

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

HIV/AIDS Bureau
Division of Community HIV/AIDS Programs

***Ryan White HIV/AIDS Program Part D
Grants for Coordinated HIV Services and Access to Research for Women, Infants, Children,
and Youth (WICY) Supplemental***

Announcement Type: Competing Supplement
Funding Opportunity Number: HRSA-16-087

Catalog of Federal Domestic Assistance (CFDA) No. 93.153

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: February 1, 2016

*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.*

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Authority: Section 2671 of Title XXVI of the Public Health Service Act (42 U.S.C. 300ff-71), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) is accepting applications for the fiscal year (FY) 2016 Ryan White HIV/AIDS Program (RWHAP) Part D – Grants for Coordinated HIV Services and Access to Research for Women, Infants, Children and Youth (WICY) Supplemental. The purpose of this supplemental funding is to assist currently funded RWHAP Part D WICY recipients in their efforts to strengthen their organizational interventions to improve health outcomes along the HIV care continuum. Applicants may propose an activity that will fill gaps identified in the HIV care continuum for underserved WICY living with HIV/AIDS in their current service area.

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part D Grants for Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY) Supplemental
Funding Opportunity Number:	HRSA-16-087
Due Date for Applications:	February 1, 2016
Anticipated Total Annual Available Funding:	\$3,500,000
Estimated Number and Type of Award(s):	Up to 35 grant(s)
Estimated Award Amount:	Up to \$100,000 per year
Cost Sharing/Match Required:	No
Project Period:	August 1, 2016 through July 31, 2017, (one year)
Eligible Applicants:	This funding opportunity is limited to currently funded RWHAP Part D WICY recipients. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

All applicants 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 FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance

All applicants are encouraged to participate in a technical assistance (TA) webinar for this funding opportunity. The technical assistance webinar will be held December 8, 2015 from 2:00-4:00 PM Eastern Time. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the FOA. Participation in the pre-application TA webinar is strongly encouraged to ensure the successful submission of the application.

- **Date:** December 8, 2015
- **Time:** 2:00 – 4:00 PM Eastern Time
- **Call-in number:** 1-888-810-6808, Passcode: 2400860
- **Webinar link:** <https://hrsa.connectsolutions.com/hrsa-16-087-ta-call/>.

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for supplemental funding for the Ryan White HIV/AIDS Program (RWHAP) Part D – Grants for Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth (WICY). The purpose of this Funding Opportunity Announcement (FOA) is to assist currently funded RWHAP Part D WICY recipients in their efforts to strengthen their organizational interventions to improve health outcomes along the HIV care continuum. Applicants for this competitive supplemental funding opportunity may propose an activity that will fill gaps identified in the HIV care continuum for underserved WICY living with HIV/AIDS in their current service area.

Funding under this program is not intended to support long-term activities. Instead, the proposed activity should be of a short-term nature and should be completed by the end of the one-year project period for this funding opportunity.

Existing RWHAP Part D WICY recipients may submit proposals for one of the following categories: 1) HIV Care Innovation or 2) Infrastructure Development to address the gaps and need for a comprehensive continuum of outpatient HIV primary care services.

Applicants must select only one category and one type of activity from the selected category. Applicants may propose an expansion of activities currently supported with Part D supplemental funding; however, the same activity proposed and funded in FY 2015 will not be considered for funding in FY 2016. Under the two categories, the following types of activities are allowable for funding under the FY 2016 RWHAP Part D WICY Supplement: (Choose only one).

1) HIV Care Innovation

HIV Care Innovation activities should identify and address a specific point or point(s) along the HIV care continuum to be targeted for maximum impact. This funding will assist RWHAP Part D WICY recipients in supporting a system-wide activity that addresses a gap in the local HIV care continuum. In addition, HIV Care Innovation activities support the National HIV/AIDS Strategy: Updated to 2020 (NHAS 2020) goals by funding focused activities to address identified gaps in the HIV care continuum. Applicants applying under this category should select only one of the four activities listed below:

HIV Case Finding - Train designated staff in HIV case finding techniques through local health departments and/or through CDC-funded training centers (<http://nnptc.org/>) and apply these skills in the clinical setting to link persons into HIV primary care after HIV testing to address the stages of the HIV care continuum. Identify the HIV care continuum stage(s) that will be addressed: (1) Linkage to HIV medical care or (2) Retention in HIV medical care.

