

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**



HIV/AIDS Bureau  
Division of State HIV/AIDS Programs

***Ryan White HIV/AIDS Program States/Territories  
Part B Supplemental Grant Program***

**Funding Opportunity Number:** HRSA-18-058  
**Funding Opportunity Type:** New, Limited Competition  
**Catalog of Federal Domestic Assistance (CFDA) Number:** 93.917

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2018

**Application Due Date: Monday, May 21, 2018**

*Ensure your 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 1 month to complete.*

**Issuance Date: Friday, March 23, 2018**

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Authority: Section 2620 of Title XXVI of the Public Health Service Act, (42 U.S.C. § 300ff-29a) as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) Division of State HIV/AIDS Programs (DSHAP) is accepting applications for fiscal year (FY) 2018 Ryan White HIV/AIDS Program (RWHAP) State/Territories Part B Supplemental Grant Program. The purpose of this program is to supplement the HIV care and treatment services provided by the States/Territories through RWHAP Part B and AIDS Drug Assistance Program (ADAP) base funds. The amount of funding awarded is determined by your ability to demonstrate the need in the state/territory based on an objective and quantified process.

Funding Opportunity Title:	Ryan White HIV/AIDS Program States/Territories Part B Supplemental Grant Program
Funding Opportunity Number:	HRSA-18-058
Due Date for Applications:	May 21, 2018
Anticipated Total Annual Available FY 2018 Funding:	Estimate up to: \$170,000,000; Approximately \$5,500,000 will be used for priority funding*
Estimated Number and Type of Award(s):	Up to 40 grant(s)
Estimated Award Amount:	Up to \$35,000,000
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	September 30, 2018 through September 29, 2019 (one (1) year)
Eligible Applicants:	All 50 States, the District of Columbia, and eight (8) Territories except for the District of Columbia, Ohio, Oregon, Republic of the Marshall Islands and Republic of Palau.  See <a href="#">Section III-1</a> of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.

\*Estimated annual available funding level based on current projections.

### **Application Guide**

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this NOFO to do otherwise. A short video explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

## **Technical Assistance**

HRSA strongly encourages all applicants to participate in a technical assistance (TA) webinar for this funding opportunity to ensure the successful submission of the application. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the NOFO.

Day and Date: Wednesday, April 11, 2018

Time: 2:30 – 4:00 p.m. ET

Call-In Number: 1-888-810-9642

Participant Code: 5715442

Weblink: [https://hrsa.connectsolutions.com/dshap\\_webinar](https://hrsa.connectsolutions.com/dshap_webinar)

Playback Number: 1-866-396-7642

Passcode: 6529

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# I. Program Funding Opportunity Description

## 1. Purpose

This notice solicits applications for the Ryan White HIV/AIDS Program (RWHAP) States/Territories Part B Supplemental Grant Program. The purpose of this program is to supplement the HIV care and treatment services provided by the states/territories through the HIV Care Grant Program – RWHAP Part B States/Territories Formula and AIDS Drug Assistance Program (ADAP) Formula and ADAP Supplemental Awards. The awards support access to a comprehensive system of high quality HIV care and treatment services for low-income individuals and families living with HIV. The amount of funding awarded is determined by the state/territories' ability to demonstrate the need in the state/territory based on an objective and quantified review process.

Pursuant to section 2620(c) of the Public Health Service (PHS) Act, the Secretary prioritizes funds to states/territories to address the decline or disruption of services related to the decline in the amount of formula funding. Such a decline in funding is determined by comparing the amount of formula funding received in the current fiscal year (FY) to the amount received in FY 2006, and a state/territories' assertion that such decline has had an impact on services available to all people living with HIV (PLWH) identified and eligible in the state/territory.

RWHAP Part B supplemental funding is used in conjunction with the RWHAP Part B and ADAP grant funds awarded in FY 2017 for a 5-year project period (HRSA-17-036), to assist states/territories in developing and/or enhancing access to a comprehensive continuum of high quality care and treatment services for low-income individuals and families living with HIV. You must explain why RWHAP Part B supplemental funding is necessary to provide HIV care and treatment services for PLWH in the state/territory. You must describe how this supplemental funding will support viral suppression and achieve positive client-level health outcomes. You must demonstrate the severity of the HIV epidemic in the state/territory, using quantifiable data on epidemiology, co-morbidities, cost of care, the service needs of emerging populations, unmet need for core medical services, and unique service delivery challenges.

As required in Section 2620(b) of the PHS Act, information to be used to demonstrate need for the FY 2018 RWHAP Part B supplemental funding includes the following:

- 1) The current prevalence of HIV/AIDS;
- 2) The unmet need for HIV-related services as determined by Section 2617(b) of the PHS Act;
- 3) An increasing need for HIV/AIDS-related services based on increases in the number of living cases of HIV/AIDS;
- 4) Increases in the number of living cases of HIV/AIDS within new or emerging subpopulations;
- 5) Factors related to the cost and complexity of delivering health care to PLWH in the eligible area;
- 6) The impact of co-morbid factors, including co-occurring conditions inclusive of high rates of sexually transmitted infections (STIs), hepatitis,

- tuberculosis, substance use, mental health, and other co-morbid factors;
- 7) The prevalence of homelessness;
  - 8) The prevalence of individuals who were released from federal, state, or local prisons during the preceding three years, and had HIV/AIDS on the date of their release;
  - 9) Relevant factors that limit access to health care including geographic variation, adequacy of health insurance coverage, and language barriers; and
  - 10) Impact of a decline in the amount of RWHAP Part B funding received on services available to all individuals with HIV/AIDS identified and eligible for RWHAP services.

