

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



HIV/AIDS Bureau  
Division of Policy and Data

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

**Funding Opportunity Number: HRSA-20-071**

**Funding Opportunity Type(s): New**

**Assistance Listings (CFDA) Number: 93.145**

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2020

**Application Due Date: February 18, 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: December 9, 2019**

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

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) Division of Policy and Data (DPD) is accepting applications for fiscal year (FY) 2020 Ryan White HIV/AIDS Program (RWHAP) Implementation Program for HIV Clinical Quality Improvement. The purpose of this program is to provide RWHAP recipients and subrecipients with training and technical assistance (T/TA) to implement quality improvement methodologies and concepts. The activities outlined in this Notice of Funding Opportunity (NOFO) align with the Ryan White HIV/AIDS Treatment Extension Act of 2009 and Clinical Quality Management Policy Clarification Notice 15-02 (CQM) ([PCN 15-02](#)) which clarifies RWHAP expectations for clinical quality management (CQM) programs, inclusive of quality improvement, infrastructure, and performance measurement.

|   |   |
|---|---|
| Funding Opportunity Title:                          | Ryan White HIV/AIDS Program (RWHAP) Implementation Program for HIV Clinical Quality Improvement   |
| Funding Opportunity Number:                         | <b>HRSA-20-071</b>  |
| Due Date for Applications:                          | <b>February 18, 2020</b>  |
| Anticipated Total Annual Available FY 2020 Funding: | \$1,500,000   |
| Estimated Number and Type of Award(s):              | 1 cooperative agreement   |
| Estimated Award Amount:                             | Up to \$1,500,000 per year subject to the availability of appropriated funds  |
| Cost Sharing/Match Required:                        | No  |
| Period of Performance:                              | July 1, 2020 through June 30, 2024 (4 years)  |
| Eligible Applicants:                                | Eligible applicants include public and nonprofit private entities including institutions of higher education and academic health science centers involved in addressing HIV related issues on a national scope. Faith-based and community-based organizations, Tribes, and tribal organizations also are eligible to apply.<br>See <a href="#">Section III.1</a> 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 strongly encourages all applicants to participate in a technical assistance (TA) webinar for this funding opportunity to ensure the successful submission of the application. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the NOFO.

HRSA has scheduled the following technical assistance:

### **Webinar**

Day and Date: Tuesday, January 7, 2020

Time: 2 p.m. – 3 p.m. ET

Call-In Number: 1-888-628-9518

Participant Code: 2138552

Weblink: [https://hrsa.connectsolutions.com/clinical\\_quality\\_improvement/](https://hrsa.connectsolutions.com/clinical_quality_improvement/)

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

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## I. Program Funding Opportunity Description

### 1. Purpose

This notice announces the opportunity to apply for funding under the *Ryan White HIV/AIDS Program (RWHAP) Implementation Program for HIV Clinical Quality Improvement*. The purpose of this cooperative agreement is to provide RWHAP recipients and subrecipients with training and technical assistance (T/TA) to implement quality improvement methodologies (e.g., Model for Improvement, Lean, Lean Sigma), tools, and techniques, as required by the Ryan White HIV/AIDS Treatment Extension Act of 2009 and [Clinical Quality Management Policy Clarification Notice 15-02 \(CQM PCN 15-02\)](#). All T/TA will align with the CQM PCN 15-02. Although infrastructure and performance measurement are key components of CQM, this cooperative agreement will focus on quality improvement aimed at improving patient care, patient health outcomes, and patient satisfaction.

The RWHAP Implementation Program for HIV Clinical Quality Improvement will provide T/TA to RWHAP recipients and subrecipients to identify and measure gaps in patient care, patient health outcomes, and patient satisfaction; implement quality improvement activities; and assess the impact of quality improvement activities. All T/TA should promote the adoption and implementation of quality improvement methodologies, tools, and techniques.