Motivational Interviewing - Train staff in Motivational Interviewing through the local AIDS Education and Training Centers (AETCs) or other resources to engage patients in care. Work with both staff and patients on retention and facilitate staff application of the training in the clinical setting to address the stages of the HIV care continuum. Identify the HIV care continuum stage(s) that will be addressed: (1) Linkage to HIV medical care, (2) Retention in HIV medical care, or (3) Appropriate prescription of Antiretroviral Therapy (ART).

Patient-Based Treatment Adherence - Implement an innovative, patient-based treatment adherence program to provide long-term adherence support for chronically non-adherent patients and apply the program to address the stages of the HIV care continuum. Identify the HIV care continuum stage(s) that will be addressed: (1) Appropriate prescription of ART or (2) HIV viral load suppression.

Patient Chronic Disease Self-Management - Institute a clinic-wide Chronic Disease Management Program for HIV/AIDS based on the Stanford program or other resources for patient self-management (e.g., <http://www.ahrq.gov/research/findings/final-reports/ptmgmt/index.html>) to engage patients in long-term disease control and apply the program to address the HIV care continuum stages. Identify the HIV care continuum stage(s) to be addressed: (1) Retention in HIV medical care or (2) HIV viral load suppression.

2) Infrastructure Development

Infrastructure development activities should identify and address a specific point along the HIV care continuum to be targeted for maximum impact. This funding opportunity will assist RWHAP Part D WICY recipients by promoting organizational infrastructure development and increasing the capacity of organizations to enhance their ability to meet the changing health care landscape. Funding is intended to increase the capacity of the organization to respond to Affordable Care Act opportunities, which leads to the delivery or improvement of HIV primary care services, supports the President's HIV Continuum of Care Initiative and addresses one or more of the NHAS 2020 goals. Applicants applying under this category should select only one of the four activities listed below:

Electronic Health Records (EHR) - Purchasing and implementing EHRs to improve the quality, safety, and efficiency of patient health care. Describe the plan to implement the EHR and identify the specific linkages to the HIV care continuum stage(s) that will be addressed: (1) Linkage to HIV medical care, (2) Retention in HIV medical care, (3) Appropriate prescription of ART, or (4) Achieving a high HIV viral load suppression rate.

HAB requires that any EHR or EHR component purchased, in whole or in part, with Federal funds meets the Office of the National Coordinator for Health Information Technology (ONC) requirements for certification. To improve the quality of clinical data collected, HAB further requires that any EHR or EHR component be configured to report appropriate clinical data electronically for HAB reporting (<http://www.hrsa.gov/healthit/ehrguidelines.html>).

Additionally, HHS has released standards for the meaningful use of EHRs. This is supported by the Centers for Medicare and Medicaid (CMS) with an incentive program for both Medicaid and Medicare providers. Clinical care providers under RWHAP Parts A [2604 (g) (1)], B [2617 (b) (F)] and C [2652 (b) (1)] are required to participate in state Medicaid programs. Consequently, it is expected that such RWHAP recipients and providers will begin to use a certified EHR in the provision of care (<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRincentiveprograms/>).

Financial Management Systems - Purchasing and implementing a financial accounting system or software capable of managing multiple sources of funding for HIV primary care services, as well as actual expenses by line item and enhancing the billing process for third

party reimbursement. The proposed system can address, but is not to be limited to, budget management topics, such as fiscal oversight, subrecipient monitoring, and tracking expenditures by cost categories. Applicants are expected to develop protocols and billing policies based on the use of this enhanced system. Identify the HIV care continuum stage(s) that will be addressed: (1) Linkage to HIV medical care, (2) Retention in HIV medical care or (3) Achieving a high HIV viral load suppression rate.

Management Information System - Identifying, establishing and strengthening administrative, managerial, and management information system (MIS) structures to offer, enhance, or expand comprehensive HIV primary health care especially in the context of the Affordable Care Act. Alternatively, another activity can be the purchase of software to interface CAREWare with existing electronic health records to specifically improve data collection, reporting, quality improvement activities and/or improvement in the gaps in the HIV care continuum. Identify the HIV care continuum stage(s) that will be addressed: (1) Linkage to HIV medical care, (2) Retention in HIV medical care, (3) Appropriate prescription of ART, or (4) Achieving a high HIV viral load suppression rate.

