

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



HIV/AIDS Bureau

***Ryan White HIV/AIDS Program (RWHAP) Access, Care, and Engagement
Technical Assistance Center (ACE TA Center)***

Funding Opportunity Number: HRSA-19-030
Funding Opportunity Type(s): New and Competing Continuation
Catalog of Federal Domestic Assistance (CFDA) Number: 93.145

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: January 22, 2019

*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 15, 2019

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Authority: Sections 2606 and 2654(b) of the Public Health Service 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) is accepting applications for fiscal year (FY) 2019 Ryan White HIV/AIDS Program (RWHAP) Access, Care, and Engagement Technical Assistance Center (ACE TA Center). This cooperative agreement will maintain and strengthen the ACE TA Center in order to build the capacity of RWHAP recipients and subrecipients to ensure people living with HIV (PLWH) understand and use the range of health care coverage options available to facilitate access to and maintain engagement in care.

Funding Opportunity Title:	Ryan White HIV/AIDS Program (RWHAP) Access, Care, and Engagement Technical Assistance Center (ACE TA Center)
Funding Opportunity Number:	HRSA-19-030
Due Date for Applications:	January 22, 2019
Anticipated Total Annual Available FY 2019 Funding:	\$375,000
Estimated Number and Type of Award(s):	Up to one (1) cooperative agreement
Estimated Award Amount:	Up to \$375,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2019 through June 30, 2022 (3 years)
Eligible Applicants:	<p>Eligible organizations include national organizations; State, local, and Indian tribal governments; institutions of higher education; other non-profit organizations (including faith-based, community-based, and tribal organizations); and academic health science centers.</p> <p>See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>

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 14, 2018

Time: 2:30pm - 3:30pm ET

Call-In Number: 1-800-369-3143

Participant Code: 2492844

Weblink: https://hrsa.connectsolutions.com/ace_nofo_ta/

Playback Number: 1-800-819-5739

Passcode: 6529

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding to maintain and strengthen the Ryan White HIV/AIDS Program (RWHAP) Access, Care, and Engagement Technical Assistance Center (ACE TA Center), previously funded under Funding Opportunity Number [HRSA-16-081](#), Building RWHAP Recipient Capacity to Engage PLWH in Health Care Access. This cooperative agreement will build the capacity of RWHAP recipients and subrecipients to ensure people living with HIV (PLWH) understand and use the range of health care coverage options available to facilitate access to and maintain engagement in care.

The funded entity will work collaboratively with Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) on a national scale to achieve the following goals:

1. Maximize PLWH engagement in health care through increased health literacy regarding how to access and engage with the health care system, including clinicians, support service providers, and other practitioners.
2. Increase RWHAP recipient, subrecipient, provider, and PLWH awareness and understanding of, enrollment in, and/or utilization of health care coverage options available in the evolving health care landscape.
3. Identify or develop strategies and messages for how "Treatment as Prevention" principles can be used to increase PLWH engagement in care and maintain health care coverage by outreach workers; health educators; case managers; peer navigators; health care navigators, certified application counselors, and other assisters; and administrators.
4. Improve health outcomes across the HIV care continuum for PLWH.
5. Ensure RWHAP funding remains a payor of last resort.

2. Background

This program is authorized by the technical assistance authorities in the RWHAP legislation, (codified at title XXVI of the Public Health Service (PHS) Act). The RWHAP reaches more than 500,000 individuals each year. The goal of the RWHAP is to improve the availability and quality of HIV/AIDS services for low income, uninsured, and underinsured individuals and families.

The context of HIV prevention and care in the United States has evolved due to changes in the health care delivery system and recent advances in biomedical, behavioral, and structural strategies to prevent and control HIV. The National HIV/AIDS Strategy (NHAS) and the HIV Care Continuum Initiative have bolstered further integration of HIV prevention and care efforts and fostered new approaches

to addressing barriers to HIV testing, care, and treatment. Federal agencies, state and local health departments, community-based organizations, health care providers, and PLWH continue to use the NHAS and the HIV Care Continuum Initiative to measure progress toward the goals of preventing HIV, diagnosing people who do not know their HIV status, linking PLWH to care and treatment, retaining PLWH in care and treatment, prescribing antiretroviral treatment (ART) to PLWH, and achieving viral suppression.