The RWHAP Implementation Program for HIV Clinical Quality Improvement activities are as follows:

- Offer areas of quality improvement T/TA to RWHAP recipients and subrecipients directly related to quality improvement methodologies, tools, and techniques including:
  - New and innovative training
  - Development and dissemination of tools and guides
  - [Targeted, time-limited quality improvement TA](#)
  - Learning collaboratives
- Evaluate the effect of the T/TA provided to RWHAP recipients and subrecipients using scientifically accepted methodologies. Monitor recipients' and subrecipients' efficiency and effectiveness in implementing quality improvement activities. Use the results of the evaluation to modify T/TA.
- Use HRSA-developed [performance measures](#) or HRSA-approved performance measures, ensure alignment with current [Department of Health and Human Services HIV clinical guidelines](#); e.g., Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Ensure that training content is specifically relevant to the RWHAP recipients and subrecipients when designing and implementing T/TA.
- Participate in the National Ryan White Conference on HIV Care and Treatment by submitting abstracts for presentations and disseminating information relevant to the target audience. HRSA will provide input and approval of potential abstracts and presentations.

- Use the [TargetHIV](#) website to post and disseminate all quality improvement T/TA information, materials and products, findings, best practices, and lessons learned to national and local audiences.
- Respond to requests by HRSA for data and information related to project activities.

## 2. Background

### 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 10-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 includes: 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 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 [2018 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2014 to 2018, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 81.4 percent to 87.1 percent; additionally, racial/ethnic, age-based, and regional disparities have decreased.<sup>1</sup> 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.<sup>2</sup> Scientific advances have shown antiretroviral therapy (ART) preserves the health of people with 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 Parts A and B 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

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<sup>1</sup> Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018. <http://hab.hrsa.gov/data/data-reports>. Published December 2019. Accessed December 2, 2019.

<sup>2</sup> 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.

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 HAB Technical Assistance Cooperative Agreements, HRSA 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 its SPNS Program, HRSA's HAB 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 technical assistance (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(s) 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 proposed project.

#### **As a cooperative agreement, HRSA programmatic 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 T/TA activities, including meetings, training activities, guides, tools, or workshops selection of all T/TA participants.
- 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 T/TA 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.
- Providing the expertise of HRSA personnel and other relevant resources to support the efforts of the initiative activities.
- Facilitating partnership and communication with other federal agencies, HRSA recipients, and community stakeholders to improve coordination efforts.
- Participating, as appropriate, in conference calls and meetings that are conducted during the project period of the cooperative agreement.

**In collaboration with HRSA, the cooperative agreement recipient's responsibilities will include:**

- Providing T/TA to maximally assist RWHAP recipients to implement legislatively mandated duties and guidance outlined in CQM PCN 15-02.
- Collaborating with HRSA and other stakeholders as necessary to plan, execute, and evaluate the activities.
- Disseminating T/TA tools and guides to RWHAP recipients and subrecipients to improve patient care, patient health outcomes, and patient satisfaction.
- Modifying activities as necessary in keeping with the changing trends and needs of the RWHAP recipients and clients. Ensuring T/TA delivered to RWHAP recipients is designed to promote the adoption and implementation of effective quality improvement methodologies, tools, and techniques.
- Ensuring T/TA delivered to RWHAP recipients is clear and coordinated with other HRSA T/TA resources.
- Negotiating with HRSA to update existing work plans at least annually, and, as needed, integrate new priorities during the funding period (i.e., through monitoring calls or other communication as needed).
- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds.
- Providing HRSA with a complete, updated, and accessible copy of all federally supported materials, including online content, prepared under this cooperative agreement in an electronic zip file format on an annual basis for the duration of the project; and
- Using TargetHIV as the website to post and disseminate project activities, information, materials, and products.

## **2. Summary of Funding**

HRSA expects approximately \$1,500,000 to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to \$1,500,000 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, 2024. Funding beyond the first year is subject to the availability of appropriated funds 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 applicants include entities eligible for funding under RWHAP Parts A, B, C and D of Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009. Public and nonprofit private entities involved in addressing HIV/AIDS related issues at the regional or national level; state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; faith-based and community-based organizations; and Indian Tribes or tribal organizations with or without federal recognition.

#### **2. Cost Sharing/Matching**

Cost sharing/matching is not required for this program.

#### **3. Other**

HRSA will consider applications that exceed the ceiling amount non-responsive and will not consider them for funding under this notice.