### **Important Notes:**

The following information will assist in understanding and completing the RWHAP State/Territories Part B Supplemental Grant Program application:

- For states/territories with current or potential shortfalls in ADAP resources, HRSA strongly encourages those recipients to prioritize utilization of RWHAP Part B supplemental funds to augment ADAP resources when the following conditions exist:
  - 1) Anticipated ADAP waiting lists,
  - 2) Capped enrollment,
  - 3) Reductions in ADAP formulary,
  - 4) Reduction in the percentage of FPL eligibility requirement, and/or
  - 5) Other ADAP program restrictions within the state/territory.
- RWHAP Part B supplemental funds are subject to Section 2612(b)(1) of the PHS Act, which requires that not less than 75 percent of the portion of the grant award remaining after reserving amounts for administration, planning/evaluation, and clinical quality management be used to provide core medical services that are needed in the state/territory for PLWH who are identified and eligible under the RWHAP. The service definitions effective for awards can be found in [Policy Clarification Notice \(PCN\) 16-02: Ryan White HIV/AIDS Program Services - Eligible Individuals and Allowable Uses of Funds](#).
- Applicants seeking a waiver of the core medical services requirement must submit a waiver request either with this application, or up to four (4) months after the budget period start date. Include a core medical services waiver request as **Attachment 6** if it is submitted with the application. Contact your Project Officer regarding submission procedures if submitting your request separate from this application. Submission must be in accordance with the [HAB PCN 13-07: Uniform Standard for Waiver of Core Medical Services Requirement for Grantees Under Parts, A, B, and C](#). You can find sample letters at <http://hab.hrsa.gov/sites/default/files/hab/Global/samplereqwaiverletters.pdf>.

## 2. Background

This program is authorized by the Section 2620 of the PHS Act (42 U.S.C. § 300ff-29a), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87). HHS administers the RWHAP Part B program through the HRSA/HAB Division of State HIV/AIDS Programs (DSHAP).

### National Goals to End the HIV Epidemic

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

- 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.

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

### HIV Care Continuum

Diagnosing PLWH, linking PLWH to HIV primary care, and PLWH achieving viral suppression are important public health steps toward ending the HIV epidemic in the United States. The HIV care continuum has five main "steps" or stages that include: HIV diagnosis, linkage to care, retention in care, antiretroviral use, and viral suppression. The HIV care continuum provides a framework that depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication. It shows the proportion of individuals living with HIV or individuals diagnosed with HIV who are engaged at each stage. The HIV care continuum allows recipients and planning groups to measure progress and to direct HIV resources most effectively.

According to recent data from the [2016 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2010 to 2016, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 69.5 percent to 84.9 percent, and racial/ethnic, age-based, and regional disparities have decreased.<sup>1</sup> These improved outcomes mean more PLWH in the United States will live near normal

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

lifespans and have a reduced risk of transmitting HIV to others.<sup>2</sup> In a September 27, 2017, [Dear Colleague letter](#), CDC notes that scientific advances have shown that antiretroviral therapy (ART) preserves the health of PLWH. There is also strong evidence of the prevention effectiveness of ART. When ART results in viral suppression, it prevents sexual HIV transmission. This means that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking PLWH into care, retaining them in care, and helping them adhere to their ART.

RWHAP recipients are encouraged to assess the outcomes of their programs along this continuum of care. Recipients should work with their community and public health partners to improve outcomes across the HIV care continuum. HRSA encourages recipients to use the [performance measures](#) developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

### **Clinical Quality Management**

Section 2618(b)(E) of the PHS Act requires recipients to establish a clinical quality management program to:

- Assess the extent to which HIV health services provided to clients under the grant are consistent with the most recent PHS guidelines (otherwise known as the HHS Guidelines), for the treatment of HIV disease and related opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services.

Please see [PCN 15-02 Clinical Quality Management](#) and the accompanying [FAQs](#) for additional information.

### **Integrated Data Sharing and Use**

HRSA and the Centers for Disease Control and Prevention's (CDC) Division of HIV/AIDS Prevention (DHAP) support integrated data sharing, analysis, and utilization for the purposes of program planning, needs assessments, unmet need estimates, reporting, quality improvement, the development of your HIV care continuum, and public health action. HRSA strongly encourages RWHAP Part B recipients to follow the principles and standards in the [Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action](#). HRSA strongly encourages establishing data sharing agreements between surveillance and HIV programs to ensure clarity about the process and purpose of the data sharing and utilization. Integrated HIV data sharing,

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

analysis, and utilization approaches by state and territorial health departments can help further progress in reaching the national goals to end the HIV epidemic and improve outcomes on the HIV care continuum.

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

### **Special Projects of National Significance (SPNS) Program**

The SPNS Program supports demonstration project initiatives focused on the development of effective interventions to quickly respond to emerging needs of PLWH receiving assistance under the RWHAP. Through these demonstration projects, SPNS evaluates the design, implementation, utilization, cost, and health related outcomes of innovative treatment models, while promoting dissemination, replication and uptake of successful interventions. SPNS findings have demonstrated promising new approaches to linking and retaining into care underserved and marginalized populations living with HIV. All RWHAP recipients are encouraged to review and integrate a variety of SPNS evidence-informed tools within their HIV system of care. These resources can be found at the following locations:

- **Integrating HIV Innovative Practices (IHIP) (<https://careacttarget.org/ihip>)**

Resources on the IHIP website include easy-to-use training manuals, curricula, case studies, pocket guides, monographs, and handbooks as well as informational handouts and infographics about SPNS generally. IHIP also hosts technical assistance (TA) training webinars designed to provide a more interactive experience with experts, and a TA help desk exists for you to submit additional questions and share your own lessons learned.

