Using Evidence Informed Interventions to Improve Health Outcomes among People Living with HIV – Technical Assistance

Announcement Type: New
Funding Opportunity Number: HRSA-17-044
Catalog of Federal Domestic Assistance (CFDA) No. 93.928

FUNDING OPPORTUNITY ANNOUNCEMENT
Fiscal Year 2017

Application Due Date: March 1, 2017

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

Issuance Date: December 15, 2016

Stacy Cohen
Branch Chief, Evaluation, Analysis, and Dissemination Branch
Division of Policy and Data, HIV/AIDS Bureau
E-mail: sgagne@hrsa.gov
Telephone: (301) 443-3259
Fax: (301) 443-8143

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) is accepting applications for fiscal year (FY) 2017 for the Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (PLWH) – Coordinating Center for Technical Assistance program. The purpose of this program is to identify and provide support for the implementation of evidence-informed interventions to reduce HIV-related health disparities and improve health outcomes, including increasing retention in care, improving treatment adherence, and improving viral suppression for PLWH. Up to twenty-four (24) Ryan White HIV/AIDS Program (RWHAP) - funded recipients/subrecipients will be subawarded to support the implementation of evidence-informed interventions.

<table>
<thead>
<tr>
<th>Funding Opportunity Title:</th>
<th>Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV – Coordinating Center for Technical Assistance</th>
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<tr>
<td>Funding Opportunity Number:</td>
<td>HRSA-17-044</td>
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<tr>
<td>Due Date for Applications:</td>
<td>March 1, 2017</td>
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<tr>
<td>Anticipated Total Annual Available Funding:</td>
<td>$5,325,000</td>
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<tr>
<td>Estimated Number and Type of Award(s):</td>
<td>Up to one (1) cooperative agreement</td>
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<td>Estimated Award Amount:</td>
<td>Up to $5,325,000 per year</td>
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<td>Cost Sharing/Match Required:</td>
<td>No</td>
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<tr>
<td>Project Period:</td>
<td>August 1, 2017 through July 31, 2021 (four (4) years)</td>
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</table>
Eligible Applicants:

Eligible applicants include entities eligible for funding under RWHAP Parts A, B, C and D. These include but are not limited to: 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; community health centers receiving support under Section 330 of the PHS Act; Federally Qualified Health Centers as described in Title XIX, Section 1905 of the Social Security Act; faith-based and community-based organizations; and Indian Tribes or Tribal organizations with or without federal recognition.

[See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide


Technical Assistance

All applicants are encouraged to participate in a technical assistance (TA) webinar for this funding opportunity. An FOA webinar will be held on January 9, 2017 at 1:00 - 3:00 PM ET. To join the web portion, please use the following link: https://hrsa.connectsolutions.com/e2i-ccta/. To join the audio portion, please Dial 800-857-9750; and the participant passcode: 7532213.
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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for fiscal year (FY) 2017 to support a single organization that will serve as the Evidence-Informed Interventions Coordinating Center for Technical Assistance (E2i CCTA) for a new initiative entitled Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (PLWH). The goal of this four-year cooperative agreement is to identify and provide support for the implementation of evidence-informed interventions to reduce HIV-related health disparities and improve health outcomes, including increasing retention in care, improving treatment adherence, and improving viral suppression for PLWH. The project will focus on implementing effective and culturally appropriate evidence-informed interventions that will be tailored to meet the needs of the target populations, using the framework of implementation science, and assessing and adapting the interventions at interim intervals throughout the project period. The evidence-informed interventions will be in four focus areas:

1) Improving HIV health outcomes for transgender women
2) Improving HIV health outcomes for Black men who have sex with men (MSM)
3) Integrating behavioral health with primary medical care for PLWH
4) Identifying and addressing trauma among PLWH

In consultation with the Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau (HAB), the E2i CCTA will be responsible for soliciting, selecting, issuing, and monitoring subawards of up to $170,000 each to up to twenty-four (24) RWHAP recipients/subrecipients (hereafter referred to as “subawardees”) to support the development and implementation of evidence-informed interventions. Subawardees will be selected based on a demonstrated need to address one of the evidence-informed intervention focus areas. The E2i CCTA will provide technical assistance (TA) to the selected subawardees for implementing the evidence-informed interventions. The E2i CCTA will also address the long-term sustainability of the interventions and associated costs.

The E2i CCTA will be expected to work in close collaboration with the Using Evidence Informed Interventions to Improve Health Outcomes among People Living with HIV – Evaluation Center (E2i EC) funded under HRSA-17-049. Applicants are encouraged to review the related E2i EC announcement to understand the collaborative work between the E2i CCTA and the E2i EC.

2. Background

This project is authorized by section 2691 of the Public Health Service Act (42 USC § 300ff-101), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87) referred hereafter as the Ryan White HIV/AIDS Program (RWHAP).
Healthy People 2020 defines health disparities as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.”¹ The Ryan White HIV/AIDS Program Annual Client-Level Data Report, 2014 identified significant disparities in health outcomes among key populations affected by HIV across the United States.² Addressing the social determinants of health that drive these health disparities is necessary in order to improve retention in care, treatment adherence, and subsequent viral suppression.

