

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

HIV/AIDS Bureau
Division of Metropolitan HIV/AIDS Program

***Ryan White HIV/AIDS Program Part A Planning Council and
Planning Body Technical Assistance (TA) Cooperative Agreement***

Funding Opportunity Number: HRSA-20-064

Funding Opportunity Type: New

Assistance Listings (CFDA) Number: 93.145

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: January 29, 2020

*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: October 17, 2019

Helen Rovito
Senior Program Advisor
Division of Metropolitan HIV/AIDS Programs
Telephone: (301) 443-3286
Email: hrovito@hrsa.gov

Authority: Section 2606 (42 USC 300ff-16) of the Public Health Service Act

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Metropolitan HIV/AIDS Program (DMHAP) is accepting applications for the fiscal year (FY) 2020 Ryan White HIV/AIDS Program (RWHAP) Planning Council and Planning Body Technical Assistance (TA) Cooperative Agreement. The purpose of this cooperative agreement is to provide technical assistance to RWHAP Part A Planning Councils and Planning Bodies to enable them to: enhance their abilities to successfully meet legislative requirements for planning; strengthen their ability to engage and maintain representation of people with HIV; and increase the involvement of HIV prevention, care, and treatment providers in the RWHAP Part A planning process.

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part A Planning Council and Planning Body Technical Assistance (TA) Cooperative Agreement
Funding Opportunity Number:	HRSA-20-064
Due Date for Applications:	January 29, 2020
Anticipated Total Annual Available FY 2020 Funding:	\$500,000
Estimated Number and Type of Award(s):	One (1) cooperative agreement
Estimated Award Amount:	Up to \$500,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2020 through June 30, 2023 (three (3) years)
Eligible Applicants:	Eligible applicants include public and nonprofit private entities, including faith based and community based organizations, Tribes and tribal organizations, schools and academic health science centers. 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

Day and Date: Wednesday, November 20, 2019

Time: 2 p.m. – 4 p.m. ET

URL: <https://hrsa.connectsolutions.com/ecwg>

Dial-in #: 1-877-952-6578

Passcode: 2668381#

Playback: Recorded webinar will be available on the [TargetHIV website](#).

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION.....	1
1. PURPOSE	1
2. BACKGROUND	1
II. AWARD INFORMATION	6
1. TYPE OF APPLICATION AND AWARD	6
2. SUMMARY OF FUNDING	7
III. ELIGIBILITY INFORMATION	7
1. ELIGIBLE APPLICANTS	7
2. COST SHARING/MATCHING	7
3. OTHER	7
IV. APPLICATION AND SUBMISSION INFORMATION.....	8
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	8
2. CONTENT AND FORM OF APPLICATION SUBMISSION	8
<i>i. Project Abstract</i>	9
<i>ii. Project Narrative</i>	9
<i>iii. Budget</i>	14
<i>iv. Budget Narrative</i>	15
<i>v. Attachments</i>	15
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER AND SYSTEM FOR AWARD MANAGEMENT.....	16
4. SUBMISSION DATES AND TIMES	17
5. INTERGOVERNMENTAL REVIEW.....	17
6. FUNDING RESTRICTIONS	17
V. APPLICATION REVIEW INFORMATION.....	18
1. REVIEW CRITERIA	18
2. REVIEW AND SELECTION PROCESS	21
3. ASSESSMENT OF RISK	21
VI. AWARD ADMINISTRATION INFORMATION	22
1. AWARD NOTICES	22
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	22
3. REPORTING	22
VII. AGENCY CONTACTS.....	23
VIII. OTHER INFORMATION	24

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS (RWHAP) Program Part A Planning Council and Planning Body Technical Assistance (TA) Cooperative Agreement. The goal of this cooperative agreement is to provide comprehensive technical assistance to RWHAP Part A Planning Councils and Planning Bodies (Planning Councils/Bodies) to enable them to enhance their abilities to successfully meet legislative responsibilities. In an effort to meet goals and legislative responsibilities, the Health Resources and Services Administration (HRSA) will engage an organization with national reach to provide Planning Council- and transitional grant area (TGA) Planning Body-related technical assistance to recipients, jurisdictional leadership, and Planning Councils/Bodies support staff. Comprehensive site visits conducted by the HIV/AIDS Bureau (HAB) Division of Metropolitan HIV/AIDS Programs (DMHAP) for each of the 52 RWHAP Part A jurisdictions have identified a critical need for an ongoing, comprehensive technical assistance mechanism for Part A Planning Councils/Bodies. This technical assistance and support will enable them to enhance their abilities to successfully meet legislative requirements, strengthen their role in providing essential engagement of people with HIV, and increase the involvement of prevention and care and treatment providers in the RWHAP Part A planning process.