- **Replication Resources from the SPNS Systems Linkages and Access to Care (<https://careacttarget.org/library/replication-resources-spns-systems-linkages-and-access-care>)**

There are Intervention Manuals for Patient Navigation, Care Coordination, State Bridge Counselors, Data to Care and other interventions developed for use at the

State and regional levels to address specific HIV care continuum outcomes among hard-to-reach populations living with HIV.

- **Dissemination of Evidence Informed Interventions**  
(<https://nextlevel.careacttarget.org/>)

The Dissemination of Evidence-Informed Interventions initiative will run from 2015-2020 and disseminate four adapted linkage and retention interventions from prior SPNS and the Secretary's Minority AIDS Initiative Fund initiatives to improve health outcomes along the HIV Care Continuum. The end goal of the initiative is to produce four evidence-informed Care And Treatment Interventions that are replicable; cost-effective; capable of producing optimal HIV Care Continuum outcomes; and easily adaptable to the changing health care environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

## **II. Award Information**

### **1. Type of Application and Award**

Type of applications sought: New, Limited Competition

HRSA will provide funding in the form of a grant.

### **2. Summary of Funding**

HRSA expects to have up to \$170,000,000 available to fund up to 40 recipients. HRSA will use approximately \$5,500,000 for priority funding.

You may apply for a ceiling amount of up to \$35,000,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. The project period is September 30, 2018 through September 29, 2019 (one year).

The amount of each award will be based on your ability to demonstrate the severity of the HIV epidemic in the state/territory, using quantifiable data on epidemiology, co-morbidities, cost of care, the service needs of emerging populations, unmet need for core medical services, and unique service delivery challenges. An external Objective Review Committee (ORC) will make this determination. Funding will be based on the external ORC review and scoring of the criteria published in Section V.1 of this announcement. The applications will be evaluated as follows:

- The ORC will score applications and establish the rank order for awarding funds.
- All applicants that request RWHAP Part B supplemental funding to develop and/or enhance access to a comprehensive continuum of high quality care and treatment services for low-income individuals and families living with

HIV, and are recommended for an award by the ORC, will receive awards based on their ORC scores.

- HRSA will fund applicants with the highest scores at the full amount requested as long as the amount requested is for allowable services under this NOFO, the amount requested falls within the maximum amount available, and there are still funds available to distribute.
- If determined eligible for priority funding, HRSA will calculate the additional amount to be included in the final award. (See Section V.2 Review and Selection Process, Funding Priority for further details.)

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

Please see [PCN 15–01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D](#) for information regarding the statutory 10 percent limitation on administrative costs.

### III. Eligibility Information

#### 1. Eligible Applicants

Under Sections 2620 and 2689(11) of the PHS Act, a “State” – defined as all 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands – is eligible for RWHAP Part B supplemental funds. **However, any state/territory that had an unobligated balance of more than five percent of their FY 2016 formula funds is not eligible to apply for the FY 2018 RWHAP State/Territories Part B Supplemental Grant Program.**

Based on the criteria listed above, the following entities **are not** eligible to apply to this NOFO:

- District of Columbia
- Ohio
- Oregon
- Republic of the Marshall Islands
- Republic of Palau

#### 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

#### 3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

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

## **IV. Application and Submission Information**

### **1. Address to Request Application Package**

HRSA **requires** you to apply electronically through Grants.gov. You must use the SF-424 application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

**Effective December 31, 2017** - You **must** use the [Grants.gov Workspace](#) to complete the workspace forms and submit your application workspace package. You are no longer able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the NOFO (also known as “Instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [Find Grant Opportunities](#) page for all information relevant to desired opportunities.*

### **2. Content and Form of Application Submission**

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. Applications must be submitted in the English language and must be in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

#### **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of **50 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives,

attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in **Attachment 8**: Other Relevant Documents.

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

### **Program-Specific Instructions**

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

#### ***i. Project Abstract***

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

In addition to the information addressing the elements for the project abstract in the SF-424, provide a brief paragraph addressing the information below, not to exceed one-page:

- a. Why RWHAP Part B supplemental funding is necessary to provide HIV care and treatment services for PLWH in your state/territory;
- b. How this supplemental funding will support viral suppression and achieve positive client-level health outcomes across the HIV care continuum; and
- c. The severity of the HIV epidemic in the state/territory, using quantifiable data on epidemiology, co-morbidities, cost of care, the service needs of emerging populations, unmet need for core medical services (as defined by PCN 16-02), and unique service delivery challenges.

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

Provide a comprehensive framework and description of all aspects of the proposed

project. This section should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project. Please use the following section headers for the narrative and provide the corresponding information outlined below:

- **INTRODUCTION** – *Corresponds to Section V, Review Criterion 1*

Briefly describe how the state/territory will utilize RWHAP Part B supplemental funds in support of a comprehensive system of high-quality care and treatment for PLWH. Describe how the comprehensive system will improve outcomes across the HIV care continuum.