Social determinants of health encompass the broad array of social and structural contextual factors that lie at the intersection of race, poverty, sexual orientation, gender identity, low education, inadequate housing, stigma, and discrimination. Additional social determinants of health directly impact how vulnerable populations interact with the health care system, including fear of disclosing gender identity and/or sexual orientation, discrimination by health care providers, mistrust of the health care system, and lack of insurance or underinsurance.

Compared to other subpopulations of PLWH, transgender women and Black MSM are more often not linked to care, receive inadequate care management, and ultimately experience significantly poorer HIV-related health outcomes as a result of complex social and structural contextual factors. Many existing models of care are unable to adequately reach these subpopulations and work within these complex social and structural contextual factors. As a result, transgender women and Black MSM continue to experience poorer health outcomes than other population subgroups, including low levels of HIV status awareness, retention in primary medical care, receipt of antiretroviral treatment (ART), and HIV viral suppression.³⁴⁵⁶⁷⁸ Although 81.4 percent

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of RWHAP clients were virally suppressed in 2014, only 73.9 percent of transgender women and 75.3 percent of Black MSM were virally suppressed.9

Further, trauma and behavioral health issues impact access to HIV medical care. PLWH who experience trauma, post-traumatic stress disorder (PTSD), and depression are more likely to have delayed linkage to care, decreased retention in care, high treatment failure, and low initiation and adherence to ART.10 The intersection of HIV and experienced trauma, whether ongoing, recent, or past, contributes to barriers to accessing care. These barriers may include PTSD, life chaos, low social support, stigma, poverty, and discrimination.11 Faced with these interconnected barriers, the integration of behavioral health and primary care has proven to be vital in improving health outcomes by providing holistic care to PLWH.12 Lack of treatment for substance use and mental health disorders is also a barrier to retaining patients in care. Mental health disorders affect nearly 50 percent of PLWH; substances (e.g., alcohol, opiates, stimulants) can be misused as a coping mechanism by people with mental health disorders.13 Given that PLWH are disproportionately affected by substance use and mental health disorders14, comprehensive care that addresses behavioral health and trauma can prolong the lives of PLWH and improve their quality of life.15

This initiative aims to examine and address various social determinants of health that negatively impact access to and retention in care, and improve health outcomes for PLWH served by the RWHAP through the implementation and evaluation of evidence-informed interventions. The evidence-informed interventions may be solely related to HIV care along the continuum, address social determinants of health related to HIV health outcomes, or both.

National HIV/AIDS Strategy

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. This plan was developed by a group of federal experts

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15 Freese T. Bringing It All Together-What HIV Providers Need To Know About Integrated Treatment. Addiction Technology Transfer Network.
with consultation from community members to apply scientific advances in HIV prevention and treatment to accelerate the end of new HIV infections, disease, and deaths. To the extent possible, program activities should strive to support the four primary goals of NHAS 2020:

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

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

Within the parameters of the RWHAP legislation and programmatic guidance, recipients should take action to align their organization’s efforts, over the next five years, around the Strategy’s four areas of critical focus:

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

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

**HIV Care Continuum**

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

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

II. Award Information

1. Type of Application and Award

Type of applications sought: New

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

As a cooperative agreement, **HRSA programmatic involvement will include:**

- Providing the expertise of HAB personnel and other relevant resources to the project.
- Facilitating relationships between the E2i CCTA, the E2i EC, subawardees, and other relevant stakeholders.
- Reviewing and concurring with, on an on-going basis, activities, procedures, measures, and tools to be established and implemented for accomplishing the goals of the cooperative agreement.
- Reviewing and concurring with all information products prior to dissemination.
- Facilitating the dissemination of project findings, best practices, evaluation data and other information developed as part of this project to the broader network of HIV providers.
- Anticipating and responding to the changes taking place in the health care environment.
- Collecting and analyzing data relative to national health issues, unmet need, marketplace conditions, special populations, and other key health indicators to guide current/future strategic planning, developmental efforts, and work plan activities.
- Coordinating activities to address the training and TA needs of the target audience and assist with new/emerging strategic initiatives.

**In collaboration with HRSA, the cooperative agreement recipient’s responsibilities will include:**
1) **Identification of evidence-informed interventions and implementation strategies**

The E2i CCTA will create an inventory of existing intervention models. It will develop and apply criteria to select evidence-informed interventions that address each of the four focus areas. The E2i CCTA will collaborate with the assigned HAB project officer and other HAB staff as necessary to plan, execute, and evaluate the project activities. In collaboration with HAB, the E2i CCTA will select evidence-informed intervention models in each of the four focus areas that can be adapted and implemented in RWHAP settings. In addition, the E2i CCTA will identify existing implementation strategies and develop and apply selection criteria to identify evidence-informed strategies to implement the identified intervention models.

2) **Selection of subawardees and TA needs**

In consultation with HAB, the E2i CCTA will be responsible for soliciting, selecting, and administering subawards for up to 24 RWHAP recipients/subrecipients (hereafter referred to as “subawardees”) to support the development and implementation of evidence-informed interventions specific to the focus area identified by the subrecipient, based on demonstrated need.

The E2i CCTA will collaborate with the E2i EC to conduct a full assessment of the needs of the target population to identify and select the most impactful intervention model and implementation strategy. The E2i CCTA will also work with the E2i EC to adapt the interventions and implementation strategies for each subawardee.