HRSA will consider applications that fail to satisfy the deadline requirements referenced in Section IV.4 non-responsive and will not consider them 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 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 **40 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) The prospective recipient certifies, 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 the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 7: 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](#). In addition to the requirements listed in the SF-424 Application Guide, please include a summary of the proposed activities; a description of the impact of the proposed activities; and funding amount requested for the period of performance.

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

This section provides a comprehensive framework and description of all aspects of the proposed project including a summary of the proposed activities and methods for implementing activities. 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 Criteria # 1 Need and # 2 Response**

Briefly describe the purpose of the proposed project. Describe the overall approach for designing and implementing T/TA. Describe the organization's responsibility for carrying out activities and their abilities related to the project activities. Include a discussion that exhibits an expert understanding of the issues related to the activities included in this funding opportunity announcement among the applicant's internal and consulting staff, as well as any partner organizations.

- **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion # 1 Need**  
Applicants must have an understanding of the RWHAP, including the [Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds \(PCN 16-02\)](#); CQM PCN 15-02; and quality improvement methodologies, tools, and techniques. In designing T/TA, the recipient of this cooperative agreement will consider the challenges faced by RWHAP recipients and subrecipients related to health disparities in HIV outcomes for key populations identified in the National

HIV/AIDS Strategy (NHAS 2020) and the Ending the HIV Epidemic: A Plan for America initiative.

Outline the quality improvement needs specific to the RWHAP recipients and subrecipients. Describe how you identified the needs of the RWHAP recipients and subrecipients.

Use and cite demographic data, including data about the jurisdictions from the Ending the HIV Epidemic: A Plan for America-whenever possible to support the information provided. Include the information gathering methods used to identify the RWHAP recipient and subrecipient needs.

- **METHODOLOGY -- Corresponds to Section V's Review Criterion # 2 Response**  
Describe how you will design and implement T/TA as described in this NOFO. Identify potential activities and products for each level of T/TA. Describe the quality improvement methodologies utilized in the T/TA. Describe how you will recruit and retain participants throughout the duration of each T/TA activity and promote sustainability and scalability of the activities at the RWHAP recipient and subrecipient sites.

Specific to each area of T/TA, describe the methods to achieve the following objectives.

- 1) **New and Innovative Training** focused on quality improvement with the aim to improve patient care, health outcomes, and patient satisfaction. You should:
  - a. Identify the number of trainings to be provided annually, anticipated number of training participants in each training, and the target audience for each training;
  - b. Describe how you would implement multiple training methods and techniques e.g., in-person vs virtual trainings, including the subset of trainings to grant recipients in areas highly affected by the HIV epidemic;
  - c. Describe how you will reach and engage the target audience of grant recipient staff (or contractor) responsible for developing, implementing, and supporting quality improvement activities;
  - d. Describe how you will ensure the training curriculum and supporting materials are section 508 compliant, error free, and available on [TargetHIV](#);
  - e. Describe how you will work with the initiative jurisdictions in the selection of training locations, training dates, and recruitment of participants;
  - f. Describe the process for recruiting and selecting participants for the trainings and engaging them throughout the duration of the training, including grant recipients highly affected by the HIV epidemic;
- 2) **Dissemination of Tools/Guides:** Develop and disseminate new and innovative training tools and guides with a focus on quality improvement aimed at improving patient care, health outcomes, and patient satisfaction. The delivery mechanism must use developed tools and guides appropriate for the purpose and objectives. This must include, but not be limited to:
  - a. Development and dissemination of quality improvement tools and guides