- **NEEDS ASSESSMENT** – *Corresponds to Section V, Review Criterion 1 and 6*

The RWHAP legislation, Section 2620(b) of the PHS Act, requires RWHAP Part B supplemental funding applicants to demonstrate need in certain categories. Respond **ONLY** to the needs assessment sections below that are relevant to your request for RWHAP Part B supplemental funding. The needs assessment narrative and data must support the service categories chosen to respond to the demonstrated need (as described in PCN 16-02), the implementation plan, and the request for funds.

**1) HIV/AIDS Epidemiologic Data from Section I.A. of the Integrated HIV Prevention and Care Plan/Statewide Coordinated Statement of Need, CY 2017-2021 (FY 2016 Integrated Plan)**

**You are NOT required to submit this information in this application.** The HIV/AIDS epidemiological data and narrative from Section I.A. of the FY 2016 Integrated Plan will be provided to the external ORC. If you have updated your HIV/AIDS epidemiological data and narrative since submission of the FY 2016 Integrated Plan, and would like the updated information to be considered in review of this application, you must submit the updated data and narrative as **Attachment 7**.

**2) HIV/AIDS Unmet Need Framework and Narrative from the most recent RWHAP Part B NOFO (HRSA-17-036) application**

Per Section 2617(b) of the RWHAP legislation, Unmet Need is defined as the number of PLWH in a state/territory who are aware of their HIV status but for which there is no evidence of at least one of the following three components of HIV primary medical care during a specified 12-month time frame: (1) VL test result, (2) CD4 test result, or (3) provision of ART.

**If you are applying for RWHAP Part B supplemental funds due to Unmet Need in the state/territory**, then please indicate that you are applying for funds to address Unmet Need in this section and **do not provide a narrative**.

The HIV/AIDS Unmet Need Framework and corresponding narrative from the FY 2017 RWHAP Part B NOFO (HRSA-17-036) application (Needs Assessment section 3 and Attachment 6) will be provided to the external ORC. If you have updated your HIV/AIDS Unmet Need Framework and corresponding narrative

since the submission of your FY 2017 RWHAP Part B application under HRSA-17-036, and would like the updated information to be considered in review of this application, you must submit the updated framework and corresponding narrative as **Attachment 7**.

**If you are NOT applying for RWHAP Part B supplemental funds due to Unmet Need in the state/territory**, then please indicate that requested funds are to address a different demonstrated need as listed in Section 2620(b) of the RWHAP legislation (see Section I. 1. of this NOFO) and **do not provide a narrative**.

### **3) Assessment of Emerging Populations with Special Needs**

The RWHAP legislation requires the state/territory to determine the needs of emerging populations who may have limited access to existing HIV care and services. These needs and service gaps should be incorporated into the FY 2018 Implementation Plan narrative of this application and align with the previously submitted FY 2016 Integrated Plan. The RWHAP Part B supplemental funds can be used to address identified needs.

**If you are applying for RWHAP Part B supplemental funds due to emerging populations in the state/territory**, identify *no more than six (6)* emerging populations to be served. Provide a narrative that addresses each of the following elements.

- a. Unique challenges that each population presents to the service delivery system and how funds will be used to overcome those challenges;
- b. Service gaps for each population and how funds will be used to address service gaps;
- c. Estimated cost of care associated with delivering services to each of these populations and how funds will be used to cover those costs; and
- d. Viral suppression rates for each population and how funds will be used to increase viral suppression rates.

**If you are NOT applying for RWHAP Part B supplemental funds due to emerging populations in the state/territory**, then please indicate that requested funds are to address a different demonstrated need as listed in Section 2620(b) of the RWHAP legislation (see Section I. 1. of this NOFO) and **do not provide a narrative**.

### **4) Impact of Co-morbidities on the Cost and Complexity of Providing Care**

**If you are applying for RWHAP Part B supplemental funds due to the impact of co-morbidities in the state/territory**, please provide quantitative evidence in a table format on the impact of co-morbidities, including the data sources. You must submit the table as **Attachment 4**. Please provide the following information in the table:

- a. Rates of sexually transmitted infections (STIs), hepatitis, tuberculosis,

- substance use, mental health disorders, and other co-morbid factors;
- b. Estimated number of persons who are homeless;
  - c. Estimated number of PLWH who were released from federal, state, or local prisons during the preceding three (3) years;
  - d. The number and percent of persons without insurance coverage (including those without Medicaid); and
  - e. The percent and number of PLWH at or below 200 percent of current [Federal Poverty Level \(FPL\)](#).

Include a narrative explanation of the data provided in the table using the available program and surveillance data sources.

**If you are NOT applying for RWHAP Part B supplemental funds due to the impact of co-morbidities in the state/territory**, then please indicate that requested funds are to address a different demonstrated need as listed in Section 2620(b) of the RWHAP legislation (see Section I. 1. of this NOFO) and **do not provide a narrative**.

#### ***5) Access to Health Care***

**If you are applying for RWHAP Part B supplemental funds due to factors that limit access to health care in the state/territory**, including, but not limited to, geographic variation, deficiencies of health insurance coverage, or language barriers, please provide a narrative describing each factor that will be addressed, how each factor impacts access to care, and how requested funds will be used to address each factor.

**If you are NOT applying for RWHAP Part B supplemental funds due to factors that limit access to health care in the state/territory**, then please indicate that requested funds are to address a different demonstrated need as listed in Section 2620(b) of the RWHAP legislation (see Section I. 1. of this NOFO) and **do not provide a narrative**.