The E2i CCTA will use the needs assessment information to develop a TA plan customized to each subawardee’s needs. The E2i CCTA will provide customized TA to each subawardee to ensure the subawardee can successfully implement the chosen intervention model.

3) **Learning sessions**

In addition to providing customized TA for up to 24 subawardees, the E2i CCTA will assist with the implementation of the interventions by conducting up to two in-person learning sessions per year during the second and third years of the project period, with additional virtual sessions, if needed. The purpose of these learning sessions is to capitalize on the principle that knowledge can be created within a group where members actively interact by sharing experiences, lessons learned, and intervention outcomes. The goal of the learning sessions will be to discuss the effectiveness of the interventions and the strategies used to implement them, and to identify and assess for mid-intervention adjustments to both the implementation strategies and intervention models, as needed.

The learning sessions will provide a venue for subawardees, HAB, and recognized experts to discuss the interventions, implementation strategies, approaches to challenges and lessons learned, and to provide training on various components of
evidence-informed intervention implementation. At the conclusion of each learning session, each subawardee, in conjunction with the E2i CCTA, will develop an action plan to implement mid-intervention adjustments addressing areas of need and adjusting their overall implementation plan, if needed, prior to the next learning session. Mid-intervention adjustments are enhancements of the funded intervention activities and not new, independent interventions.

4) Evaluation

In addition, the E2i CCTA will work in collaboration with the project’s E2i EC to identify and select the evidence-informed interventions that have measurable outcomes; identify and select specific implementation strategies for the evidence-informed interventions; develop a data collection tool(s) to assess intervention implementation; conduct assessments of subawardee TA needs; interpret the assessment results of the overall effectiveness of the evidence-informed interventions; interpret the assessment results of specific strategies used to implement the interventions; interpret the results of assessments on the effectiveness of adjustments made (if any) to the evidence-informed interventions after each learning session; and assess the impact of the learning sessions on intervention implementation and feasibility of evaluation.

5) Dissemination

The E2i CCTA, in collaboration with the E2i EC, will be responsible for producing and disseminating TA toolkits, materials, and products. Audiences for these materials and products include both subawardees under this project, and other RWHAP recipients/subrecipients and HIV providers not funded under this project. Mechanisms of dissemination may include websites, presentations via webcast, the National Ryan White Conference on HIV Care and Treatment, and other meetings or national forums to inform lessons learned and how to replicate the models. This external dissemination includes tools and materials that can be used by RWHAP recipients not funded under this project to adapt the evidence-informed interventions within their own organizations and assess their impact. The E2i EC and E2i CCTA will work with the TARGET Center (i.e., website for hosting tools, webcasts, trainings and other resources to assist RWHAP-funded programs) as the web forum to disseminate all information, tools, materials, and products from this project.

Overall project timeline for E2i CCTA (HRSA-17-044) and E2i EC (HRSA-17-049)
<table>
<thead>
<tr>
<th>Project Date</th>
<th>E2i CCTA (HRSA-17-044)</th>
<th>E2i EC (HRSA-17-049)</th>
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<tbody>
<tr>
<td>Year 1, Months 1-3</td>
<td>- Inventory and selection of evidence-informed intervention models and implementation</td>
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<td></td>
<td>strategies</td>
<td>- Assist with intervention and implementation strategy selection</td>
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<td>- Solicitation for subawardees</td>
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<tr>
<td>Year 1, Months 4-6</td>
<td>- Subawardee/site selection</td>
<td>- Develop needs assessment tools</td>
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<td>- Work with E2i EC to conduct needs assessment</td>
<td>- Conduct needs assessment</td>
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<tr>
<td></td>
<td>- Select intervention models and strategies for each subawardee</td>
<td>- Assist with selection of intervention models and strategies for each subawardee</td>
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<tr>
<td></td>
<td>- Assess TA needs</td>
<td>- Assist with assessment of TA needs</td>
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<tr>
<td>Year 1, Months 7-9</td>
<td>- Adapt interventions</td>
<td>- Develop evaluation plan</td>
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<tr>
<td></td>
<td>- Develop TA plans</td>
<td>- Develop data collection systems and tools</td>
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<tr>
<td></td>
<td>- Develop TA tools</td>
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<tr>
<td></td>
<td>- Assist E2i EC with developing data collection tools</td>
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<tr>
<td>Year 1, Months 10-12</td>
<td>- Begin implementation of evidence-informed intervention</td>
<td>- Begin multi-site evaluation data collection (baseline)</td>
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<td>- Technical assistance</td>
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<tr>
<td>Years 2-3</td>
<td>- Implementation of evidence-informed intervention</td>
<td>- Collect data, conduct interim evaluation</td>
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<td>- Technical Assistance</td>
<td>- Learning session evaluation</td>
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<td></td>
<td>- Learning sessions (two per year)</td>
<td>- Evaluate mid-intervention adjustments</td>
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<tr>
<td></td>
<td>- Mid-intervention implementation strategies (if needed)</td>
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<td></td>
<td>- Assist E2i EC with learning session evaluation</td>
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At least annually, the E2i CCTA will collaborate with HRSA to update existing work plans and, as needed, integrate new priorities during the funding period (e.g., through monthly strategy discussion calls, or other communication as needed).

2. Summary of Funding

Approximately $5,325,000 is expected to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to $5,325,000 per year. Applicants should note that the award amount includes approximately $4,000,000 to fund up to 24 subrecipients at a ceiling amount of up to $170,000 each. The actual amount available for this program will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner.