- related to facilitating and coaching quality improvement teams
- b. Development and dissemination of comprehensive training materials needed to execute quality improvement T/TA.
- 3) **Targeted, Time-limited Technical Assistance:** Implementation of targeted, time-limited TA focused on quality improvement. HRSA will receive and triage all TA requests. TA and trainings focused on quality improvement will be triaged to the cooperative agreement provider with specified objectives and timeframes as identified by the recipient. See [TargetHIV](#) for TA request form. You should describe strategies to fulfill the following components:
- a. The use of multiple communication and interaction methods to deliver quality improvement TA;
  - b. The development and implementation of an electronically based method to share ongoing and timely quality improvement TA progress and activities;
  - c. The identification of methods that will be used to provide and manage targeted, time-limited quality improvement TA including identification and resolution of challenges, and management of caseloads;
  - d. The recruitment and retention of staff and consultants that have the appropriate skills and knowledge required to implement targeted, time-limited quality improvement TA for RWHAP recipients and subrecipients;
  - e. The assessment of the impact quality improvement TA has on improving patient care, health outcomes, and patient satisfaction;
  - f. The routine and timely communication of program progress and challenges requiring immediate attention to HRSA project officer assigned to this cooperative agreement.
- 4) **Learning Collaboratives:** Develop, solicit participants for, implement, and evaluate learning collaboratives with a national or regional focus. The learning collaboratives should engage RWHAP recipients and subrecipients and other HIV care stakeholders in learning communities designed to enhance HIV quality improvement methodologies and promote strategies that will help address the HIV epidemic through improving patient care and health outcomes.

This cooperative agreement should explore a range of strategies to fulfill the following components:

- a. Establish two learning collaboratives during the project period that will focus on priority topics identified by HRSA as essential to achieving the goals of this program.
- b. Follow the [Institute for Healthcare Improvement collaborative model for the learning collaborative](#);
- c. Use quality improvement methodologies and concepts that lead to improved health outcomes for people with HIV;
- d. Develop and propose a mechanism for accelerating the launch by streamlining participant recruitment and engagement efforts, clearly defining participant expectations, and clearly outlining evaluation

- activities;
- e. Use virtual, in-person, or a combination of methods to convene learning collaboratives participants;
  - f. Engage RWHAP recipients and subrecipients in learning collaboratives with a focus on quality improvement and improving health outcomes;
  - g. Develop methods to engage the HRSA project officer and designated staff in the development, initiation, and management of learning collaboratives to include the identification of the need for the learning collaboratives, determination of the focus, identification and resolution of challenges, and ability of staff to manage learning collaboratives;
  - h. Describe how any tools and resources developed will be utilized to sustain programs after the project period has ended.
- *WORK PLAN -- Corresponds to Section V's Review Criteria # 2 Response and # 4 Impact*

A work plan is a concise easy-to-read overview of your goals, strategies, objectives, activities, timeline, and staff responsible for implementing the project. You must submit a detailed work plan for the four-year period of performance. Your work plan activities should correspond to your proposed budget for each year of the four-year period of performance.

Develop a work plan to detail corresponding activities and timelines for both the implementation of learning collaboratives and recipient engagement. Define roles and responsibilities of all participants including active involvement of people with HIV.

Describe the activities or steps that you will use to achieve each of the components proposed during the entire project period/period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities. The work plan must include clearly written (1) goals; (2) objectives that are specific, measurable, achievable, realistic, and time-framed (SMART); (3) action steps or activities; (4) staff responsible for each action step; and (5) anticipated dates of completion.

Overall goals should be clearly written for the entire proposed 4-year project period, but objectives and action steps are required only for the goals set for Year 1. Objectives and key action steps should be written in time-framed and measurable terms providing numbers for targeted outcomes where applicable, not just percentages. First year objectives should describe key action steps or activities that will be undertaken to implement quality improvement project(s), including, but not limited to hiring appropriate staff and coordinating the development of the intervention. Please provide the above information in a table format. The work plan should be included as **Attachment 1**.

- **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 project's activities described in the work plan, and describe realistic and appropriate approaches that you will use to resolve such challenges.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- *Corresponds to Section V's Review Criterion # 5 Resources and Capabilities*

Describe the proposed staff's clinical knowledge and expertise (e.g., physician, nurse, nurse practitioner) as it relates to this cooperative agreement including verifying that proposed activities align with clinic and recipient workflows and understanding clinic staffing scope of practice.

Describe the proposed staff's fiscal and programmatic knowledge of, expertise of, and authority to manage the program and to serve as the contact person for HRSA staff.

Describe the proposed staff's (including consultants' and contractors', if applicable) knowledge and expertise in conducting evaluations of qualitative and quantitative measures, to be used concurrently with the development of quality improvement T/TA activities to assure impact is measured.