The recipient of this cooperative agreement will offer a full range of technical assistance delivered through both in-person and virtual methods, including but not limited to creating and updating resource guidance tools. This technical assistance will include, but is not limited to, on-site and distance learning training and TA, national webinars, group learning sessions, creation of training materials and other resources, and training of trainers. Target audiences will include Planning Councils/Bodies, Part A recipients, jurisdictional leadership, and Planning Councils/Planning Bodies support staff.

The recipient will work with TargetHIV as the forum to disseminate information, materials, and products.

2. Background

This program is authorized by Section 2606 (42 USC 300ff-16) of the Public Health Service (PHS) Act. The RWHAP legislation requires eligible metropolitan areas (EMAs) to have Planning Councils. Transitional grant areas (TGAs) formed after 2007 may choose either planning councils or planning bodies to provide organized, ongoing, and informed community involvement in planning [Section 2609(d)(1)(A)] of the PHS Act].

Planning councils are decision-making bodies, with clearly defined roles in the legislation. A planning body can be an advisory entity, but HRSA expects it to carry out the same activities as a planning council, as outlined in Section 2602 of the PHS Act. Planning councils are responsible for making recommendations regarding the

use of RWHAP resources and HIV care and treatment services, and for ensuring community input in planning. HRSA recognizes that the use of planning councils and planning bodies is important and complex. These entities need continued technical assistance to enable them to continue their vital role within the RWHAP Part A Program and greater HIV prevention and care community.

Development of the Ryan White HIV/AIDS Program Part A Planning Council/ Transitional Grant Area (TGA) Planning Body Technical Assistance Cooperative Agreement

Historically, HRSA has supported a variety of programmatic activities for RWHAP Part A Planning Councils/Planning Bodies and responded to numerous requests from RWHAP Part A recipients for training and technical assistance to improve their processes and outcomes. However, findings from comprehensive site visits indicated a need for a re-invigorated technical assistance approach. In 2015, DMHAP hired a contractor to conduct an assessment to inform planning for the future of the RWHAP Part A program. This assessment assisted the RWHAP Part A program in identifying the training needs and competencies necessary for carrying out the Planning Council/Planning Body legislatively required responsibilities. In 2017, DMHAP funded a three-year cooperative agreement to address many of the findings of the assessment.

This opportunity is to fund a new cooperative agreement, which will further build upon the foundation created by the previously funded effort by refining and operationalizing local Part A planning processes, such that all pieces of comprehensive planning (needs assessment, resource inventory, service gap identification, service category prioritization, resource allocation, development of service standards, and ongoing assessment) lead to more targeted utilization of Federal resources. These resources must be consistent with payor of last resort requirements and based on objective measures of need and performance. The website for the prior cooperative agreement was <https://targethiv.org/planning-chatt>.

Ending the HIV Epidemic: A Plan for America

In February 2019, the Administration announced a new initiative, [Ending the HIV Epidemic: A Plan for America](#). This ten-year initiative beginning FY 2020 seeks to achieve the important goal of reducing new HIV infections in the United States to less than 3,000 per year by 2030. The first phase of the initiative will focus on 48 counties, Washington, D.C., San Juan, PR, and 7 states that have a substantial rural HIV burden. By focusing on these jurisdictions in the first phase of the initiative, the U.S. Department of Health and Human Services (HHS) plans to reduce new HIV infections by 75 percent within five years. Across the United States, the initiative will promote and implement the four Pillars to substantially reduce HIV transmissions – Diagnose, Treat, Prevent, and Respond. The initiative is a collaborative effort among key HHS agencies, primarily HRSA, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