2. Background

This program is authorized by Section 2671 of Title XXVI of the Public Health Service Act (42 U.S.C. 300ff-71), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87).

The Ryan White Part D program was established as a mechanism to provide care, support and access to services for women and their exposed and infected children. As advances in the treatment of HIV have been made, most notably, the testing and treatment to prevent mother to child transmission, the needs of women and children living with HIV have evolved. In 2012, the entire Part D program was re-competed to align more closely with the goals of the NHAS and to respond to the changes in the HIV epidemic as it relates to WICY.

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. 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 optimizing health outcomes for people living with HIV;
- 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](#) (see below) 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.

Advances in four key areas are of critical focus for the next five years, and recipients should take action to align their organization's efforts with the Strategy around these key areas:

- Widespread testing and linkage to care, enabling people living with HIV to access treatment early;
- Broad support for people living with HIV to remain engaged in comprehensive care, including support for treatment adherence;
- Universal viral suppression among people living with HIV; and
- Full access to comprehensive 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 can be found here:

<https://aids.gov/federal-resources/national-hiv-aids-strategy/overview/>

HIV Care Continuum

Identifying people infected with HIV and linking them to HIV primary care with initiation and long-term maintenance of life-saving antiretroviral treatment (ART) are important public health steps toward the elimination of HIV in the United States. The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the HIV care continuum or the care treatment cascade. 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 load suppression.

The difficult challenge of executing these lifesaving steps is demonstrated by the data from the CDC, which estimate that only 30 percent of individuals living with HIV in the United States have complete HIV viral suppression. Data from the 2013 Ryan White Service Report (RSR) indicate that there are better outcomes in RWHAP funded agencies with approximately 79 percent of individuals who received RWHAP-funded HIV primary care being virally suppressed. Such findings underscore the importance of supporting effective interventions for linking HIV-positive individuals into care, retaining them in care, and helping them adhere to their combination ART.

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, so that individuals diagnosed with HIV are linked and engaged in care and started on ART as early as possible. HAB 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.

The HIV care continuum measures also align with the [HHS Common HIV Core Indicators](#) approved by the HHS Secretary. RWHAP recipients and providers are required to submit data through the RSR. Through the RSR submission, HAB currently collects the data elements to produce the HHS Common HIV Core Indicators. HAB will calculate the HHS Common Core Indicators for the entire RWHAP using the RSR data to report six of the seven HHS Common HIV Core Indicators to the Department of Health and Human Services, Office of the Assistant Secretary for Health.

Affordable Care Act

As part of the Affordable Care Act, the health care law enacted in 2010, several significant changes have been made in the health insurance market that expand options for health care coverage, including those options for people living with HIV/AIDS. The Affordable Care Act

creates new state-based health care coverage marketplaces, also known as exchanges, and a federally-facilitated health care coverage marketplace to offer millions of Americans access to affordable health insurance coverage. Under the Affordable Care Act individuals with incomes between 100 to 400 percent of the Federal Poverty Level (FPL) may be eligible to receive advance payments of premium tax credits and/or cost-sharing reductions to help pay for the cost of enrolling in qualified health insurance plans and for coverage of essential health benefits. In states that choose to expand Medicaid, non-disabled adults with incomes of up to 133 percent of the FPL become eligible for the program, providing new coverage options for many individuals who were previously ineligible for Medicaid. In addition, the law requires health plans to cover certain recommended preventative services without cost-sharing, making health care more affordable and accessible for Americans. These health care coverage options may be reviewed at <http://hab.hrsa.gov/affordablecareact/keyprovisions.pdf>.

Outreach efforts continue to be needed to ensure families and communities understand these new health care coverage options and to provide eligible individuals assistance to secure and retain coverage. HRSA/HAB recognizes that outreach to and enrollment of RWHAP clients into the expanded health insurance coverage is critical. As appropriate and allowable by statute, RWHAP recipients are strongly encouraged to support Affordable Care Act-related outreach and enrollment activities to ensure that clients fully benefit from the new health care coverage opportunities. For more information on allowable outreach and enrollment activities, please see <http://www.hab.hrsa.gov/affordablecareact/outreachenrollment.html>.

For more information on the marketplaces and the health care law, visit <http://www.healthcare.gov>.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Supplement

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during federal fiscal year 2016. Approximately \$3,500,000 is expected to be available to fund up to 35 recipients. Applicants may apply for a ceiling amount of up to \$100,000. The project and budget period is one (1) year (August 1, 2016 - July 31, 2017).