Describe current experience, skills, and knowledge including individuals on staff, materials published, and previous work around quality improvement T/TA and health outcomes of people with HIV served by the RWHAP.

As appropriate, describe the data collection strategy to collect, analyze, and track quality improvement T/TA and patient care, health outcomes, and patient satisfaction, and explain how the data will be used for the development of quality improvement tools and interventions that will inform the RWHAP development in subsequent activities of the project.

Describe any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

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

Describe your experience with project activities and how this experience would contribute to your organization's capability to implement and meet the goals of this project. Describe your capability and experience in working with people with HIV; local and state health departments; clinicians; community-based organizations; health centers; and advisory and planning groups. Describe your resources and capabilities to provide culturally and linguistically competent project activities.

Include a one-page project organizational chart as **Attachment 5** depicting the organizational structure of the project (not the entire organization), including contractors (if applicable) and other significant collaborators.

If you will use consultants and/or contractors to provide any of the project activities, describe their roles and responsibilities on the project and the plan for oversight. Include signed letters of agreement, memoranda of understanding, and brief descriptions of proposed and/or existing contracts related to the proposed project in **Attachment 4**.

Include a proposed staffing plan for project, including staff qualifications, full time equivalent(s) for this project, brief job descriptions for all staff included on the budget including the roles, responsibilities, and the management staff overseeing the various project activities. Include the staffing plan as **Attachment 2**. If a biographical sketch for an individual not yet hired is included, you must attach a letter of commitment signed by the individual. See Section 4.1. of HRSA’s SF-424 Application Guide for additional information.

Include short biographical sketches, each not to exceed two pages in length, of key project staff as **Attachment 3**. See Section 4.1. of HRSA’s SF-424 Application Guide for information on the content for the sketches. Include staff experience directly related to the project activities.

| <b>NARRATIVE GUIDANCE</b>  |   |
|--|---|
| 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. |   |
| <b><u>Narrative Section</u></b>  | <b><u>Review Criteria</u></b>   |
| Introduction   | (1) Need and (2) Response   |
| Needs Assessment   | (1) Need  |
| Methodology  | (2) Response  |
| Work Plan  | (2) Response and (4) Impact   |
| Resolution of Challenges   | (2) Response  |
| Evaluation and Technical Support Capacity  | (3) Evaluative Measures and (5) Resources/Capabilities  |
| 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.

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

- Complete Sections A – F of the SF-424A Budget Information – Non-Construction Programs form. See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#) for detailed instructions.
- Provide a program-specific line item budget for each year of the four-year period of performance using the object class categories in the SF-424A. Please list personnel separately by position title and the name of the individual for each position title, or note if position is vacant. The line item budget for each of the four years is uploaded as an attachment to the application as **Attachment 6**. The budget allocations on the line item must relate to the activities proposed in the project narrative, including the work plan. The line item budget requested for each year must not exceed the total funding ceiling amount. In addition, the amounts requested on the SF-424A and the amounts listed on the line item budget must match.

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](#). The work plan should include a description of measurable objectives for the four-year period.

*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.

*Attachment 6: Program Specific Line Item Budget for Years 1 through 4*

Include the program specific line item budget for each year of the period of performance. Submit as a PDF document, not as an Excel spreadsheet.

*Attachments 7-15: Other Relevant Documents [15 is the maximum number of attachments allowed.]*

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

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

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

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

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

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

- Dun and Bradstreet (<http://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 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 *February 18, 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 (RWHAP) Implementation Program for HIV Clinical Quality Improvement* is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

## 6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to four (4) years, at no more than \$1,500,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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), pursuant to the Continuing Appropriations Act, 2020, and Health Extenders Act of 2019 (P.L. 116-59), Division A, § 101(8), 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. Note that these or other restrictions will apply, as required by law in subsequent appropriations acts for FY 2020. HRSA will issue an NOA that references the final FY 2020 appropriations act.