National HIV/AIDS Strategy: Updated to 2020

The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020) is a 5-year plan that details principles, priorities, and actions to guide the national

response to the HIV epidemic. The RWHAP promotes robust advances and innovations in HIV health care using the National HIV/AIDS Strategy to end the epidemic as its framework. Therefore, to the extent possible, activities funded by RWHAP focus on addressing these four goals:

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

To achieve these shared goals, recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, to ensure that people with HIV are linked to and retained in care, and have timely access to HIV treatment and the supports needed (e.g., mental health and substance use disorders services) to achieve HIV viral suppression

HIV Care Continuum

Diagnosing and linking people with HIV to HIV primary care, and ensuring people with HIV achieve viral suppression are important public health steps toward ending the HIV epidemic in the United States. The HIV care continuum has five main "steps" or stages that include: HIV diagnosis, linkage to care, retention in care, antiretroviral use, and viral suppression. The HIV care continuum provides a framework that depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication. It also demonstrates the proportion of individuals living with HIV who are engaged at each stage. The HIV care continuum allows recipients and planning groups to measure progress and to direct HIV resources most effectively. RWHAP recipients are encouraged to assess the outcomes of their programs along this continuum of care. Recipients should work with their community and public health partners to improve outcomes across the HIV care continuum. HRSA encourages recipients to use the [performance measures](#) developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

According to recent data from the [2017 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2010 to 2017, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load test with a result of <200 copies/mL reported, has increased from 69.5 percent to 85.9 percent; additionally, racial/ethnic, age-based, and regional disparities have decreased.¹ These improved outcomes mean more people with HIV in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.² Scientific advances have shown antiretroviral therapy (ART) preserves the health of people with

¹ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2017. <http://hab.hrsa.gov/data/data-reports>. Published December 2018. Accessed April 1, 2019.

² National Institute of Allergy and Infectious Diseases (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: <https://clinicaltrials.gov/NCT00074581> NLM Identifier: NCT00074581.

HIV and prevents sexual HIV transmission. This means that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking people with HIV into care, retaining them in care, and helping them adhere to their ART.

Integrated Data Sharing and Use

HRSA and CDC's Division of HIV/AIDS Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, needs assessments, unmet need estimates, reporting, quality improvement, the development of your HIV care continuum, and public health action. HRSA strongly encourages RWHAP Part A recipients to:

- Follow the principles and standards in the [Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action](#).
- Establish data sharing agreements between surveillance and HIV programs to ensure clarity about the process and purpose of the data sharing and utilization.

Integrated HIV data sharing, analysis, and utilization approaches by state and territorial health departments can help further progress toward reaching the NHAS 2020 goals and improve outcomes on the HIV care continuum.

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

Minority HIV/AIDS Fund from the HHS Secretary's Office (MHAF), HAB Technical Assistance, and Special Projects of National Significance (SPNS) Program

Through the MHAF and through HRSA's HAB Technical Assistance Cooperative Agreements, HAB has a number of projects that may be useful for RWHAP recipients to consider. Some select examples are:

- **Building Futures: Youth Living with HIV** at <https://targethiv.org/library/hrsa-hab-building-futures-supporting-youth-living-hiv>
- **The Center for Engaging Black MSM Across the Care Continuum (CEBACC)** at <https://targethiv.org/cebacc>

- **E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV** at <https://targethiv.org/e2i>
- **Using Community Health Workers to Improve Linkage and Retention in Care** at <https://targethiv.org/chw>

Below are additional examples for specific populations, co-morbidities, and program areas: <https://targethiv.org/help/ta-directory>

Through HAB's SPNS Program, HRSA funds demonstration project initiatives focused on the development of effective interventions to respond quickly to emerging needs of people with HIV receiving assistance under the RWHAP. Through these demonstration projects, SPNS evaluates the design, implementation, utilization, cost, and health related outcomes of innovative treatment models, while promoting dissemination, replication, and uptake of successful interventions. SPNS findings have demonstrated promising new approaches to linking and retaining into care underserved and marginalized people with HIV. All RWHAP recipients are encouraged to review and integrate a variety of SPNS evidence-informed tools within their HIV system of care in accordance with the allowable service categories defined in [PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#) as resources permit. SPNS related tools may be found at the following locations:

- **Integrating HIV Innovative Practices (IHIP)** (<https://targethiv.org/ihip>)
Resources on the IHIP website include easy-to-use training manuals, curricula, case studies, pocket guides, monographs, and handbooks, as well as informational handouts and infographics about SPNS generally. IHIP also hosts TA training webinars designed to provide a more interactive experience with experts, and a TA help desk exists for you to submit additional questions and share your own lessons learned.
- **Replication Resources from the SPNS Systems Linkages and Access to Care** (<https://targethiv.org/library/replication-resources-spns-systems-linkages-and-access-care>)
There are intervention manuals for patient navigation, care coordination, state bridge counselors, data to care, and other interventions developed for use at the state and regional levels to address specific HIV care continuum outcomes among hard-to-reach people with HIV.
- **Dissemination of Evidence Informed Interventions** (<https://targethiv.org/library/dissemination-evidence-informed-interventions>)
The Dissemination of Evidence-Informed Interventions initiative runs from 2015-2020 and disseminates four adapted linkage and retention interventions from prior SPNS and the MHAF from the HHS Secretary's Office initiatives to improve health outcomes along the HIV care continuum. The end goal of the initiative is to produce four evidence-informed care and treatment interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing healthcare environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

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 substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA program involvement will include:

- Contributing to, reviewing, and approving documents including webinar and training curriculum, publications, and other resources prior to printing, dissemination, or implementation.
- Collaborating in the design, operation, direction, and evaluation of program focus area TA activities, including meetings, training activities, or workshops.
- Providing assistance and collaboration in the management and technical performance of activities to ensure the identification of organizations in need of assistance.
- Assisting with the coordination of the training and technical assistance efforts in the planning, development, and implementation of the various phases of these projects.
- Anticipating and providing guidance on the changes taking place in the health care environment that will affect the planning process.
- Coordinating with other RWHAP Programs to address the training and technical assistance needs as they may relate to new/emerging strategic initiatives.

The cooperative agreement recipient's responsibilities will include:

- Providing training and technical assistance to maximally assist RWHAP Part A Planning Councils/Bodies to implement legislatively mandated duties.
- Collaborating with HRSA HAB and other stakeholders as necessary to plan, execute, and evaluate the activities.
- Disseminating training and technical assistance information and tools to RWHAP recipients and subrecipients.
- Modifying activities as necessary in keeping with the changing trends and needs of the RWHAP recipients and clients.
- Ensuring training and technical assistance delivered to RWHAP recipients is clear and coordinated with other HRSA HAB TA resources.
- Negotiating with HRSA to update existing work plans at least annually, and, as needed, integrating new priorities during the funding period (i.e., through monthly calls or other communication as needed).
- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds.

2. Summary of Funding

HRSA expects approximately \$500,000 to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to \$500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2020 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. The period of performance is July 1, 2020, through June 30, 2023 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for the Ryan White HIV/AIDS Program Part A in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible organizations include public and nonprofit private entities, including faith-based and community-based organizations, Tribes and tribal organizations, schools and academic health science centers.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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 allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](http://www.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 provide your email address when reviewing or preparing the workspace application package in order to receive notifications including clarification, modifications, and/or republications of the NOFO on Grants.gov before its closing date. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

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

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You, on behalf of the applicant organization certify, 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 **Attachment 6**: 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](#).

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.

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 NEED.***
Briefly describe the purpose of the proposed project. This section should describe how the proposed project will address the goals of providing technical assistance to RWHAP Planning Councils/Bodies to support RWHAP Part A planning activities and continue/expand upon current HRSA HAB supported efforts. Include a discussion that exhibits an expert understanding of state, county, and city health department planning and RWHAP Part A Planning Councils/Bodies. Include a discussion that demonstrates expertise in collaborations with service providers, stakeholders, and people with HIV.
- ***NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 NEED.***
This section should demonstrate your understanding of the need for and delivery of training and technical assistance to RWHAP Part A Planning Councils/Bodies. Describe your understanding of and relevant work on ending the HIV epidemic activities within Part A jurisdictions, NHAS 2020, the HIV care continuum, and integrated planning. Document experience showing that both internal and consulting staff have expert understanding of RWHAP Part A legislative and

programmatic requirements and the work of RWHAP Part A Planning Councils/Bodies. Provide an assessment of the challenges and strategies that may impact training and TA work. Describe how, in collaboration with HRSA HAB, you would assess best practices for Planning Council/Body operations. Use and cite data whenever possible to support the information provided. This section should help reviewers understand why RWHAP Part A Planning Councils/Bodies may need training and TA. **Please note:** A needs assessment is not required as part of your work plan.