#### ***6) Declines in FY 2018 RWHAP Part B Program Funding***

**If you are applying for RWHAP Part B supplemental funds due to declines in FY 2018 RWHAP Part B Program funding in the state/territory**, please identify the amount of decline in funding and describe the impact of the decline on 1) services available to all identified PLWH and 2) services available to all PLWH eligible for RWHAP services. Describe how requested funds will be used to address this impact.

**If you are NOT applying for RWHAP Part B supplemental funds due to declines in FY 2018 RWHAP Part B Program funding in the state/territory**, then please indicate that requested funds are to address a different demonstrated need as listed in Section 2620(b) of the RWHAP legislation (see Section I. 1. of this NOFO) and **do not provide a narrative**.

## 7) *Augment ADAP Resources*

**If you are applying for RWHAP Part B supplemental funds to augment ADAP services in the state/territory**, please provide a narrative identifying which of the following conditions exists, their impact on developing and/or enhancing access to a comprehensive continuum of high quality care and treatment services for PLWH, and how requested funds will be used to address this impact:

- a. Anticipated ADAP waiting lists,
- b. Capped enrollment,
- c. Reductions in ADAP formulary,
- d. Reduction in the percentage of FPL eligibility requirement, and/or
- e. Other ADAP program restrictions within the state/jurisdiction.

**If you are NOT applying for RWHAP Part B supplemental funds to augment ADAP services in the state/territory**, then please indicate that requested funds are to address a different demonstrated need as listed in Section 2620(b) of the RWHAP legislation (see Section I. 1. of this NOFO) and **do not provide a narrative**.

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

Propose methods to address demonstrated needs outlined in the Needs Assessment section, and program requirements and expectations outlined in Section I of this NOFO. Describe the tools, strategies and approaches that you will use to ensure effective and efficient implementation of the proposed program. These may include but not be limited to clear communication, staff training, PLWH outreach, new service models, on-going or new collaborations.

Specifically, describe how your state/territory will implement the following actions to address demonstrated needs indicated above:

- a. Use programmatic and fiscal forecasting tools to increase your ability to meet projected program service needs for FY 2018.
- b. Develop new, maintain existing, streamline, and/or diversify service delivery models, service contracts, strategic partnerships, and/or collaborations.
- c. Ensure timely and ongoing training of program staff, contractors, and/or service providers.
- d. Sustain activities beyond the federal funding period. Recipients are expected to sustain key elements of proposed projects. These may include but not be limited to strategies or services and interventions which have been effective in improving program operations and improving health outcomes for the target population.
- e. Provide opportunities for involvement of clients, patients, families and communities living with and affected by HIV/AIDS, as appropriate.

- f. Disseminate project data, reports, and other relevant information to key target audiences.
- *WORK PLAN – Corresponds to Section V's Review Criteria 2, 4, 5 and 6*

### ***FY 2018 Implementation Plan Narrative***

The Implementation Plan narrative should be commensurate with your request for RWHAP Part B supplemental funding, address demonstrated needs identified in the Needs Assessment Section, and correspond with the approach proposed in the Methodology and Evaluation section. The narrative must describe how funded services 1) will be implemented to promote access to high quality HIV care, 2) will address any significant health disparities in your state/territory, and 3) will maximize positive health outcomes along the HIV care continuum.

Describe the core medical and support services that will be provided to address the demonstrated needs described in the Needs Assessment section. A service category may be related to more than one stage on the HIV care continuum. For example, proposed activities falling under the Outpatient/Ambulatory Health Service category may have a positive impact on diagnosis, linkage to care, retention in care, ART prescription, and viral suppression. Please see the [HIV Care Continuum Crosswalk](#) developed by HRSA to assist with the identification of funded services that impact each stage of the HIV care continuum.

Describe implementation of each of the following through current or planned activities:

- a. Addressing gaps, barriers, and significant health disparities across the HIV care continuum that may exist among PLWH;
- b. Addressing unmet need and reducing the number of persons out of care.
- c. Addressing the needs of emerging populations who may have limited access to existing HIV care and services;
- d. Improving engagement of PLWH and health outcomes at each stage of the HIV care continuum;
- e. Utilizing the HIV care continuum in planning, prioritizing, targeting and monitoring available resources in response to needs of PLWH; and
- f. Ensuring geographic parity for all activities supported by RWHAP Part B supplemental funds.

The narrative should include goals and objectives tied to stages of the HIV care continuum and the core medical and support services to be provided. Objectives should be specific, measureable, achievable, realistic, and time-framed (SMART). Activities proposed in the implementation plan should align with their corresponding objectives, and identify the specific outcomes to be achieved during the project period. You may present these goals and objectives in tabular or outline format for clarity. If approved for funding, you will be required to submit an Implementation Plan Table with the Program Terms Report post-award.

- *RESOLUTION OF CHALLENGES – Corresponds to Section V’s Review Criterion 2*

Discuss any challenges you anticipate encountering in the planning and implementation of the proposed project. Be sure to discuss anticipated challenges regarding **each demonstrated need for which you are requesting funding**, as described in the Needs Assessment section. Describe the specific activities or strategies you will use to mitigate or resolve anticipated challenges for each demonstrated need. The Methodology and Work Plan sections should reflect the proposed activities or strategies, as appropriate.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY – Corresponds to Section V’s Review Criteria 3 and 5*

Describe how you will evaluate your proposed program, assess whether proposed SMART objectives have been achieved, and ensure continuous quality improvement. The evaluation plan should align with the methodology and work plan proposed in this application.