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

Provision of direct health care or supportive services,

To develop materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual,

PrEP or Post-Exposure Prophylaxis (nPEP) medications or the related medical services. (Please note that RWHAP recipients and subrecipients may provide prevention counseling and information to eligible clients' partners - see the [June 22, 2016 RWHAP and PrEP program letter](#)),

Syringe services programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See <https://www.aids.gov/federal-resources/policies/syringe-services-programs/>,

Purchase or construction of new facilities or capital improvement to existing facilities,

Purchase of or improvement to land,

Purchase of vehicles,

International travel, or

Cash payments to intended clients of RWHAP services.

For further information regarding allowable and non-allowable costs, please refer to 45 CFR 75 Subpart E Cost Principles.

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 is considered additive and must be used for approved project-related activities. Recipients are responsible for

ensuring that subrecipients have systems in place to account for program income, and for monitoring to ensure that subrecipients are tracking and using program income consistent with RWHAP requirements. You can find post-award requirements for program income at [45 CFR § 75.307](#) and [PCN #15-03 Clarifications Regarding the RWHAP and Program Income](#) for additional information.

## V. Application Review Information

### 1. Review Criteria

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 Program has six (6) review criteria:

| Criteria                             | Points |
|--------------------------------------|--------|
| Criterion 1: Need                    | 5      |
| Criterion 2: Response                | 50     |
| Criterion 3: Evaluation Measures     | 15     |
| Criterion 4: Impact                  | 5      |
| Criterion 5: Resources/ Capabilities | 20     |
| Criterion 6: Support Requested       | 5      |
| Total                                | 100    |

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

- Strength and clarity to which the application demonstrates the problem and associated contributing factors to the problem.
- Strength and clarity to which the application describes the overall approach proposed in conducting the T/TA activities to support CQM with a focus on clinical quality improvement and improving patient health outcomes.
- Strength and clarity of the applicant’s ability and expertise to identify and develop T/TA that best addresses the needs of RWHAP recipients and subrecipients including the initiative jurisdictions’ recipients based on assessments of unmet needs, HIV prevalence data, targeted outreach with RWHAP recipients and subrecipients, geospatial mapping or other techniques proposed.

#### *Criterion 2: RESPONSE (50 points) – Corresponds to Section IV Methodology, Work Plan, Resolution of Challenges, and associated attachments*

##### Methodology (35):

##### Training (10 points)

- Strength and clarity of the proposal to identify recipients’ training needs.

- The extent to which the applicant plans to use new and innovative trainings focused on quality improvement aimed to improve patient care, health outcomes, and patient satisfaction.
- Strength and clarity of the proposal to identify the number of trainings and describe the implementation of annual trainings including the training content to address subpopulations highly affected by the HIV epidemic.
- Strength and clarity of the proposal to describe the process to recruiting, selecting and engaging training participants.
- Strength and clarity of the proposal to ensure training materials are fully accessible for people with disabilities according to Section [508 Guidelines](#).

#### Dissemination of Tools/Guides (5 points)

- Strength and clarity of proposal to develop and disseminate comprehensive training materials needed to execute quality improvement T/TA.
- Strength and clarity of the proposal to develop and disseminate quality improvement tools and guides related to facilitating and coaching quality improvement teams.

#### Targeted, Time-limited Technical Assistance (10 points)

- Strength and feasibility of the proposal to the use multiple communication and interactive methods to deliver quality improvement TA.
- Strength and clarity of the proposal to assess the impact of quality improvement TA on improving patient care, health outcomes and patient satisfaction.
- Strength and clarity of the proposal to assess the impact quality improvement TA has on improving patient care, health outcomes, and patient satisfaction.

#### Learning Collaboratives (10 points)

- Strength and clarity of the proposal's description of the purpose and framework of the learning collaborative including the processes for developing, implementing, and monitoring the learning collaborative, including goals, key milestone, activities and outcomes.
- Strength and clarity of the proposal's description of the collaborative members and how the applicant will maintain engagement and participation of all learning collaborative members in all activities throughout the completion of the learning collaborative.
- Strength and clarity of the proposal's description of the use of quality improvement methodologies and concepts that lead to improved health outcomes for people with HIV.
- Strength and clarity of the proposed work plan detailing corresponding activities and timelines for both the implementation of the learning collaborative and recipient engagement.