The project period is August 1, 2017 through July 31, 2021 four (4) years. Funding beyond the first year is dependent on the availability of appropriated funds for the Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV - Coordinating Center for Technical Assistance program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

If an entity is applying for funding under this announcement (HRSA-17-044) and under the companion Evaluation Center announcement (HRSA-17-049), the entity must be able to demonstrate the ability to administer multiple federal awards and to ensure

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<th>E2i EC (HRSA-17-049)</th>
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| Year 4, Months 1-3 | • Implementation/wrap-up of evidence-informed interventions  
|                    | • Learning session                                                                      | • Collect data, conduct outcome evaluation  
|                    |                                                                                       | • Learning session evaluation                                                      |
| Year 4, Months 4-9 | • Develop tools for replication of intervention models  
|                    | • Develop materials for dissemination                                                   | • Collect data, conduct outcome evaluation  
|                    | • Final learning session                                                                | • Analyze project data                                                             |
|                    |                                                                                       | • Develop materials for dissemination                                               |
|                    |                                                                                       | • Develop evaluation tools for replicated intervention models                       |
|                    |                                                                                       | • Final learning session evaluation                                                 |
| Year 4, Months 10-12 | • Dissemination and promotion of materials                                              | • Disseminate findings from project, promote materials                              |
adequate quality controls, staffing, and impartiality.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include entities eligible for funding under RWHAP Parts A, B, C and D. These include, but are not limited to: 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; community health centers receiving support under Section 330 of the PHS Act; Federally Qualified Health Centers as described in Title XIX, Section 1905 of the Social Security Act; faith-based and community-based organizations; and Indian Tribes or Tribal organizations with or without federal recognition.

Foreign entities are not eligible for these HRSA awards.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package
HRSA requires applicants for this funding opportunity announcement (FOA) to apply electronically through Grants.gov. You must download the SF-424 application package associated with this FOA following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

2. Content and Form of Application Submission

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

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

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the Application Guide and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.

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

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

See Section 4.1 viii of HRSA’s SF-424 Application Guide for additional information on this and other certifications.
Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA’s SF-424 Application Guide (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. **Project Abstract**
   See Section 4.1.ix of HRSA’s SF-424 Application Guide.

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

   Use the following section headers for the Narrative:

   - **INTRODUCTION -- Corresponds to Section V’s Review Criterion #1 Need**
     
     Briefly describe the purpose of the proposed project as it responds to the purpose set forth in this FOA.

     Provide a clear and succinct description of the roles and activities of the E2i CCTA. Describe the E2i CCTA’s overall approach to how it will select and monitor up to 24 subawardees, as well as conduct the TA activities to support the implementation of evidence-informed interventions and implementation strategies used by RWHAP subawardees funded under the E2i CCTA in the four focus areas:

     1) Improving HIV health outcomes for transgender women
     2) Improving HIV health outcomes for Black MSM
     3) Integrating behavioral health with primary medical care for PLWH
     4) Identifying and addressing trauma among PLWH

     Briefly describe your organization, your ability to provide TA, and your experience managing group learning activities (e.g., learning sessions).

   - **NEEDS ASSESSMENT -- Corresponds to Section V’s Review Criterion #1 Need**
     
     Provide a summary of the literature that demonstrates a comprehensive understanding of issues regarding the role of evidence-informed interventions on reducing HIV-related health disparities and improving health outcomes, including improving retention in care, treatment adherence, and viral suppression in relation to the four focus areas.

     Discuss the issues impacting the effective implementation of evidence-informed interventions. Discuss the role of an implementation science framework in the effective implementation of evidence-informed interventions. Discuss the issues impacting the provision of effective TA tailored to individual subawardees with a diversity of needs and resources, particularly as they relate to improving health outcomes. Include examples where TA has led to successful strategies to
overcome barriers to HIV care engagement and subsequent improvements in health outcomes with specific attention to transgender and Black MSM populations, integrating behavioral health within primary medical care, and addressing trauma among PLWH.

- **METHODOLOGY -- Corresponds to Section V’s Review Criteria #2 Response, #3 Evaluative Measures, and #4 Impact**

*Intervention Selection*
Propose an approach that will be employed to identify and create an inventory of existing evidence-informed interventions that address the social and environmental determinants of health that impact HIV-related health outcomes. These evidence-informed interventions will be adapted for and implemented by subawardees funded for this project.

Describe an approach to identifying specific strategies that have evidence of efficacy for implementing the interventions found in the intervention selection process. Describe the criteria that will be used to identify available evidence of implementation strategies and how that evidence will be married with the interventions selected. Multiple strategies may be needed and may need to be combined in various ways to adapt them to the particular site of intervention.

Discuss a proposed method for developing the criteria to classify the various interventions for the four focus areas as evidence-informed, in collaboration with the E2i EC. Describe how the criteria will be applied to interventions identified in the environmental scan to determine if they are evidence-informed and useful for the proposed project areas.

Discuss the methods to collaborate with the E2i EC to monitor and evaluate implementation fidelity when adapting the original evidence-informed intervention for a specific population. Implementation fidelity increases the likelihood that the participants will experience similar outcomes to those found in the original intervention.