Describe the specific goals, objectives, benchmarks, and/or outcomes you will use for program evaluation and continuous quality improvement. Describe the staff (e.g., position, knowledge, skills, experience), systems (e.g., software, tools), procedures (e.g., actions, responsible parties, timelines), and other resources that will support your evaluation. Identify what data you will collect and how you will analyze and use the collected data for continuous quality improvement. Describe what control mechanisms you will use to ensure accurate and timely data collection, analysis, reporting, and use. Describe how you will share evaluation results internally with program staff and externally with key stakeholders to improve program implementation and outcomes.

- *ORGANIZATIONAL INFORMATION – Corresponds to Section V’s Review Criterion 5*

***For this section, HRSA will provide the Objective Review Committee with Attachment 1 (Project Organizational Chart), Attachment 2 (Staffing Plan and Job Descriptions for Key Personnel), and Attachment 3 (Biographical Sketches of Key Personnel) from the RWHAP Part B NOFO (HRSA-17-036) application, and any changes reported in Section 1-Project Organizational Structure of the RWHAP Part B FY 2018 Non-Competing Continuation (NCC) Progress Report.***

If you anticipate any changes to the staffing plan and job descriptions for key personnel, biographical sketches of key personnel, or project organizational chart with RWHAP Part B supplemental funds, you must note this change and provide updated information in **Attachments 1, 2 and 3**, respectively. If there are no changes, please note that there are “no changes to in this section.”

<b>NARRATIVE GUIDANCE</b>	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Need
Needs Assessment	(1) Need (6) Support Requested
Methodology	(2) Response
Work Plan	(2) Response (4) Impact (5) Resources/Capabilities (6) Support Requested
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative (below)	(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 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. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan, you can avoid audit issues during the implementation phase.

**Reminder:** The total project or program costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

In addition, the RWHAP States/Territories Part B Supplemental Grant Program requires the following:

#### Project Line-Item Budget

You must submit a separate line item budget using Section B Object Class Categories of the SF-424A.

RWHAP Part B supplemental funds can be used for the same activities funded under the Part B base, ADAP or another RWHAP Part only if these funds are additive to these activities and not duplicative of those funds. The program budget categories for the line item budget include:

- 1) **Administration** – This column must include all funds allocated to the following award activities: recipient administration, planning and evaluation, and clinical quality management;
- 2) **ADAP** – This column must include all funds allocated to ADAP activities;
- 3) **Consortia** – This column must include all funds allocated to consortia and emerging communities; and
- 4) **Direct Services** – This column must include all funds allocated to the following award activities: State direct services, home and community-based care, and health insurance continuation.

The Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, § 202, states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” 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 2018, as required by law.

**iv. Budget Narrative**

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

In addition, the RWHAP States/Territories Part B Supplemental Grant Program requires the following:

The budget narrative form must explain the amounts requested for the RWHAP Part B supplemental award and the relevant RWHAP budget categories (e.g., Administration, ADAP, Consortia, Direct Services). The narrative should explain how the listed line items support the overall service delivery system and include justification for any applicable object class categories: Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, Construction, Other, and Indirect Charges. For employees who are less than one (1) full-time equivalent (FTE) on the award, please identify all funding sources outside of RWHAP Part B funding for Personnel and Fringe Benefits costs.

*Caps on Expenses:* RWHAP Part B supplemental funds recipient administrative costs may not exceed 10 percent of the total grant award. Planning and evaluation costs may not exceed 10 percent of the total grant award. Collectively, recipient administration and planning and evaluation may not exceed 15 percent of the total award. Recipients may allocate up to five percent of the total grant award or \$3,000,000 (whichever is less) for clinical quality management.

Subrecipient administrative costs are capped at **10 percent in the aggregate**. Subrecipient administrative activities include:

- Usual and recognized overhead activities, **including established indirect rates** for agencies;
- Management oversight of specific programs funded under the RWHAP; and
- Other types of program support such as quality assurance, quality control, and related activities (exclusive of RWHAP clinical quality management).

If a RWHAP Part B grant recipient has contracted with an entity to provide statewide or regional RWHAP management and fiscal oversight (i.e., the entity has entered into a vendor or procurement relationship with the recipient and is acting on behalf of the recipient), the cost of that contract, exclusive of subawards to providers, would count toward the recipient's 10 percent administrative cap. Providers that have contracted to provide health care services for the lead agency are considered first-tier entities (subrecipients) of the recipient and are subject to the aggregate 10 percent administrative cap for subrecipients. For further guidance on the treatment of costs under the 10 percent administrative limit, refer to [PCN 15-01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D](#).

*Payor of Last Resort:* The RWHAP is the payor of last resort, and recipients must vigorously pursue alternate sources of payments. HRSA expects recipients to certify eligibility every 12 months/annually and recertify eligibility at least every 6 months. Please see [PCN 13-02 Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements](#)

Recipients are required to use effective strategies to coordinate with third party payers that are ultimately responsible for covering the cost of services provided to eligible or covered persons. Third party payment sources include: Medicaid, Children's Health Insurance Programs, Medicare, including Medicare Part D, basic health plans, and private insurance. Subrecipients providing Medicaid eligible services must be Medicaid certified.

*Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards:* Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package. Additionally, the Ryan White HIV/AIDS Part B Program Agreements and Assurances submitted with the FY 2018 RWHAP Part B NCC Progress Report will be in effect for this supplemental funding opportunity. There is no need to resubmit the RWHAP Part B-specific Agreements and Assurances with this application.

#### **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 (if applicable) will not count toward the page limit. **You must clearly label each attachment.**

*Attachment 1: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's [SF-424 Application Guide](#))*

If the staffing plan or job descriptions for key personnel have changed since the

RWHAP Part B FY 2018 NCC Progress Report or with RWHAP Part B supplemental funds, please include a staffing plan and position descriptions for these staff here. Keep each job description to one page in length as much as possible. Include the role, responsibilities, and qualifications of proposed project staff. HRSA will provide the external ORC with Attachment 2 from your FY 2017 RWHAP Part B NOFO (HRSA-17-036) application and any changes reported in Section 1 of the FY 2018 RWHAP Part B NCC Progress Report.

If you will not be using RWHAP Part B supplemental funds for staffing costs, attach a document that indicates “Not Applicable.”

*Attachment 2: Biographical Sketches of Key Personnel*

If RWHAP Part B supplemental funds are being used to support personnel, include biographical sketches for persons occupying the positions described in **Attachment 1** (not to exceed two pages in length). In the event that a biographical sketch is included for an identified individual whom you have not yet hired, please include a letter of commitment from that person with the biographical sketch. HRSA will provide the external ORC with Attachment 3 from your FY 2017 RWHAP Part B NOFO (HRSA-17-036) application and any changes reported in Section 1 of the FY 2018 RWHAP Part B NCC Progress Report.

If the program will not be using RWHAP Part B supplemental funds for staffing costs, attach a document that indicates “Not Applicable.”

*Attachment 3: Project Organizational Chart*

If the Project Organizational Chart has changed since the RWHAP Part B FY 2018 NCC Progress Report, please submit revised information here. Provide a one-page figure that depicts the organizational structure of the project.

If the Project Organizational Chart has not changed, attach a document that indicates “Not Applicable.” HRSA will provide the external ORC with Attachment 1 from your FY 2017 RWHAP Part B NOFO (HRSA-17-036) application and any changes reported in Section 1 of the FY 2018 RWHAP Part B NCC Progress Report.

*Attachment 4: Tables and Charts*

Include cost and complexity co-morbidities table here. If the program will not be using RWHAP Part B supplemental funds due to the impact of co-morbidities in the state/territory, attach a document that indicates “Not Applicable.”

*Attachment 5: Applicant Assertion Statement*

Include a statement asserting decline in funding in FY 2018 for the purposes of priority funding (see Section V.2. **Funding Priority**). If the program will not make a claim for priority funding, attach a document that indicates “Not Applicable.”

*Attachment 6: Core Medical Services Waiver, if applicable*

If you are applying for a waiver, include a Core Medical Services Waiver request and supporting documents here. See Important Notes in the Purpose section of

this NOFO.

#### Attachment 7: Updated Epidemiological Data and Narrative and/or Unmet Need Framework and Narrative.

- HRSA will provide the external ORC with the HIV/AIDS epidemiological data and narrative from Section I.A. of the FY 2016 Integrated Plan. If you have updated your HIV/AIDS epidemiological data and narrative since submission of the FY 2016 Integrated Plan, and would like the updated information to be considered in review of this application, submit the updated data and narrative.
- HRSA will provide the external ORC with the HIV/AIDS Unmet Need Framework and corresponding narrative from the FY 2017 RWHAP Part B NOFO (HRSA-17-036) application (Needs Assessment section 3 and Attachment 6). If you have updated your HIV/AIDS Unmet Need Framework and corresponding narrative since the submission of your FY 2017 RWHAP Part B application under HRSA-17-036, and would like the updated information to be considered in review of this application, submit the updated framework and corresponding narrative.

#### *Attachments 8 -15: Other Relevant Documents*

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

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

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

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

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

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

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

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

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

#### **4. Submission Dates and Times**

##### **Application Due Date**

The due date for applications under this NOFO is *May 21, 2018 at 11:59 p.m., Eastern Time*.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) – for additional information.

#### **5. Intergovernmental Review**

The RWHAP States/Territories Part B Supplemental Grant Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

#### **6. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to one (1) year. You may not carry over funds awarded under this authority UNLESS the unobligated balance is due to the expenditure of rebate funds.

In addition to the general Funding Restrictions included in Section 4.1 of the [SF-424 Application Guide](#), RWHAP Part B funds **cannot** be used for:

- Charges that are billable to third party payers including but not limited to private health insurance, prepaid health plans, Medicaid, Medicare;
- International travel;
- Construction (however, minor alterations and renovations to an existing facility to make it more suitable for the purpose of the grant program are allowable with prior HRSA approval);
- PrEP or Post-Exposure Prophylaxis (nPEP) medications or the related medical services (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/>;
- Cash payments to intended recipients of RWHAP services; or
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.

Section 2681(c) of the PHS Act requires that, “as a condition of receipt of funds, a State

shall provide assurances to the Secretary that health support services funded under this title will be integrated with other such services, that programs will be coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV/AIDS is enhanced.” Therefore, the expectation is that these funds are used to supplement other federal award or state/territorial funds.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable administrative requirements, the effectiveness of these policies, procedures and controls is subject to audit.