The Division of Community HIV/AIDS Programs will only fund one activity proposed under one category (HIV Care Innovation or Infrastructure Development). The same activity proposed and funded in FY 2015 will not be funded in FY 2016.

Entities applying for funding under this announcement (HRSA-16-087 RWHAP Part D Supplemental) that also receive funding under (HRSA-16-088 RWHAP Part C Capacity Development Program) must be able to demonstrate the ability to administer multiple federal awards (if successful) and to ensure adequate quality controls, staffing, and impartiality.

Duplication of activities funded under HRSA-16-088 RWHAP Part C Capacity Development Program is not allowable.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award will be subject to the Uniform Guidance [2 CFR 200](#) as codified by HHS at [45 CFR 75](#), which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

By law, no more than 10 percent of a RWHAP Part D WICY award (including supplemental funding) can be used for administrative expenses. Administrative expenses are those costs incurred by the recipient for grant management and monitoring activities. All indirect costs count toward this 10 percent limit. Please see Policy Clarification Notice (PCN) #15-01 (<http://hab.hrsa.gov/manageyourgrant/policiesletters.html>) for additional information.

III. Eligibility Information

1. Eligible Applicants

Eligibility is limited to currently funded RWHAP Part D WICY recipients.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that fail to address the programmatic goals and requirements outlined in this FOA will not be considered for review. In addition, applications that request amounts that exceed the ceiling amount of \$100,000 will be considered non-responsive and deemed ineligible for review.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* 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 the applicant's **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 FOA to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this FOA following the

directions provided at [Grants.gov](https://www.grants.gov).

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, 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. All applicants 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 **30 pages** when printed by HRSA. The page limit includes the abstract, project and budget narrative, 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 will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the 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.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. Project Abstract

Please use FY16 Part D WICY Supplemental, as the Project Title. See Section 4.1.ix of HRSA's [SF-424 Application Guide](#). In addition to the requirements listed in the SF-424 Application Guide, applicants must include the following information in the Abstract:

- A summary of the proposed activity to strengthen organizational interventions to improve health outcomes along the HIV care continuum by reducing the identified gaps along the applicant's HIV care continuum with the specific stage(s) in the HIV care continuum to be addressed by the activity; and
- The amount of supplemental funds requested.

The project abstract must be single-spaced and limited to one page in length.

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***

This section should briefly describe the purpose of the proposed project. It should be clearly stated that the applicant is requesting funding for one activity within either the HIV Care Innovation or Infrastructure Development categories as listed. Discuss why the applicant's local community and/or organization is in need of these funds and how the proposed activity will strengthen organizational interventions to improve health outcomes along the HIV care continuum. The introduction section should address how the proposed project will meet one or more of the NHAS 2020 goals. If the proposed project is an expansion of a previously funded activity, clearly describe how the proposed activity builds upon and furthers the objectives of the previously funded activity in maximizing impact on the local HIV care continuum. Please address one activity from the list below for your FY 2016 RWHAP Part D Supplemental program:

1) HIV Care Innovation Activities:

- **HIV Case Finding;**
- **Motivational Interviewing;**
- **Patient-Based Treatment Adherence; or**
- **Patient Chronic Disease Self-Management.**

2) Infrastructure Development Activities:

- **Electronic Health Records (EHR);**
- **Financial Management Systems; or**
- **Management Information System.**

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

In this section, describe the unmet need based on the applicant's evaluation of the gaps in the HIV care continuum in their current service area. Reference the specific proposed activity under the HIV Care Innovation or the Infrastructure Development option. Use and cite the pertinent demographic data whenever possible to support the information provided. Please discuss any relevant barriers in the current service area that the application intends to address. Describe and document the targeted population(s) and the unmet health needs of those that will benefit from this supplemental funding.