National HIV/AIDS Strategy: Updated to 2020

The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020) is a five-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 NHAS 2020 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 PLWH;
- 3) Reduce HIV-related health disparities and health inequities; and
- 4) Achieve a more coordinated national response.

To achieve these shared goals, all RWHAP recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, to ensure that PLWH 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 disorder services) to achieve HIV viral suppression.

HIV Care Continuum

Diagnosing PLWH, linking PLWH to HIV primary care, and PLWH achieving 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 shows the proportion of individuals living with HIV or individuals diagnosed 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 [2016 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2010 to 2016, 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 69.5 percent to 84.9 percent; and racial/ethnic, age-based, and regional disparities have decreased.¹ These improved outcomes mean more PLWH in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.² Scientific advances have shown that ART preserves the health of PLWH 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 PLWH into care, retaining them in care, and helping them adhere to their ART.

Integrated Data Sharing and Use

HRSA and CDC's DHAP 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 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 2020 goals and improve outcomes on the HIV care continuum.

To fully benefit from integrated data sharing, analysis, and utilization, HRSA strongly encourages complete CD4/viral load (VL) reporting to the state and territorial health departments' HIV surveillance systems. CD4 and VL data can be used to identify cases, stage of 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 care, measure viral suppression, and assess unmet health care needs. Analyses at the national level to monitor progress against HIV can only occur if all HIV-related CD4 and VL test results are reported by all jurisdictions. CDC requires that all CD4 results (counts and percentages) and all VL results (undetectable and specific values) be reported to the National HIV Surveillance System (NHSS). Where laws, regulations, or policies are not aligned with these recommendations, states/territories should consider strategies to best implement these recommendations within current parameters or consider steps to resolve conflicts with these recommendations. In addition, NHSS also requires reporting HIV-1 nucleotide sequences from genotypic resistance testing to monitor prevalence of all antiretroviral drug resistance and HIV genetic diversity subtypes and transmission patterns.

¹ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016. <http://hab.hrsa.gov/data/data-reports>. Published December 2017. Accessed December 1, 2017.

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.

Special Projects of National Significance (SPNS) Program

Through its SPNS Program, HRSA HAB funds demonstration project initiatives focused on the development of effective interventions to quickly respond to emerging needs of PLWH 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 populations living 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 can be found at the following locations:

- [Integrating HIV Innovative Practices \(IHIP\) Intervention or Strategy](https://careacttarget.org/ihip) (<https://careacttarget.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://careacttarget.org/library/replication-resources-spns-systems-linkages-and-access-care) (<https://careacttarget.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 populations living with HIV.
- [Dissemination of Evidence Informed Interventions](https://nextlevel.careacttarget.org/) (<https://nextlevel.careacttarget.org/>). The Dissemination of Evidence-Informed Interventions initiative runs from 2015-2020 and disseminates four adapted linkage and retention interventions from prior SPNS and the Secretary's Minority AIDS Initiative Fund 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 and Competing Continuation

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:

- Make available experienced HRSA personnel to inform, support or participate in the planning, development and/or delivery of cooperative agreement activities.
- Ensure cooperative agreement activities build upon past progress, needs assessment and evaluation results, success, and lessons learned by providing access to materials and information from previous work in this area.
- Coordinate communication and develop partnerships with personnel from HRSA, other federal agencies, and other federally funded training and capacity building programs.
- Participate in the design, development, direction, and/or delivery of procedures, strategies, tools, training, technical assistance (TA), and peer learning activities, including the selection of sites to receive targeted training and TA.
- Provide ongoing monitoring and review of the design, development, direction, and/or delivery of cooperative agreement activities, including procedures, evaluation measures, and quality improvement efforts for accomplishing the goals of the cooperative agreement, as stated in Section I.1 of this NOFO.
- Participate, as appropriate, in conference calls, meetings, and learning sessions that are conducted to support cooperative agreement activities.
- Participate in cooperative agreement trainings, TA, or other meetings with RWHAP recipients, subrecipients, and other stakeholders.
- Review and provide substantive and stylistic input on cooperative agreement materials and activities.
- Inform methods for evaluating the process and outcomes of cooperative agreement activities, and use evaluation findings to inform future work.
- Participate in the dissemination of cooperative agreement activities, progress and results (e.g., formal or informal presentations to internal and external stakeholders, presentations at national or regional conferences), including best practices and lessons learned.

The cooperative agreement recipient's responsibilities will include:

- Track, assess, and keep RWHAP recipients and subrecipients apprised of legislative, regulatory, policy, and programmatic changes in the health care environment, with particular attention to Medicaid, Medicare, and private health care coverage options.
- Assess the training and TA needs of RWHAP recipients and subrecipients related to building capacity for outreach and enrollment of PLWH into health care coverage options, addressing health literacy, and utilizing "Treatment as Prevention" principles.
- Establish measures and methods for assessing needs and evaluating the process and outcome of cooperative agreement activities, and using findings to improve future work.

- Develop and update culturally appropriate tools, training, and/or TA for RWHAP recipients, subrecipients, and PLWH to enroll and engage PLWH in health care coverage.
- Identify, assess, and disseminate best practices for PLWH outreach and enrollment activities implemented by RWHAP recipients and subrecipients that would facilitate health care coverage to support access to health care.
- Work with established networks in both rural and urban areas to continue to train RWHAP recipients and subrecipients, including outreach workers; health educators; case managers; peer navigators; health care navigators, certified application counselors, and other assisters; and administrators.
- Market the ACE TA Center and its resources.
- In close collaboration with HRSA HAB, identify or develop strategies and messages for how “Treatment as Prevention” principles can be used to increase client engagement in care and maintain health care coverage by outreach workers; health educators; case managers; peer navigators; and health care navigators, certified application counselors, and other assisters; and administrators.
- Develop culturally appropriate health literacy materials focused on PLWH and the RWHAP care and treatment system, health care providers, and PLWH regarding the use of the health care system to improve the health outcomes of PLWH.
- Develop methods and models for peer learning opportunities across RWHAP recipients and subrecipients, building on and leveraging currently available opportunities (e.g., meetings, conferences).
- In response to feedback from HRSA HAB and/or RWHAP recipients, subrecipients, and PLWH, modify approaches to the content, design and/or delivery of tools, training and TA to improve their quality, utility, effectiveness, and impact.
- Disseminate promising or best practices, project accomplishments, results from project evaluation activities, and other pertinent information to key stakeholders and constituents.
- Plan for sustainability of project activities and resources after the period of federal funding ends.
 - NOTE: HRSA expects the recipient to sustain key elements of their project (e.g., strategies, services, interventions, resources), including those that have been effective in improving practices and that have led to improved outcomes for the target population.
- Ensure meaningful support and collaboration with key stakeholders in design, development, implementation, and evaluation of all activities, including development of this application.
- Develop a multi-year evaluation plan comprised of both quantitative and qualitative data as well as process and impact outcomes.
- Provide HRSA HAB 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 period.

2. Summary of Funding

HRSA expects approximately \$375,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$375,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is July 1, 2019 through June 30, 2022 (three years). Funding beyond the first year is subject to the availability of appropriated funds for the RWHAP ACE TA Center 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 national organizations; state, local, and Indian tribal governments; institutions of higher education; other non-profit organizations (including faith-based, community-based, and tribal organizations); 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](https://www.grants.gov) using the SF-424 workspace application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

If you are reading this notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. 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 **50 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 this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

- 2) 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 9: 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. Include a discussion that exhibits an expert understanding of the issues related to the activities included in this notice of funding opportunity among your employees, subcontractors, and any partnering/collaborating organizations.