*Site Selection*
Propose a plan for the solicitation and selection of up to 24 subawardees to implement evidence-informed interventions that address one of the four focus areas described earlier in this announcement. Describe the approach to create the site selection criteria in collaboration with HAB to ensure objective site selection. Describe how the selection criteria will ensure the identification and participation of a diverse group of RWHAP-funded organizations while considering:

- The applicant’s demonstrated need for and experience with providing HIV care in one of the four focus areas targeted by the evidence-informed interventions
- The applicant’s size, capacity, performance level, number of clients served, number of HIV cases reported in the selected focus area (e.g., Black MSM,
transgender women, and number of HIV cases reflecting clients with trauma, or diagnosed with behavioral health disorders)

- The existence of a robust data system, preferably in an electronic format, for collecting client-level data

**Technical Assistance**
Describe an approach to conduct an assessment of TA needs, in collaboration with the E2i EC, for each subawardee.

Discuss a proposed method to customize the selected evidence-informed intervention and implementation strategies, in collaboration with the E2i EC, for each subawardee based on site-specific needs found in the needs assessments.

Describe an approach to develop a TA plan for guiding each subawardee through the implementation of customized evidence-informed interventions. Describe how the TA will be adapted based on the customized intervention plan for each subawardee. Describe the methods used to provide TA to subawardees.

Describe the types of tools/materials needed for the provision of TA.

**Learning Session**
Describe an approach to develop and facilitate two in-person learning sessions per year during the second and third years of the project period in the Washington, DC metropolitan area, to include all of the funded subawardees and the E2i EC.

Describe how the learning sessions will address differing learning needs and assist subawardees with the implementation of evidence-informed interventions and implementation strategies.

Describe the components and structure of the learning session model and the steps that will be used to implement each session.

Describe how the E2i CCTA will work with the E2i EC to identify recognized experts in the four focus areas as potential learning session participants.

Describe how the E2i CCTA will integrate mid-intervention adjustments as a result of learning session outcomes, as enhancements of funded intervention activities, if needed.

Describe the types of tools/materials needed for the provision of training and learning sessions.

**Evaluation**
Describe a plan for working collaboratively with the E2i EC to complete the timely and accurate needs assessment of subawardees.
Describe a plan for working collaboratively with the E2i EC in the evaluation of both process and project outcomes, and assessment of mid-intervention adjustments from the learning sessions.

**Dissemination**
Describe a plan for the development and dissemination of tools and materials throughout the implementation period, including lessons learned from mid-intervention adjustments made by subawardees funded for this project. Describe the plan to disseminate information both to subawardees of this project and RWHAP grant recipients/subrecipients not funded under this project to adapt the interventions within their organizations. Describe the plan for promoting materials/webinars using the TARGET Center.

Describe how the E2i CCTA will use a variety of methods to promote replication and implementation of interventions appropriate for the four focus areas.

Describe methods for assessing long-term sustainability of interventions.

- **WORK PLAN -- Corresponds to Section V’s Review Criterion #2**
  Provide a work plan that delineates your activities or steps that will be used to achieve each of the goals for the four-year project period. The work plan should be in table format and directly relate to the methods described in the Methodology section for this FOA. The work plan is to be used as a tool to actively manage the project by including all aspects of planning and implementation of the evidence-informed interventions.

  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 four-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 the project, including, but not limited to hiring appropriate staff, coordinating the development of the intervention, the multi-site data components, establishing quality control mechanisms, as well as addressing Internal Review Board (IRB) and Health Insurance Portability and Accountability Act (HIPAA) requirements, as needed. The work plan should be included as Attachment 1.

- **RESOLUTION OF CHALLENGES -- Corresponds to Section V’s Review Criterion #2 Response**
Discuss the challenges that are likely to be encountered in designing, planning, and implementing the project’s activities described in the work plan, and describe realistic and appropriate strategies to be used to resolve these challenges.

Specifically,

- Describe the challenges that are likely to be encountered in the development and implementation of an effective, evidence-informed intervention within varied medical settings and propose strategies that may be employed to overcome these challenges.
- Describe challenges to adapting in-progress interventions in specific medical settings and propose strategies that may be employed to overcome these challenges.
- Describe challenges to providing TA to HIV service delivery organizations within a variety of settings and techniques that will be used to address these challenges.
- Describe any anticipated challenges to the coordination of learning sessions and to managing group learning dynamics, and techniques that you will use to mitigate these challenges.

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

Describe the plan for the process evaluation that will contribute to continuous quality improvement. The process evaluation should monitor ongoing processes and the progress toward the goals and objectives of the project.

Describe your capacity to provide national-level TA similar to the TA focus areas as outlined below. Describe how the proposed key project personnel have the necessary knowledge, experience, training, and skills to provide implementation-related TA to HIV service delivery organizations serving PLWH, to include but not limited to the four focus areas of this initiative:

1) Improving HIV health outcomes for transgender women
2) Improving HIV health outcomes for Black MSM
3) Integrating behavioral health with primary medical care for PLWH
4) Identifying and addressing trauma among PLWH

Describe any experience in partnering with other entities, such as the separately-funded E2i EC.

Describe any experience in facilitating learning sessions.

- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources/Capabilities**
Describe your mission and structure, scope of current activities, and experience in providing TA, especially to RWHAP and other HIV providers nationwide. Describe how these all contribute to your ability to successfully implement this project and meet the goals and objectives of this initiative. Describe your experience in providing TA for innovative intervention models to improve the delivery of HIV services to PLWH.

Include a one-page project organizational chart as Attachment 2 depicting the organizational structure of only the project (not the entire organization), and include contractors (if applicable) and other significant collaborators. If consultants and/or contractors will be used to provide any of the proposed services, describe their roles and responsibilities on the project. Include signed letters of agreement, memoranda of understanding, and descriptions of proposed and/or existing contracts related to the proposed project in Attachment 3.

Describe your organization’s experience conducting TA on evidence-informed interventions and implementation strategies to improve linkage to and retention in care. Describe your level of experience in the area of developing intervention toolkits, specifically related to toolkits for HIV service delivery organizations. Describe your organization’s experience in gathering data/information to determine the needs of medical providers or organizations related to the development and implementation of evidence-informed interventions. Describe your organization’s experience in tailoring intervention plans and strategies for specific organizations, and subsequent adaptations of established intervention plans.

Describe collaborative efforts with other pertinent agencies that enhance your ability to accomplish the proposed project. Discuss any examples of previous projects that reflect the experience of proposed staff in working collaboratively with RWHAP-funded organizations.

Describe the level of experience and number of years’ experience in supporting collaborative learning and TA projects, developing and disseminating informational materials, and providing TA to HIV-related organizations on a national level. Describe any experience in logistical planning and facilitation for large meetings aimed at sharing information and expertise to build knowledge and capacity of participants. Describe your organization’s capacity to host webinars and webcasts, including platforms to be utilized.

Describe the experience of proposed key project staff (including any consultants and contractors) that demonstrates the necessary knowledge, experience, training, and skills for this project. Describe past experience in the development of curricula, “How-To” manuals, implementation guides, or intervention toolkits including the topic areas and targeted audiences.

If applicable, describe the proposed processes to be used for oversight of contractors in performance and delivery of any project activities. Include in this
section the roles of all personnel (including consultants and contractors) involved in each activity.

Describe your organizational process for the management of subawards to be issued under this cooperative agreement. Include a description of your subaward process from initiation to approval, and your timeline for procurements. Describe the methodology for monitoring the subawardees including, among other items, the submission of invoices and reimbursement for services in a timely manner.

Include a staffing plan for proposed project staff and brief job descriptions to include the roles, responsibilities, including who will manage/oversee the various project activities, and qualifications and include as Attachment 4. See Section 4.1. of HRSA’s SF-424 Application Guide for additional information.

Include short biographical sketches of key project staff as Attachment 5. See Section 4.1. of HRSA’s SF-424 Application Guide for information on the content for the sketches.

### NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

<table>
<thead>
<tr>
<th>Narrative Section</th>
<th>Review Criteria</th>
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<tbody>
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<td>Introduction</td>
<td>(1) Need</td>
</tr>
<tr>
<td>Needs Assessment</td>
<td>(1) Need</td>
</tr>
<tr>
<td>Methodology</td>
<td>(2) Response, (3) Evaluative Measures, and (4) Impact</td>
</tr>
<tr>
<td>Work Plan</td>
<td>(2) Response</td>
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<tr>
<td>Resolution of Challenges</td>
<td>(2) Response</td>
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<td>Evaluation and Technical Support Capacity</td>
<td>(3) Evaluative Measures and (5) Resources/Capabilities</td>
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<tr>
<td>Organizational Information</td>
<td>(5) Resources/Capabilities</td>
</tr>
<tr>
<td>Budget and Budget Narrative</td>
<td>(6) Support Requested</td>
</tr>
</tbody>
</table>

### iii. Budget

See Section 4.1.iv of HRSA’s SF-424 Application Guide. Please note: the directions offered in the Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and the additional budget instructions provided below.

**Reminder:** The Total Project or Program Costs are the total allowable costs (inclusive of direct and indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.
In addition, the Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV - Coordinating Center for Technical Assistance program requires the following:

- **Line Item Budget for Years 1 through 4:** Submit separate line item budgets for each year of the proposed project period using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs as appropriate. Subaward costs should be included under “other.” Please be specific about how each item in the “other” category is justified. A single Excel spreadsheet table with each year’s budget is strongly preferred. Include the line item budget, preferably as a single table, as Attachment 6.

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s SF-424 Application Guide for additional information. Note that these or other salary limitations may apply in FY 2017, as required by law.

### iv. Budget Narrative
See Section 4.1.v. of HRSA’s SF-424 Application Guide.

In addition, the Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV - Coordinating Center for Technical Assistance program requires the following:

- **Subaward Budget Category:** Include a description of funding to be provided to up to 24 RWHAP recipients/subrecipients (subawardees), at an amount of up to $170,000 each (up to $4,000,000 total). The amount allotted for each subawardee must include sufficient funds to cover costs associated with the implementation of evidence informed interventions as well as the collection and submission of evaluation-related data, required travel to learning sessions, and, in some cases, the hiring of short-term staff.

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

*Attachment 1: Work Plan (required)*

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative.
Attachment 2: Project Organizational Chart (required)
Provide a one-page figure that depicts the organizational structure of the E2i CCTA project.

Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific) (required, if applicable)
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 agreements should clearly describe the roles of the contractors and any deliverables. Letters of agreement must be dated.