- For each of the HIV care continuum stages, provide the organization's data for calendar years 2014 and 2015; a table format is strongly encouraged. Include definitions of the numerator and the denominator for each stage. If a table is used to present the data, include the definitions of the numerator and denominator as a footnote to the table. Applicants are strongly encouraged to use the same numerators and denominators as outlined for the HHS/HAB HIV Core Indicators. (<http://www.aids.gov/pdf/hhs-common-hiv-indicators.pdf>; <http://hab.hrsa.gov/deliverhivaidscore/habperformmeasures.html>)

Describe the specific target population(s) for the proposed activity, if applicable. The proposed activity may address a gap across the entire HIV care population or it may

address a subgroup in the applicant's organization. For example, if the applicant wishes to address the gap in retaining young Men who have Sex with Men (young MSM) in care, the table needs to include data for that sub-population for each stage of the HIV Care Continuum, i.e., total number of young MSM, number of young MSM newly diagnosed with HIV, number of young MSM linked to care within 30 days of diagnosis, number of young MSM retained in care, number of young MSM prescribed ART, and number of young MSM who are virally suppressed.

The data that outline the specific target population for the proposed activity is best presented in a table format which lists the stages vertically in the left hand column (HIV diagnosis, linkage to HIV medical care within 30 days, retention in HIV medical care, ART among persons in HIV medical care, viral load suppression among persons in HIV medical care). Horizontally, across the top of the table, provide data for calendar years 2014 and 2015. Data for each numerator and denominator must be provided as whole numbers together with the calculated percentage (numerator/denominator). Clearly define the data provided, including the definitions of the numerators and denominators that are used. Applicants may provide community data for the specific stages, if available, as a comparison.

- Describe current gaps in HIV primary care services within the applicant's current service area. Based upon the applicant's internal evaluation, define the gap(s) in the HIV care continuum and describe the services that are lacking. Provide a brief description to justify the need for supplemental support to build capacity to address the needs of the targeted populations through the identified HIV Care Innovation activity or the Infrastructure Development activity.
- After describing the gaps in HIV primary care services, describe the corresponding significant barriers that impact access to care and the stages of the HIV care continuum for the local HIV program and community. For example, available services may be inaccessible due to distance, culture, eligibility requirements, etc.
- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*

In this section, propose the methods that will be used to address the selected activity, identify expected collaboration and coordination efforts and strategies, and describe how the applicant proposes to continue the activity at the end of the project period.

The two (2) required components of this section are:

- 1) **Collaboration and Coordination:** In describing the activity proposed to address one aspect of the HIV care continuum, clearly outline the needed partners for the proposed project. The outline of the partnerships and collaborations should include the tasks that each partner proposes to perform, the responsible party of the partner, and the amount of funds, if any, allocated to the partner.

Letters of Support and/or Letters of Commitment from each partner and/or collaborating entity should be included in **Attachment 5**.

- 2) **Sustainability:** Explain how the efforts set forth in this project will be maintained or continued beyond the project period. For example, describe how the applicant will support maintenance of systems, newly trained staff, or the activity that addresses the identified gap in the HIV care continuum at the conclusion of the one-year project period.

Applicants should include a description of the plan for the dissemination of information and/or products developed as a result of this supplemental funding to other providers in the community and/or collaborators to this project. The intent is to outline how lessons learned will be shared to enhance the capacity of HIV care throughout the local community.

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

The Work Plan should contain both a narrative section and a table, as outlined below. In the Work Plan, the applicant should identify the proposed activity; discuss how the activity is expected to address the specified stage(s) of the HIV care continuum, and how the activity is to be implemented. For example, if the application proposes to partner with the regional AETC to provide Motivational Interviewing training, provide a description of the training curriculum, the number of persons to be trained, which staff would be designated for the training, how the training will be applied to the appropriate stage of the HIV care continuum, and how the results will be monitored. As another example, if the application proposes to put in place a Management Information System to improve data collection, reporting, and quality improvement activities, describe how the selection of the new information system would occur, the number of persons to utilize the system, how the system will be used to improve a selected stage of the HIV care continuum, and how the results of the new data system will be monitored.

Preferably in a table format, the Work Plan should include:

- A **Problem Statement(s)** that identifies the specific stage(s) in the HIV care continuum to be addressed (1-2 sentences);
- A description of each **Goal** that corresponds to a problem statement (1-2 sentences) which identifies the specific stage(s) in the HIV care continuum to be addressed;
- A description of each **Objective** that corresponds to a goal (1 sentence); should include how each objective addresses the corresponding stage(s) of the HIV care continuum;
- A listing of **Key Action Steps** for each objective (1-2 sentences), such as types of training to be completed and the number of staff to be trained; and
- A targeted **Completion Date** (Month/Year) for each objective and each action step.

Submit the Work Plan as **Attachment 4**. The detailed Work Plan must be submitted for the 12-month project period of **August 1, 2016 – July 31, 2017**.