Describe how the proposed project will address the goals of this cooperative agreement as outlined in Section I.1. Include a discussion that exhibits an expert understanding of health care access, RWHAP recipients' and subrecipients' capacity for outreach and enrollment, "Treatment as Prevention," health literacy, and program evaluation. Include how you will address the intended national scope of this announcement. Also, include a discussion that exhibits expertise in nationwide collaborations with federal agencies and national organizations relevant for the purpose of this NOFO, and program evaluation.

▪ NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 – Need

Describe your understanding of and relevant work related to the NHAS and HIV Care Continuum. Describe the current state of health care access outreach and enrollment activities for PLWH nationwide and provide an assessment of the challenges and strategies that may affect the TA work.

Describe how you will assess, in collaboration with HRSA, best practices for outreach and enrollment to engage PLWH in health care coverage options, treatment as prevention principles, and increased health literacy of the RWHAP recipients, subrecipients, and clients regarding use of the health care system to improve the health outcomes of PLWH. Use and cite data whenever possible to support the information provided. Discuss any relevant barriers the proposal hopes to overcome as well as any challenges in meeting the expectations identified by HRSA.

▪ *METHODOLOGY -- Corresponds to Section V's Review Criterion #2 – Response*

Discuss the methods and approaches you will use to address the stated purpose and goals in Section I.1., and meet each of the recipient responsibilities listed in Section II.1. of this NOFO. Include innovative strategies, procedures, and activities for collaborating meaningfully with HRSA HAB, CDC DHAP, and other federal agencies and programs; efficiently implementing the proposed project; and effectively meeting the purpose and goals of the cooperative agreement.

Discuss why the methodology chosen is appropriate for this project. Discuss how the chosen methodology aligns with the overview provided in the Needs Assessment section and will contribute to the success of the proposed project over the entire project period.

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

Describe the action steps you will use over the duration of the three-year project period to implement the methods discussed in the Methodology section, including methods for assessing TA needs, updating existing tools and training, developing new tools and training, project implementation, dissemination, training of recipients, sustainability, evaluation, and meaningful collaboration. Be sure all methods discussed in the Methodology section are included and appropriately described in the work plan. Identify the type and number of resources to be developed (e.g., tools, trainings, TA opportunities) and appropriate milestones (e.g., a significant or important event in the project period).

Develop a time-framed and measureable work plan in table format that corresponds with the work plan narrative and include as Attachment #1. The work plan table should identify for each project activity and the specific action steps, intended target population, measureable outcome, targeted end date, and person(s) responsible for implementation. The work plan must include goals, objectives, and outcomes that are SMART (specific, measureable, achievable, realistic, and time measurable). The work plan must include the goals, objectives, and action steps for the entire three-year project period, and be broken out by each year of the project.

- *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 work plan, and approaches that you plan to use to resolve such challenges. Discuss challenges with partner organizations, identified resources, and processes for maintaining engagement of national and local participants.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 – Evaluative Measures and #5 – Resources/Capabilities*

State the anticipated or intended outcome or impact of proposed activities on RWHAP recipients, subrecipients, and PLWH. Discuss your plan for the program performance evaluation, including process, outcome, and/or impact evaluation. Describe how the proposed evaluation plan will allow you to determine whether you were successful in realizing this anticipated or intended outcome or impact.

Describe how you will monitor processes, track progress toward fulfilling the goals and objectives of the project, modify objectives as needed, and measure outcomes over time. Identify specific performance measures and corresponding benchmarks you will use to support process, outcome and/or impact evaluation. Identify the data collection and analytical strategies, methods, systems, tools and/or techniques that you will use. Describe how you will share with key stakeholders and/or broadly disseminate evaluation findings, best practices, and/or accomplishments to advance work in this area. Describe how you will use evaluation findings to support continuous quality improvement across project activities and throughout the entire project period.