Attachment 4: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA’s SF-424 Application Guide) (required)
Keep each job description to one page in length as much as is possible. Include the roles, responsibilities, and qualifications of proposed project staff.

Attachment 5: Biographical Sketches of Key Personnel (required)
Include biographical sketches for persons occupying the key positions described in Attachment 4, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 6: Line-Item Budgets for Years 1 through 4 (required)

Attachments 7 - 15: Other Relevant Documents (optional)
Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

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

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

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

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this FOA is March 1, 2017 at 11:59 P.M. Eastern Time.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA’s SF-424 Application Guide for additional information.

5. Intergovernmental Review

Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV – Evaluation Center is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 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 four (4) years, at no more than $5,325,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Funds under this announcement may not be used for the following purposes:
• Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare)

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

• Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (nPEP) medications or the related medical services [RWHAP Part C and D recipients may provide prevention counseling and information to eligible clients' partners (also see the June 22, 2016 RWHAP and PrEP program letter)]

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

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

• Purchase of or improvement to land

• International travel

• Cash payments to intended recipients of RWHAP services

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

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

All program income generated as a result of awarded funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

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

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.
Review criteria are used to review and rank applications. The Program has (6) review criteria:

<table>
<thead>
<tr>
<th>Review criteria</th>
<th>Points associated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion 1: Need</td>
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</tr>
<tr>
<td>Criterion 2: Response</td>
<td>35 points</td>
</tr>
<tr>
<td>Criterion 3: Evaluative Measures</td>
<td>10 points</td>
</tr>
<tr>
<td>Criterion 4: Impact</td>
<td>10 points</td>
</tr>
<tr>
<td>Criterion 5: Resources/Capabilities</td>
<td>25 points</td>
</tr>
<tr>
<td>Criterion 6: Support Requested</td>
<td>10 points</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100 points</strong></td>
</tr>
</tbody>
</table>

**Criterion 1: NEED (10 points) – Corresponds to Section IV’s Introduction and Needs Assessment**

**Introduction (4 points)**
- The strength and clarity of the applicant’s succinct description of the proposed project, including the approach to conducting TA activities to support the implementation of evidence-informed interventions in the four focus areas.
- The strength and clarity of the brief description of the applicant organization’s ability to provide TA.

**Needs Assessment (6 points)**
- The extent to which the applicant’s summary of the literature demonstrates a comprehensive understanding of the role of evidence-informed interventions on reducing HIV-related health disparities and improving health outcomes for PLWH, including increasing retention in care, improving treatment adherence and improving viral suppression, in relation to the four focus areas.
- The extent to which the applicant demonstrates a thorough understanding of the roles and issues impacting implementation science in the effective implementation of evidence-informed interventions.
- The extent to which the applicant demonstrates a thorough understanding of challenges or barriers associated with the provision of effective TA tailored to individual subawardees with diverse needs and resources.

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

**Methodology (15 points)**

*Intervention Selection*
• The strength and clarity of the applicant’s approach to perform an environmental scan of existing evidence-informed interventions that addresses the social and environmental determinants of health.
• The strength and clarity of the applicant’s method to develop criteria for identification of various evidence-informed interventions addressing the four focus areas.
• The strength and clarity of the applicant’s approach to identify specific implementation strategies with evidence of effectiveness in RWHAP-funded settings.

Site Selection
• The strength and clarity of the applicant’s plan to solicit and select up to 24 subawardees to implement evidence-informed interventions.
• The strength and clarity of the applicant’s approach to develop site selection criteria that will ensure the identification of a diverse group of subawardees.

Technical Assistance
• The strength and clarity of the applicant’s approach to develop a TA needs assessment for each subawardee and use the findings to customize the selected evidence-informed intervention.
• The strength and clarity of the applicant’s approach to develop a TA plan for each subawardee based on the customized intervention plan.

Learning session
• The extent to which the applicant’s organization demonstrates their approach to develop and facilitate in-person learning sessions in order to assist subawardees with the implementation of evidence-informed interventions.
• The strength and clarity of the applicant’s ability to develop the components and structures of the learning session model and the steps that will be used to implement each session.
• The extent to which the applicant’s organization demonstrates their ability to work with the E2i EC to identify recognized experts in the four focus areas as potential learning session participants.
• The strength and clarity of the applicant’s plan to use mid-intervention adjustments as enhancements of funded intervention activities.

Work Plan (15 points)
• The strength and clarity of the applicant’s work plan and its goals for the four-year project period (Attachment 1).
• The extent to which the applicant’s work plan relates to the Methodology section of the narrative, includes clear and realistic goals and objectives, and addresses the program requirements in this announcement.
• The extent to which the applicant’s work plan includes clearly written: (1) objectives that are specific, measurable, achievable, realistic and time-framed (SMART); (2) action steps and activities; (3) staff responsible for each action step; and (4) anticipated dates of completion.
• The extent to which the applicant’s work plan demonstrates the ability to achieve the proposed goals during the four-year project period.