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

Describe the process for recruiting and selecting recipients for training and TA, including how you will ensure geographic parity. Describe how you will use marketing, promotional, and other techniques to target areas of greatest need and successfully engage Planning Councils/Bodies in proactive TA. Describe how you will use multiple TA and training methods and techniques to accomplish each activity, including, but not limited to in-person training, webinars, listservs, online modules, and check-in calls, to address and meet the proposed activities. Include the development of effective tools and strategies for ongoing TA and training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to encourage RWHAP Part A jurisdictions to continue to update and improve their programs.

Provide information on your ability, capacity, and/or experience in:

- Providing training and TA to RWHAP Part A Planning Councils/Bodies;
 - Providing training to Planning Council Support staff, including training of trainers;
 - Developing curriculum, self-guided training tools, and resources for planning council and planning body members (including people with HIV), Part A recipients, and Planning Council Support staff;
 - Conducting national webinars for Part A recipients and Planning Councils/Bodies; and
 - Facilitating group learning sessions via a virtual platform.
- **WORK PLAN** -- *Corresponds to Section V's Review Criterion #2 Response*
- Describe the activities or steps that you will use to achieve each of the activities proposed during the entire project period in the Methodology section. The recipient of this cooperative agreement will offer a full range of technical assistance delivered through both in-person and virtual methods, including, but not limited to updating and utilizing resource guidance tools. Technical assistance engagements will fall into three categories, ranging from basic TA to complex TA.

Activities for this cooperative agreement will include, but are not limited to:

- On-site and distance learning technical assistance to Planning Councils/Bodies;
- Conducting national webinars to Part A recipients and Planning Councils/Bodies;

- Updating and creating training materials to make information more accessible and available;
- Providing effective training that leads to the retention of Planning Council/Body members;
- Conducting group learning sessions virtually; and
- Conducting Planning Council support trainings, including training of trainers.

Major areas of training and TA focus for this cooperative agreement will include, but are not limited to:

- Understanding and meeting legislative requirements;
- Understanding the roles and responsibilities of Planning Councils/Bodies, Part A recipients and Planning Body support staff;
- Creating opportunities for information sharing and training for Planning Council/Body support staff;
- Recruiting and retaining membership of people with HIV on Planning Councils/Bodies reflective of the population of people living with HIV in the jurisdiction;
- Recruiting, training, and retaining members; and
- Understanding and using data for data-driven decision-making.

Use a timeline that includes each activity and identifies responsible staff. Discuss how these activities will contribute to the purpose of the TA. The work plan should relate to the needs previously identified in the needs assessment and correspond to the activities described in the work plan narrative. Develop a work plan (include as **Attachment 1**) that corresponds with the work plan narrative and which must include each project activity, action steps, intended target population, measurable outcome, target end dates and the person(s) responsible for each step. HRSA recommends submitting the work plan in a table format. The work plan must include goals, objectives, and outcomes that are SMART (specific, measurable, achievable, realistic, and time measurable). Include appropriate milestones (e.g., a significant or important event in the project period) and any products to be developed.

- Separate the work plan by year and include three (3) years of work plans to cover goals, objectives and action steps proposed for the entire 3-year project period.
- Describe the plan and methods for disseminating best practice models, methodologies, project accomplishments, and results.
- Describe how any tools and resources developed will be utilized to provide continuing assistance to RWHAP Part A Planning Councils/Bodies.
- Describe how goals align with NHAS 2020.

NOTE: Organizations with a formal partner(s) must provide information on how they will ensure effective lines of communication and consistent, timely, high quality work from each organization leading the specific task.

Logic Models

You must submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps. You can find additional information on developing logic models at the following website:

<http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf>.

▪ ***RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review 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. Discuss the strength of methodology in identifying and responding to these challenges. Discuss approaches you may use to resolve such challenges. Describe relevant challenges encountered in implementing similar work plans, and how these were resolved.