As part of the project narrative and separate from the Work Plan (Attachment 4); include a narrative regarding the approach to addressing the targeted activity. List all action steps that will be necessary to implement the proposed project to strengthen organizational interventions to improve health outcomes along the HIV care continuum by reducing the identified gaps along the applicant's HIV care continuum and accomplish the proposed objectives. If applicants propose an activity that reaches across a group of entities, it is

expected that the activity will be implemented and tailored to the specific needs of the targeted populations, and using applicable performance measures for each targeted populations for evaluation.

- ***RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criteria #2 Response***

Discuss challenges that are likely to be encountered in designing and implementing the activity described in the Work Plan, and in measuring improvement in the HIV care continuum in the applicant's HIV program and/or community. Discuss the approaches that will be used to resolve such challenges.

Challenges discussed should be specific to the proposed activity and relate to either the overall goal(s) or objective(s) proposed within the Work Plan.

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

The two (2) required components of this section are:

- 1) **Data Collection and Management**

In this section, applicants should describe the data collection system and the method(s) used to collect and monitor the outcomes of the proposed activity in the Work Plan. Discuss the mechanisms to be used for tracking and monitoring the proposed activity and the impact of the activity on the stage of the HIV care continuum.

The proposal should clearly outline how data are collected, verified, and reported to involved staff and consumers.

- 2) **Project Evaluation**

In this section, describe the evaluation activities, including quality management, which will be used by the HIV program to assess the impact of the proposed project to strengthen organizational interventions to improve health outcomes along the HIV care continuum by reducing the identified gaps along the applicant's HIV care continuum.

Provide a brief description of the Clinical Quality Management (CQM) program, if applicable, and other resources that will be devoted to the evaluation, including the performance measures, timeline, and expected outcomes. Discuss how the evaluation results will be disseminated to staff, consumers, and the community.

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

In this section, describe the current capabilities and expertise of the applicant organization, e.g., staff skills, current capacity to provide services, the cultural competence needed to reach target populations, evaluation capabilities, and experience in administering federal funds. Be specific in describing current experience related to implementing a system of change and knowledge of how to identify, address and revise new health care models or

systems. In this section, the applicant may want to highlight key staff with pertinent expertise and include the details based on past performances and successes.

The following information should be included:

- Describe the particular organizational skills or capabilities that will contribute to the applicant's ability to implement the proposed project to strengthen organizational interventions to improve health outcomes along the HIV care continuum by reducing the identified gaps along the applicant's HIV care continuum. Include a summary of the staff and key personnel of the applicant's HIV program involved in this project and their roles in the project implementation in the Staffing Plan, **Attachment 2**.
- Describe how people living with HIV/AIDS (PLWH) and organizations that represent them are being included in the decision-making process for the execution of the activity. HAB supports the concept of consumer-driven change and therefore participation of PLWH is critical in the implementation of any activity that will have a long-term effect on reducing a local gap in the HIV care continuum.

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.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
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 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.

By law, no more than 10 percent of a RWHAP Part D WICY award (including supplemental funding) can be used for administrative expenses. Administrative expenses are those costs incurred by the recipient for grant management and monitoring activities. All indirect costs count toward this 10 percent limit. Please see section PCN #15-01 (<http://hab.hrsa.gov/manageyourgrant/policiesletters.html>) for additional information.

The Consolidated and Further Continuing Appropriations Act, 2015, Division G, § 203, (P.L. 113-235) 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 will apply in FY 2016, as required by law.

iv. Budget Justification Narrative

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

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 will not count toward the page limit. **Each attachment must be clearly labeled.**

Attachment 1: Line Item Budget (Required)

Submit a reasonable, allowable and allocable program-specific line item budget in table format, listing the object class categories (Personnel, Fringe Benefits, etc.) in a column down the left hand side. The amount requested on the SF-424A and the amount listed on the program-specific line item budget must match. Under the Personnel Section of the line item budget, each position that is necessary to execute the proposed activity should be listed by position title with the name of the individual, their title within the organization or noted if vacant. In addition, the full time equivalent (FTE) should be designated or “in-kind” if work activity will not be charged to the award. The budget must relate to the activity proposed in the Project Narrative. **NOTE:** It is recommended that the budgets be converted or scanned into a PDF format for submission. Do not submit Excel spreadsheets.