Describe the current experience, technical knowledge, and skills of employees or contractors who will implement the program performance evaluation, and identify any materials published and previous work of a similar nature.

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/Capabilities*

NOTE: Applicants have the option to submit proposals with collaborating organizations if the partnership enhances the capability and approach of the cooperative agreement purpose and goals. The applicant must clearly demonstrate that the applicant and any partners bring the following:

1. Experience and expertise in "Treatment as Prevention," health literacy, enrollment health care coverage options at the state and local health department level and at the HIV service provider level, and program evaluation; and

2. An organizational mission that is relevant to the role and performance of state and local health departments and key stakeholder organizations.

Provide information on your organization's current mission, values, structure, and scope of work.

Describe the ability, capacity, expertise, and experience held by your organization and any subcontractors/partners/collaborators that demonstrate an ability to fulfill the stated purpose in Section I.1., and the recipient responsibilities listed in Section II.1. of this NOFO. Describe past performance managing collaborative federal grants at the national level, including examples of the extent to which resources were completed. You should demonstrate a minimum four-year history of experience doing work directly related to the proposed project on a national scale.

Provide a staffing plan and job descriptions for key personnel as Attachment 2. Provide biographical sketches of key personnel as Attachment 3. The staffing plan, job descriptions, and biographic sketches should support the narrative description of your ability, capacity, expertise, and experience described in the narrative.

Provide an organizational chart for the proposed project as Attachment 4. The organizational chart should be a one-page figure that depicts the organizational structure of only the proposed activities to be funded through this cooperative agreement, not the entire organization, and it should include subcontractors and other significant partners/collaborators.

Provide any relevant letters of agreement or contract documents exhibiting partner commitment to the proposed project as Attachment 5. Applications proposing partners/collaborators must provide information on how you will monitor and assess performance by partner organizations, and how the individual efforts of the partner organization help to implement the activities in the cooperative agreement overall work plan.

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.

<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 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 RWHAP ACE TA Center program requires the following:

- 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.
- *Project Activity Budget.* You must submit a separate program-specific line item budget for each year of the three-year project period. Upload this budget as Attachment 7. Note: If indirect costs are included in the budget, please attach a copy of your organization's indirect cost rate agreement as Attachment 8. Indirect cost rate agreements will not count toward the page limit.

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 Table

Attach the work plan in table format that corresponds with the work plan narrative detailed in Section IV. ii. Project Narrative.

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

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: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the proposed TA activities to be funded through the cooperative agreement including any significant partners/collaborators.

Attachment 5: Letters of Agreement, Memoranda of Understanding (MOU), 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 products. Make sure any letters of agreement are signed and dated. **Letters of agreement, MOU, and/or descriptions of contracts will not count toward the page limit.**

Attachment 6: Tables, Charts, etc.

Provide any additional tables and charts with additional details about the proposed project (e.g., Gantt or PERT charts, flow charts). NOTE: Additional tables and charts are optional.

Attachment 7: Program Specific Line Item Budget

You must submit a separate program-specific line item budget with a separate budget for each year of the three-year project period. NOTE: HRSA recommends that you convert the budget or scan it into PDF format for submission. Do not submit Excel spreadsheets. Please submit the line item budget in table format. The budget should include personnel name and title, fringe benefits, total personnel costs, consultant costs by individual consultant, supplies, staff travel, other expenses by individual expense, total direct costs,

indirect costs, and total costs. Include annual salary and total project full-time equivalent (FTE).

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

Attachment 8: Indirect Cost Rate Agreement, if applicable

If indirect costs are included in the budget, please attach a copy of your organization's federal indirect cost rate agreement. **Indirect cost rate agreements will not count toward the page limit.**

Attachments 9-15: Other Relevant Documents

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

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](#).

UPDATED 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. Read the [updated FAQs](#) to learn more.