Resolution of Challenges (5 points)
• The strength of the applicant’s ability to identify challenges and propose solutions to adapting in-progress interventions in specific medical settings.
• The strength of the applicant’s ability to identify challenges and propose solutions to providing TA to HIV service delivery organizations within a variety of settings.
• The strength of the applicant’s ability to anticipate challenges to the coordination of collaborative and group learning dynamics and to describe techniques to address these challenges.
• The clarity and feasibility of the applicant’s approaches, strategies and techniques to resolve anticipated challenges.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV’s Methodology and Evaluation and Technical Support Capacity

Methodology (Evaluation: 5 points)
• The strength and clarity of the applicant’s plan to support the E2i EC with the development of the needs assessment to be conducted on subawardees.
• The clarity and feasibility of the applicant’s plan to support the E2i EC in the multi-site evaluation of both process and project outcomes, and assessment of mid-intervention adjustments from the learning sessions.

Evaluation and Technical Support Capacity (5 points)
• The extent to which the applicant’s plan for the process evaluation clearly demonstrates how they will implement continuous quality improvement to monitor progress toward the goals and objectives of the project.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Methodology

Learning session
• The strength and clarity of the applicant’s approach to disseminate the mid-intervention adjustment results to both subawardees funded for this project and RWHAP grant recipients/subrecipients not funded for this project at the conclusion of the project.

Dissemination
• The strength and clarity of the applicant’s plan to develop and disseminate tools and materials throughout the implementation period from mid-intervention adjustments.
• The strength and clarity of the applicant’s plan to promote replication and implementation of interventions appropriate for the four focus areas.
• The strength and feasibility of the proposed methods for addressing long-term sustainability of interventions.
Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity and Organizational Information

Evaluation and Technical Support Capacity (10 points)
- The extent to which the applicant demonstrates the capacity to provide implementation-related TA.
- The strength of the proposed project personnel’s knowledge, experience, training, and skills to provide implementation-related TA to HIV service delivery organizations serving PLWH including in the four focus areas of this initiative.
- The extent to which the staffing plan (required in the application guide) and project organizational chart (Attachment 2) are consistent with the project description and project activities.

Organizational information (15 points)
- The extent to which the applicant demonstrates knowledge and experience conducting TA for innovative evidence-informed intervention models and implementation strategies to improve linkage to care, retention in care, viral suppression, and the delivery of HIV services to PLWH.
- The extent to which the applicant demonstrates experience in gathering data/information to identify needs and tailoring interventions according to specific organizations’ needs.
- The extent to which the applicant clearly demonstrates experience and ability to collaborate with other agencies pertinent to the work of this project.
- The extent to which the applicant demonstrates experience in logistical planning and facilitation of large meetings aimed at sharing information and expertise to build knowledge.
- The extent to which the applicant demonstrates experience in hosting webinars/webcasts and developing curricula, “How-To” manuals, implementation guides, and intervention toolkits related to HIV service delivery.
- If applicable, the strength and clarity of the applicant’s plan to oversee and monitor contractors’ performance and delivery of project activities.
- The strength and appropriateness of the job descriptions for key staff based on the goals and objectives of this project (Attachment 4).
- The strength and appropriateness of the biographical sketches based on the goals and objectives of this project (Attachment 5).
- The extent to which the staffing plan is consistent with the project description and project activities.
- The extent to which the time allocated for staff is consistent with their anticipated workload toward the completion of the goals and objectives of the project.
- The extent to which the applicant demonstrates prior experience procuring and managing subawards.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Budget and 2. iv. Budget Narrative
• The extent to which costs outlined in the proposed budget are reasonable and appropriate for the project objectives.
• The strength and clarity of the application’s budget narrative to support each line item budget.
• The extent to which contracts for proposed contractors or consultants are clearly described in terms of contract purposes; how costs are derived; and that deliverables are reasonable and appropriate, if applicable.

2. Review and Selection Process

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

Please see Section 5.3 of HRSA’s SF-424 Application Guide for more details.

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.
Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in FAPIIS in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of August 1, 2017. See Section 5.4 of HRSA’s SF-424 Application Guide for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA’s SF-424 Application Guide.

3. Reporting

The successful applicant under this FOA must comply with Section 6 of HRSA’s SF-424 Application Guide and the following reporting and review activities:

1) Progress Report(s). The recipient must submit a progress report to HRSA on a trimester basis (i.e., three times per year). Further information will be provided in the award notice.

VII. Agency Contacts

You may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:
Beverly H. Smith  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Room 10NWH04  
Rockville, MD  20857  
Telephone: (301) 443-7065  
E-mail: bsmith@hrsa.gov

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

Stacy Cohen  
Branch Chief, Evaluation, Analysis, and Dissemination Branch  
Division of Policy and Data, HIV/AIDS Bureau  
Attn: Using Evidence Informed Interventions to Improve Health Outcomes among PLWH – Coordinating Center for Technical Assistance  
Health Resources and Services Administration  
5600 Fishers Lane, Room 09N160  
Rockville, MD  20857  
E-mail: sgagne@hrsa.gov  
Telephone: (301) 443-3259  
Fax: (301) 443-8143

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
E-mail: support@grants.gov  

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

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

Technical Assistance:

All applicants are encouraged to participate in a technical assistance (TA) webinar for this funding opportunity. An FOA webinar will be held on January 9, 2017 at 1:00 - 3:00 PM ET. To join the web portion, please use the following link: https://hrsa.connectsolutions.com/e2i-ccta/. To join the audio portion, please Dial 800-857-9750; and the participant passcode: 7532213.

IX. Tips for Writing a Strong Application

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