Attachment 2: Indirect Cost Rate Agreement, if applicable and only if it has changed in the past year (not counted in the page limit)

Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA’s [SF-424 Application Guide](#)) (Required)

Attach a Staffing Plan which lists the key personnel who will be involved in the implementation of the proposed activity. Key personnel are defined as the Program Director and other individuals who contribute to the programmatic development or execution of a project/ program in a substantive, measurable way, whether or not they receive salaries or compensation under this supplemental award. This may include the program coordinator, medical director, Clinical Quality Management staff, and data

monitoring staff, if appropriate. For each listed person on the staffing plan, include their role, responsibilities, credentials, if applicable, and the allocated FTEs. Only include brief job descriptions for key personnel vacancies for the proposed activity and limit to two pages total in length.

Attachment 4: Work Plan (Required)

Attach the Work Plan for the project that includes all information detailed in Section IV. ii. Project Narrative. As stated, a table is preferred to outline the Work Plan.

Attachment 5: Letters of Support and/or Commitment

Provide letters of support and/or commitment from each organization identified in the application as a partnering and/or collaborating/coordinating organization that will work with the applicant organization in implementing the proposed project. The letters must be dated, and should clearly identify the role of the organization in the proposed supplemental activity, the tasks that each entity proposes to perform, the responsible party of the partner, and the amount of total cost funds, if any, for each organization.

Attachments 6 – 15: Other Relevant Documents

Include here any other documents that are relevant to the application.

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

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant must also register with SAM and continue to maintain active SAM registration with current information at all times during which it has 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 an applicant/recipient organization has 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 February 1, 2016 *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

The RWHAP Part D Supplemental is 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 <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf> .

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

6. Funding Restrictions

Applicants responding to this announcement may request funding for a budget period and project period of up to one year, not to exceed \$100,000 total cost.

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

- Ongoing service delivery, primary medical care, research or prevention activities
- Purchase or improve land
- Purchase, construct, or undertake major alterations or renovations on any building or other facility
- Payments for the provision of early intervention services or any such service to the extent that payment has been made or is expected to be made by another source of funding, including those under any State compensation program, under an insurance policy, or under any Federal or State health benefits program (except for a program administered by or providing the services of the Indian Health Service); or by an entity that provides health services on a prepaid basis
- Pre-award costs
- Syringe services programs
- Long-term activities. Instead, the activities should be of a short-term nature with a targeted completion by the end of the one-year project period

By law, no more than 10 percent of a RWHAP Part D WICY award (including supplemental funding) can be used for administrative expenses. Administrative expenses are those costs incurred by the recipient for grant management and monitoring activities. All indirect costs count toward this 10 percent limit. Please see PCN #15-01 (<http://hab.hrsa.gov/manageyourgrant/policiesletters.html>) for additional information.

The General Provisions in Division G of the Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235) 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 2016, as required by law.

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 the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant 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 RWHAP Part D WICY Supplemental funding program has six (6) review criteria:

Criterion 1: Need	20 points
Criterion 2: Response	25 points
Criterion 3: Evaluative Measures	10 points
Criterion 4: Impact	15 points
Criterion 5: Resources/Capabilities	10 points
Criterion 6: Support Requested	20 points
TOTAL	100 points

Criterion 1: NEED (20 points) Corresponds to Section IV's Introduction and Needs Assessment Sections

- If the proposed project is an expansion of a previously funded activity, clear demonstration that the proposed activity is not the same activity funded in FY2015, but instead builds upon and furthers the objectives of the previously funded activity in maximizing impact on the local HIV care continuum.
- The clarity of description of the gap(s) in the applicant's HIV care continuum to be addressed by the proposed activity.
- The completeness of the baseline data reported by the applicant for each stage in the local HIV care continuum for calendar years 2014 and 2015 with clear numerators and denominators that align with the HHS/HAB core HIV indicators.

- The extent to which the applicant provides a clear justification for the need for funds in the proposed service area and for the identified targeted population(s) based on the identified gaps in their HIV care continuum.
- The extent to which the applicant provides a clear description of the current HIV service delivery system regarding the gaps in the HIV care continuum.
- The extent to which the applicant provides a clear description of the barriers that impact the stages of the HIV care continuum to be addressed by the proposed project.