[SAM.gov](#) is experiencing high volume and delays. If you have tried to create or update your SAM.gov registration but have not been able to complete the process, you may not be able to apply for a HRSA funding opportunity via Grants.gov in a timely manner prior to the application deadline. If so, please email DGPwaivers@hrsa.gov, per the instructions in Section 3.6 of your HRSA Application Guide.

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 22, 2019 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 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 RWHAP ACE TA Center is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

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

6. Funding Restrictions

You may request funding for a project period of up to three (3) years, at no more than \$375,000 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) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

You may not use funds under this announcement for the following purposes:

- Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, Department of Housing and Urban Development funding for housing services, other RWHAP funding including the AIDS Drug Assistance Program);
- To directly provide housing or health care services (e.g., HIV care, counseling, and testing) that duplicate existing services;
- Clinical research;
- Provision of direct health care;
- International travel;
- Pre-Exposure Prophylaxis (PrEP) or non-occupational post-exposure prophylaxis (nPEP) medications or related medical services. As outlined in the [June 22, 2016 RWHAP and PrEP program letter](#), the RWHAP legislation provides grant funds to be used for the care and treatment of PLWH, thus prohibiting the use of RWHAP funds for PrEP medications or related medical services, such as physician visits and laboratory costs. However, RWHAP Part C recipients and subrecipients may provide prevention counseling and information, which should be part of a comprehensive PrEP program.
- HIV test kits;
- Cash payments to intended recipients of services;
- Syringe Services Programs (SSP) - Purchase of sterile needles or syringes for the purposes of hypodermic injection of any illegal drug. Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy (see: <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>);
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual;
- Purchase or improvement of land; and
- Purchase, construction, or major alterations or renovations on any building or other facility (see [45 CFR part 75](#) – subpart A Definitions).

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 of applications and to assist you in understanding the standards against which your application will be judged. HRSA has developed 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. See the review criteria outlined below with specific detail and scoring points.

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 RWHAP ACE TA Center has six (6) review criteria:

Criterion 1: NEED (15 points) – Corresponds to Section IV's , Introduction and Needs Assessment

The extent to which the applicant demonstrates an understanding of the issues related to enrolling and engaging PLWH in health care options, to educating about "Treatment as Prevention" principles, and to increasing the health literacy of RWHAP recipients, subrecipients, and clients regarding use of the health care system to improve the health outcomes of PLWH.

- The extent to which the applicant exhibits expertise in nationwide collaborations with federal agencies and national organizations.
- The extent to which the applicant demonstrates a thorough understanding of the HIV Care Continuum, the NHAS, and the current state of health care coverage options, and provides an assessment of the challenges and strategies that may impact the TA work.
- The extent to which the applicant demonstrates a thorough understanding of how treatment as prevention principles can be used to increase client engagement in care and maintenance of health care coverage.
- The extent to which the applicant demonstrates a thorough understanding of existing health literacy modalities and best practices to assist providers serving PLWH through TA.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's, Methodology, Work Plan, and Resolution of Challenges

Methodology (20)

- The strength of the proposed project in relation to the overall goal of providing TA and tools to RWHAP recipients and subrecipients which will increase their capacity to enroll and engage PLWH in health care coverage options, to educate about "Treatment as Prevention," and to increase the health literacy of RWHAP recipients, subrecipients, and clients.

- The strength of the proposed methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in Section II.1.
- The strength of the proposed process of developing effective tools and strategies for collaboration, TA modalities, and how the utilization of the tools, strategies and TA modalities will meet the goals of the cooperative agreement as outlined in Section I.1.

Work Plan (10)

- The extent to which the work plan includes clear and realistic goals and objectives for each year of the three-year project period that will meet the requirements of the program and corresponds to the described methodology.
- The extent to which the activities of the work plan are measurable and achievable and includes project activity, action steps, intended target population, measurable outcomes, target end dates and the person(s) responsible for each step during each year of the three-year project period.
- The extent to which the work plan includes goals, objectives, and outcomes that are SMART (specific, measureable, achievable, realistic, and time measurable), and includes appropriate milestones and any products to be developed.
- The strength of the proposed plan for assessing best practices for enrollment in health care coverage options, and determining which entities may need TA.