▪ ***EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 Evaluative Measures***

Describe the plan for program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities. Describe the plan for using the TargetHIV website to promote materials/webinars.

Discuss the technical systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how you 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. Describe the data

collection strategy to collect, analyze, and track data to measure process and impact/outcomes, broken out by target populations (e.g., race, ethnicity, age, and gender) and explain how the data will be used to inform program development and delivery of the training and TA. Describe any potential obstacles for implementing the program performance evaluation and how you plan to address those obstacles.

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

Provide information on the organization's current mission and structure, scope of current activities, and an organizational chart (**Attachment 5**). The organizational chart should be a one-page figure that depicts the organizational structure of only the proposed technical assistance activities to be funded through the cooperative agreement, not the entire organization. Include subrecipients and other significant partners/collaborators necessary for successful implementation of the project. Provide a history of organizational capacity and expertise that demonstrates a minimum of three (3) years of experience and/or staff expertise in providing national training and TA to RWHAP Part A Planning Councils/ Bodies. Discuss expertise of staff as it relates to the scope of work proposed. Explain/substantiate organizational capacity and illustrate specific areas of organizational expertise. Explain/describe how the staff will address cultural competency, including race, ethnicity, and other pertinent demographics of the targeted communities most impacted by HIV. Include as **Attachment 4** any relevant letters of agreement or contract documents exhibiting partner commitment to the project. Focus your emphasis on experience related to working with RWHAP Part A Planning Councils/Bodies and key stakeholder organizations; providing technical assistance and creating technical assistance modules and materials; building self-sustaining capacity to maximize the participation of stakeholders and people with HIV; and supporting peer learning opportunities across RWHAP recipients and planning bodies.

Describe how these contribute to the ability to conduct the program requirements and meet program expectations. Describe the organizational level of experience and understanding of the current and future health care funding and organizational environment in which RWHAP recipients operate.

Applications containing partnering organizations must provide information on monitoring and assessing performance of methods and activities completed by partner organizations, and how the individual efforts of the partner organization help to implement the activities in the overall work plan.

Describe collaborative efforts with partners, local recipients, and HAB program staff, and other pertinent agencies that enhance the ability to accomplish proposed projects. Explain how these ensure broad national scope and secure specific expertise. Describe past performance managing collaborative federal grants at the national level. Describe the estimated percentage of total agency budget that funding for this cooperative agreement would make up, and note other sources of funding you receive. Describe the number of years' experience in developing and

disseminating informational materials and providing capacity building assistance to HIV related organizations and constituencies on a national level. Include biographical sketches, not to exceed two pages in length, for key personnel on the project as **Attachment 3**. If you include a biographical sketch for an individual not yet hired, also include a letter of commitment signed by the individual.

NARRATIVE GUIDANCE	
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.	
<u>Narrative Section</u>	<u>Review Criteria</u>
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
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the 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 can 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) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245),

Division B, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. Budget Narrative

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

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. You must 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](#). Also include the required logic model in this attachment. 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](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization’s timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 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.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

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

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

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

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

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

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

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

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 updated common certification and representation requirements will be stored and maintained within the 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 *January 29, 2020 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

The Ryan White HIV/AIDS Program Part A Planning Council and Planning Body Technical Assistance (TA) Cooperative Agreement is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to three (3) years, at no more than \$500,000 per year (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.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA’s [SF-424 Application Guide](#) for additional information. Awards will be made subsequent to enactment of the FY2020 appropriation. The NOA will reference the FY2020 appropriation act and any restrictions that may apply. Note that these or other restrictions may be updated, as required by law, upon enactment of a FY 2020 appropriations act.

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

- 1) Provision of direct health care or supportive services;
- 2) To develop materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual;
- 3) PrEP or Post-Exposure Prophylaxis (nPEP) medications or the related medical services;

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

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.

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](#).

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 Ryan White HIV/AIDS Part A Program Planning Council and Planning Body Technical Assistance Cooperative Agreement has six (6) 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

- a) Extent to which the stated purpose of the proposed project and the proposed project activities will impact RWHAP Part A Planning Councils/Bodies and their work within the Part A jurisdictions.