Criterion 2: RESPONSE (25 points) Corresponds to Section IV's Methodology, Work Plan and Resolution of Challenges Sections

- The extent to which the applicant fully demonstrates how the activity will enhance their ability to meet the changing health care landscape, including increasing their capacity to respond to Affordable Care Act opportunities and meet the goals of NHAS 2020.
- The extent to which the applicant clearly describes proposed Work Plan activities (Attachment 4) and extent to which those activities address the gap as described by the applicant.
- The clarity and strength of the roles for identified partners in the proposed project, and the tasks for each partner as described in the letters of support. The extent to which the applicant fully and clearly describes the proposed activities and connection to the HIV care continuum stage(s) being addressed.

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

- The extent to which the applicant fully describes the mechanisms used to monitor the impact of the proposed activity on the HIV care continuum.
- The extent to which the applicant clearly describes the ability of their data collection system to collect, verify, and report information about changes in the local HIV care continuum in a timely manner.
- The extent to which the applicant provides a clear description of the CQM program (if applicable) and other resources that will be devoted to the evaluation component of the project, including the performance measures, timeline and expected outcomes.
- The extent to which the applicant fully describes the planned dissemination of evaluation results to staff, consumers and the community.

Criterion 4: IMPACT (15 points) Corresponds to Section IV's Methodology and Work Plan Sections

- The extent to which the applicant provides a clear description of how the agency will support the maintenance of systems, staff, or activities listed in the Work Plan at the conclusion of the project period.
- The extent to which the applicant fully describes the level of impact the proposed project will have on the applicant's and the local community's HIV care continuum.

Criterion 5: RESOURCES/CAPABILITIES (10 points) Corresponds to Section IV's Evaluation and Technical Support Capacity, and Organizational Information Sections

- The extent to which the applicant clearly describes the organization's capability to fulfill the proposed project with qualified staff and partnerships. The depth of experience of the applicant that is clearly described in this section will be considered as well as the knowledge of system change and the infrastructure to extend change into the community.
- The extent to which the applicant clearly demonstrates they have the appropriate staff involved with implementation and evaluation of the proposed project activities.
- The extent to which the staffing plan (**Attachment 3**) is consistent with the project description and proposed activity.
- The extent to which the applicant provides a clear description of their capacity to measure the impact of the proposed activities.
- The extent to which the applicant fully describes how PLWH will be involved in the decision-making process for the execution of the proposed activities.

Criterion 6: SUPPORT REQUESTED (20 points) Corresponds to Section IV's Budget and Budget Narrative Section

- The extent to which costs, as outlined in the budget (SF-424A and Attachment 1), are clearly and fully delineated given the scope of work.
- The extent to which the budget justification narrative fully explains each line item and justifies the resources requested, including proposed staff.
- The extent to which the applicant clearly demonstrates that key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

Please see Section 5.3 of HRSA's [SF-424 Application Guide](#).

This program does not have any funding priorities, preferences or special considerations.

Please Note: 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](#)). The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any OPDIV or HHS official or board.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of August 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of August 1, 2016. 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:

Progress Report(s). The recipient must submit a progress report to HRSA on a semi-**annual** basis (due 6 months after the project period start date). Recipients will be expected to provide outcome data and demonstrate the impact of the project's activity in addressing the gap in the HIV care continuum. Further information will be provided in the award notice.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Adejumoke Oladele
Grants Management Specialist
Attn.: RWHAP Part D
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane 10NWH04
Rockville, MD 20857
Telephone: (301) 443-2441
Fax: (301) 443-9810
E-mail: aoladele@hrsa.gov

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

Monique G. Hitch, MSHA
Branch Chief
Division of Community HIV/AIDS Programs
Attn: RWHAP Part D HIV/AIDS Bureau, HRSA
5600 Fishers Lane, Room 09N18
Rockville, MD 20857
Telephone: (301) 443-3944
Fax: (301) 443-1839
E-mail: mhitch@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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
iPortal: <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, 8:00 a.m. to 8:00 p.m. ET:

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 (TA) webinar for this funding opportunity. The technical assistance webinar will be held on December 8, 2015 from 2-4 PM Eastern Time. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the FOA. Participation in a pre-application TA webinar is optional.

- **Date:** December 8, 2015
- **Time:** 2:00 – 4:00 PM Eastern Time
- **Call-in number:** 1-888-810-6808, Passcode: 2400860
- **Webinar link:** <https://hrsa.connectsolutions.com/hrsa-16-087-ta-call/>.

IX. Tips for Writing a Strong Application

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