Resolution of Challenges (5)

- The extent to which the applicant demonstrates an understanding of the challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.
- The extent to which the applicant demonstrates an understanding of the challenges working with partner organizations and identified resources, and processes for maintaining engagement of national and local participants.

Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV's, Evaluation and Technical Support Capacity

- The strength of the proposed plan for program performance evaluation and continuous quality improvement.
- The extent that the evaluation plan monitors ongoing processes and the progress towards the goals and objectives of the project.
- The strength and feasibility of the proposed methods to be employed by staff to ensure that proposed activities are being successfully documented and completed, based on the overall work plan.
- The strength and feasibility of proposed performance measures and benchmarks for process and outcome evaluation.
- The strength of the proposed data collection strategy to collect, analyze, and track data to measure process and impact/outcomes and explain how the data will be used to inform program development in the subsequent activities of the project.

- The extent that the applicant demonstrates an understanding of any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

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

- The strength of the proposed process and outcome measures in the work plan to assess the impact of activities on the HIV Care Continuum and the NHAS.
- The strength of the proposed method for disseminating best practice models and methodologies and project accomplishments and results.
- The extent to which the applicant demonstrates how tools and resources developed and approaches used will provide continuing TA to HRSA recipients and subrecipients.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV’s, Evaluation and Technical Support Capacity and Organizational Information

- The strength of the applicant organization’s current mission and structure, and scope of current activities in relation to the proposed project.
- The strength and clarity of the project organizational chart depicting the proposed TA activities to be funded through the cooperative agreement including any subrecipients and other significant partners/collaborators (Attachment 4).
- The extent that the applicant demonstrates experience related to working with RWHAP recipients and subrecipients, and key stakeholder organizations; providing TA and creating TA modules and materials; and supporting peer learning opportunities across RWHAP recipients and subrecipients to realize RWHAP care and treatment system level changes.
- The extent that the applicant clearly demonstrates that the applicant and any partners bring experience and expertise in treatment as prevention, health literacy, and enrollment in health care coverage options at the local and state health department levels and at HIV service provider levels.
- The strength of the proposed methods to monitor and assess performance methods and activities being completed by partner organizations and how the individual efforts of the partner organization(s) help to implement the activities in the cooperative agreement overall work plan.
- The strength of the expertise of staff as it relates to the program requirements as delineated in Section II.1.
- The strength of the organizational capacity of any partner organizations and specific areas of organizational expertise.
- The extent that the applicant demonstrates expertise in nationwide collaborations with federal agencies and national organizations.
- The extent that the applicant demonstrates expertise in program evaluation.
- The extent that applicant demonstrates significant experience developing and disseminating TA.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's, Budget and Budget Narrative

This includes the reasonableness of the proposed budget for each year of the three-year project period in relation to the objectives and the anticipated results. The extent to which the application:

- Provides budget line items that are adequately justified and appropriate for proposed project activities;
- Clearly identifies key personnel who have adequate time devoted to the project to achieve project objectives; and
- Provides a clear justification of proposed staff, contract, and other resources.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

3. Assessment of Risk and Other Pre-Award Activities

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](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of July 1, 2019.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 1, 2019. 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 Notice of Award (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.

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 **semi-annual** basis. Further information will be available in the award notice.
- 2) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIIS](#), 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:

Rene Sterling, PhD, MHA
Deputy Director, Division of State HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09W50
Rockville, MD 20857
Telephone: (301) 443-9017
Fax: (301) 443-8143
Email: RSterling@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 the following technical assistance:

Webinar

Day and Date: Wednesday, November 14, 2018

Time: 2:30pm - 3:30pm ET

Call-In Number: 1-800-369-3143

Participant Code: 2492844

Weblink: https://hrsa.connectsolutions.com/ace_nofo_ta/

Playback Number: 1-800-819-5739

Passcode: 6529

Tips for Writing a Strong Application

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