- b) Extent to which the applicant demonstrated knowledge and experience in understanding the needs of Planning Councils/Bodies and demonstrated experience in addressing the training needs of Planning Council/Body members.
- c) The strength of the past data/information gathering methods conducted that produced findings to determine the needs of the target audience relative to the proposed program focus.
- d) Extent to which the applicant demonstrated understanding of the RWHAP legislative expectations for RWHAP Part A and Planning Councils/Bodies.
- e) Extent to which the proposed project will directly contribute to the goals of NHAS 2020.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV’s Methodology, Work Plan and Resolution of Challenges

- a) Extent to which the work plan thoroughly outlines the accompanying action steps for each activity, the strategies to reach and involve the intended target populations, timelines with target end dates and the person(s) responsible for each step.
- b) Extent to which the applicant plans to use varied and appropriate types of training techniques to accomplish the goal of each activity.
- c) Extent to which the work plan includes all aspects of the program requirements.
- d) Extent to which the program objectives align with the goals of NHAS 2020.
- e) The clarity and strength of the proposed plans to market the activities regionally and nationally to the appropriate audiences using multiple recruitment techniques and partnerships.
- f) Extent to which the applicant identifies possible challenges that are likely to be encountered during the planning and implementation of the activities described in the work plan, and identifies realistic and appropriate responses to be used to resolve the challenges.

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity

- a) The clarity and feasibility of the proposed evaluation plan to measure, monitor, and evaluate the RWHAP Part A program, the Planning Council/Bodies’ work within their jurisdictions, and the RWHAP recipients and subrecipients that will benefit from the skills of the trained target population.
- b) The extent to which the project proposes utilizing the TargetHIV website to house all training and TA products.
- c) The clarity and strength of the proposed process evaluation methodology.
- d) The extent to which the outcome measures are identified and appropriate for each activity.
- e) The extent to which the applicant demonstrates the expertise available within the organization to collect, analyze, and disseminate the program evaluation findings.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Work Plan and Evaluation and Technical Support Capacity

- a) The extent to which the proposed activities will likely increase the skills and improve the practices of RWHAP Part A Planning Councils/Planning Bodies, the Part A recipients, and Planning Council/Planning Body support staff.
- b) The extent to which the applicant demonstrates how the RWHAP and other service delivery systems will be strengthened through the outcomes of this program.
- c) The extent to which the applicant identifies the potential future benefits of providing technical assistance to Planning Councils/Bodies in support of integrated planning.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s Organizational Information, Staffing Plan and Job Descriptions for Key Personnel

- a) The strength of the organizational experience, capacity and staff expertise in providing training and technical assistance to RWHAP Part A Planning Councils/Bodies.
- b) The strength of the proposed partnerships, and how the partnering organizations will contribute to the goals of the project.
- c) The extent to which the applicant demonstrates successful past performance managing federal grants at a national level.
- d) The strength of the proposed staffing plan, including adequate percentages of FTE, to address all aspects of the activities proposed.

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

- a) The extent to which the applicant demonstrates strength and clarity in the budget narrative in justifying each line item in relation to the goals and objectives of the program.
- b) The extent to which the applicant provides a strong justification and defined outcomes with all written agreements with partnering entities.
- c) The extent to which the budget and budget justification clearly identifies key personnel who have adequate time devoted to the project to achieve project objectives, and provides a clear justification of proposed staff, contracts, and other resources.

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.

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.

Effective January 1, 2016, 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 any of 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 July 1, 2020. 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](#).

Requirements of Subawards

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 subrecipients under awards. 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 federally supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on a **tri-annual** basis. Further information will be available in the NOA.
- 2) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

VII. Agency Contacts

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

Nancy Gaines
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-5382
Email: ngaines@hrsa.gov

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

Helen Rovito
Senior Program Advisor
Division of Metropolitan HIV/AIDS Program
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 9W08
Rockville, MD 20857
Telephone: (301) 443-3286
Email: hrovito@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 HRSA's 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

Day and Date: Wednesday, November 20, 2019

Time: 2 p.m. – 4 p.m. ET

URL: <https://hrsa.connectsolutions.com/ecwg>

Dial-in #: 1-877-952-6578

Passcode: 2668381#

Playback: Recorded webinar will be available on the TargetHIV website.

Tips for Writing a Strong Application

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