MER and other indicators to demonstrate which outputs and outcomes have been achieved.

**Non-MER: Additional Performance Measures (Custom Indicators)**

You should propose additional custom performance measures to monitor achievement of outcomes not directly measured by PEPFAR MER indicators. Proposed indicators will be reviewed and refined in the first 6 months of the project period.

Below are examples of additional process and outcome measures for the strategies/activities and outcomes previously discussed in associated narrative sections.

- Number of complete leadership and management plans (Target: 1 per county by end of year 1)
- Number of expenditure reports on HRH performance, quality, policy, planning, and management will be used to help determine whether HRH investments are affecting relevant outcomes (Target: 1 expenditure report per county by end of year 1)
- Number of strategic plans on program sustainability, funding, and transition for the project period developed between the recipient and current implementing partner(s). (Target: 1 programmatic strategic plan per county by end of year 1)
- Number of strategic plans and implementation initiations to build and/or strengthen county financial systems and human capacity for accountability of funds.

    - Target: One strategic plan and initiation of implementation to build/strengthen county financial systems and human capacity by end of year 1.
    - Target: One approved finance management system per county that ensures NOFO funds are received and managed by accounting for receipt, custody, expending and reporting
    - Target: 100% of county management team trained on the statutes, regulations, and policies that govern the use of U.S. government funds by the end of year 1

- Percent of CHMT receiving training on health care management (Target: >= 75% by end of year 1)
- Percent of health care professionals completing the National HIV Integrated Training or similar curriculum (Target: >= 75% of current HCWs and >= 90% of newly- hired CHWs by end of year 1)
- Percent of site improvement strategies implemented based on Site Improvement through Monitoring System (SIMS) assessments and results (Target: >= 90% strategies implemented by end of year 1)
- Percent of reporting through the use of monitoring systems and the Data for Accountability Transparency Impact and Monitoring (DATIM) for reporting purposes (Target: 100% of reporting through DATIM by end of year 1)
- Percent of service delivery and continuous QI data and other forms of feedback documented through regular quarterly and other scheduled reviews (Target: >= 90% of data documented by end of year 1)

- Percent of funding allocated to HIV program in county government budget (Target: >= 25% of service delivery sites managed and funded by year one Percent of facilities achieving a data concordance of 95%-100% during a data quality assessment exercise (Target: 90% of facilities by end of year 1)
- Percent of facilities participating in quarterly data review meetings to discuss performance and progress towards achieving program goals (Target: 100% of supported facilities, quarterly)
- Percent of facilities meeting national standards on monthly DHIS2 reporting (Target: 100% of facilities within the county by end of year 1)
- Percent of facilities implementing recency surveillance (Target: 100% of facilities supported by PEPFAR for HIV testing services)

**Data Sources for MER and Custom Indicators:** Include but are not limited to: Program data, surveillance data, electronic or paper-based medical records, patients tracking systems, surveys, and the SPOT tool (which tracks timeliness of data submission to the NDWH).

## Appendix B

## HRSA 21-066

## Global Reach I

Further Guidance on Evaluation

The recipient(s) will undertake evaluations in collaboration with HRSA to assess program outcomes. The potential evaluation questions below are examples of what you may be expected to answer through evaluation(s). You should include at least 1, but no more than 3 potential evaluation questions.

Sample Evaluation Questions:

- Process-related evaluation questions
  - What were the facilitators and barriers (if any) to increased county management and transition of HIV services?
  - What are the barriers to achieving HIV epidemic control?

- Outcome-related evaluation questions
  - To what extent has county management of the HIV service delivery increased incrementally over time?

**Data Sources:** Both primary and secondary data sources will be used for the evaluation. Data sources include but are not limited to: DATIM, SIMS results, National HIV systems, program data, surveillance data, electronic or paper-based medical records, patients tracking systems, and surveys, focus groups, patients, HCWs, in-depth interviews, management plan, and meeting minutes.

**Dissemination of Results:** The evaluation findings will be disseminated to stakeholders using a variety of channels including written reports, briefing documents, abstracts, oral and poster presentations, and peer-reviewed manuscripts.

At county level, dissemination channels may include participation in health management team meetings and continuing medical education sessions at facility level, and/or progress reporting meetings with HRSA and PEPFAR IPs. National or international level dissemination avenues may include technical working groups, Council of Governor meetings, Development Partners of Health, conference and forum abstract presentations, conference poster displays, manuscripts, bulletins, reports, and other approved products in print and electronic media. All evaluation reports will be publicly available on PEPFAR resource sites. HRSA and stakeholders will use overall evaluation findings during the five-year period of performance to share and implement key recommendations to strengthen program implementation and effectiveness, sustainability, and continued program improvement upon completion of the award.

**Approvals:** Evaluations are expected to align with national, PEPFAR, and agency priorities and programmatic gaps, and will be reviewed and approved as part of the Country Operational Plan (COP). As such, the evaluation questions listed in this

announcement may be amended based on feedback from the Office of the US Global AIDS Coordinator during the annual COP review process.