#### Work Plan (10 points):

- The extent to which the work plan includes clear and feasible goals, objectives, and key action steps that will meet the program requirements

- (as outlined in Section I) and corresponds to the described methodologies.
- Strength and clarity of a timeline that includes each step of the proposed activity, target date for completion, and identifies staff responsible for the activities.
- Strength and usefulness of the proposed tools/products/resources to be developed as a result of the project activities and the extent to which these will be applicable and useable for continued use after the end of this project.
- Strength and clarity of the measures to be used to evaluate success including measures that align with the initiative.

Resolution of Challenges (5 points):

- Strength and clarity of the proposal to understand the challenges likely to be encountered in designing and implementing the activities described in the needs assessment and work plan sections of the narrative.
- Strength and feasibility of the activities/approaches/ methodologies for identifying, addressing, and resolving these challenges.
- Strength and clarity of the proposal to describe the effectiveness of implementing proposed methodologies in past projects.
- Strength and clarity of the proposal to describe the ability to resolve effectively the challenges in similar work plans.
- 

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

- Strength and clarity of the proposed methods to monitor and evaluate the progress of the funded project and the results of the quality improvement T/TA activities.
- Strength and clarity of the proposed evaluation plan in assessing outcomes because of the quality improvement T/TA among the targeted RWHAP recipient(s) and/or subrecipient(s).
- Strength and clarity of the proposed evaluation methodology in assessing the extent to which the project has met its objectives and if these results can be attributed to the project activities.
- Strength and clarity to which the proposed evaluation plan is comprehensive, and feasible.
- Strength and clarity of the proposed method(s) to collect data and the appropriateness to the program.

*Criterion 4: IMPACT (5 points) - Corresponds to Section IV's Methodology*

- Strength and clarity of the proposed plan to disseminate findings of the project.
- Strength and clarity with which the applicant proposes delivering technical assistance to a larger portion of the RWHAP community.
- Strength and clarity with which the applicant demonstrates how any tools and resources developed will be constructed to provide continuing value to the widest audience.

- Strength and clarity of the proposed plan to use the findings of the evaluation activities to improve the impact of the technical assistance.
- Strength and clarity with which project activities are demonstrated to be replicable.

*Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity and Organizational Information*

- Strength and clarity with which the organizational capacity and specific areas of organizational expertise relate to the proposed project.
- Strength of the applicant’s demonstrated clinical, programmatic, and fiscal knowledge and expertise related to this project among the key personnel, partnering organizations, and consultants (if applicable).
- Strength and clarity with which the applicant and key personnel possesses experience, skills, and knowledge to implement the evaluation activities reflective of the project activities, including individuals on staff, materials published, and previous work of a similar nature.
- Strength and clarity with which the applicant and key personnel possesses experience, skills, resources, and knowledge for successful implementation of the quality improvement T/TA.
- Strength and clarity of the applicant’s capacity and expertise in coordinating, facilitating and implementing at least two learning collaboratives using the Institute for Healthcare Improvement Framework.
- Strength and clarity of the applicant capacity and expertise in working with local and state health departments, clinicians, community-based organizations, health centers, and advisory and planning groups.

*Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV’s Budget and Budget Justification Narrative*

- The extent to which the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results are clear and reasonable.
- Strength and clarity of the applicant’s narrative in describing and justifying each line item in relation to the goals and objectives of the program; and comparability across budget documents.
- 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. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award. 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.

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 triannual 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](mailto:ngaines@hrsa.gov)

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

Chepkorir Maritim, RN, MPH, MS, MBA  
Nurse Consultant, Clinical and Quality Branch  
Division of Policy and Data, HIV/AIDS Bureau  
Telephone: (301) 443-1084  
Fax: (301) 443-1885  
Email: [cmaritim@hrsa.gov](mailto:cmaritim@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](mailto:support@grants.gov)

Self-Service Knowledge Base:  
<https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday–Friday, 8 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: Tuesday, January 7, 2020

Time: 2 p.m. – 3 p.m. ET

Call-In Number: 1-888-628-9518

Participant Code: 2138552

Weblink: [https://hrsa.connectsolutions.com/clinical\\_quality\\_improvement/](https://hrsa.connectsolutions.com/clinical_quality_improvement/)

Playback: 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](#).