### **Unobligated Balances (UOB) Penalties: Supplemental Funds**

Under the RWHAP legislation, the HHS Secretary has flexibility regarding the imposition of penalties for UOBs. If an expenditure of ADAP rebate funds would trigger a penalty or a higher penalty than would otherwise have applied, the state/territory may request that the Secretary deem the UOB to be reduced by the amount of rebate funds.

Ordinarily, supplemental funds, including those awarded under this announcement, are not permitted to be carried over, but are subject to offset. In order to give full effect to the statutory provision, you may carry over UOB generated due to proper expenditure of ADAP rebate funds prior to drawing down these funds. Note that the ADAP rebate funds must have been generated through an expenditure of this award.

As with the RWHAP Part B Base award, you must have a process to separately track RWHAP Part B supplemental grant funds, medication rebates (if applicable), and the unobligated and carryover funds for each of these categories, as applicable.

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) 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 2018, as required by law.

### **Program Income:**

All program income generated as a result of awarded funds is considered additive and must be added to the grant amount and used for otherwise allowable costs to further the objectives of the RWHAP State/Territories Part B Supplemental Grant Program. HHS award regulations require recipients and/or subrecipients to track and report program income. Program income shall be monitored by the recipient, retained by the recipient (or subrecipient if earned at the subrecipient level), and used to provide RWHAP Part B services to eligible clients. Program income is gross income – earned by a recipient or a subrecipient under a grant – directly generated by the grant-supported activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed (e.g., direct payment, or reimbursements received from Medicaid, Medicare, and third-party insurance). Direct payments include those resulting from charges imposed by recipients and subrecipients for RWHAP Part B ADAP services as required under Section 2617(c) of the PHS Act. Recipients are

responsible for ensuring that subrecipients have systems in place to account for program income, and for monitoring to ensure that subrecipients are tracking and using program income consistent with RWHAP Part B requirements. Please see 45 CFR §75.307 and [PCN 15-03 Clarifications Regarding the RWHAP and Program Income](#) for additional information. Also see [PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#).

Rebate funds, such as 340B rebate funds, are not program income. For additional information, please refer to [PCN 15-04 Utilization and Reporting of Pharmaceutical Rebates](#).

## V. Application Review Information

### 1. Review Criteria

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

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The objective review will consider the entire proposal.

Review criteria are used to review and rank applications. The RWHAP States/Territories Part B Supplemental Grant Program has six (6) review criteria based upon the applicant's proposed use of RWHAP Part B supplemental funds.

#### *Criterion 1: NEED (30 points) – Corresponds to Section IV's **Project Narrative – Introduction and Needs Assessment (IV, 2, ii)***

The extent to which the application demonstrates the problem and associated contributing factors.

- 1) The comprehensiveness of the narrative in describing the demonstrated need in a specific area or areas as required by the RWHAP legislation (e.g., epidemiology, co-morbidities, cost of care, the service needs of emerging populations, unmet need for core medical services, declines in funds available for service delivery, and unique service delivery challenges).
- 2) The strength of the applicant's narrative in using relevant data to justify the demonstrated needs.

#### *Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's **Project Narrative - Methodology, Work Plan, and Resolution of Challenges (IV, 2, ii)***

The extent to which the proposed project responds to the "Purpose" included in the program description. The extent to which proposed goals, objectives and activities

demonstrate a comprehensive approach to addressing the problem and overcoming identified barriers.

#### Methodology and Work Plan (20 Points)

- 1) The appropriateness and feasibility of proposed activities, procedures and tools (including programmatic and fiscal forecasting tools) for achieving identified goals and objectives.
- 2) The adequacy of efforts to engage PLWH and other internal and external stakeholders in planning programmatic activities.
- 3) The strength and adequacy of proposed partnerships, collaborations, service delivery models, service delivery contracts for:
  - a) addressing demonstrated need, and
  - b) improving program operations and health outcomes.
- 4) The appropriateness, strength and feasibility of proposed goals and objectives for the identified project.
- 5) The inclusion of SMART (specific, measureable, achievable realistic, and time measureable) objectives that are tied to the proposed project.
- 6) The appropriateness of the identified client-level health outcome(s) for each core medical or support service category proposed for funding.
- 7) The strength of the proposed work plan in ensuring:
  - a. continuity of care for PLWH, and
  - b. sustainability of key elements of proposed projects beyond the project period.

#### Resolution of Challenges (10 points)

- 1) The demonstration of a thorough understanding of the challenges likely to be encountered in designing and implementing proposed activities across applicable areas.
- 2) The potential for proposed approaches to resolve identified challenges.

#### ***Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV’s Project Narrative – Evaluation and Technical Support Capacity (IV, 2, ii)***

The extent to which the proposed plan will support project evaluation and continuous quality improvement. The extent to which the proposed plan will be able to assess whether program objectives have been met, and that identified outcomes are attributable to the project.

- 1) The strength of the evaluation plan to monitor progress toward implementing activities, evaluate progress toward achieving identified goals and objectives, and assess impact attributable to the project.
- 2) The feasibility of proposed evaluative measures to assess:
  - a. The program objectives described in the 2018 Implementation Plan Narrative/work plan, and
  - b. How proposed objectives contribute to positive client health outcomes.
- 3) The clarity and appropriateness of methods proposed to collect, analyze, and utilize data to inform program development and implementation.

- 4) The clarity and appropriateness of plans for sharing results with internal staff and external stakeholders.

***Criterion 4: IMPACT (15 points) – Corresponds to Section IV’s Project Narrative – Work Plan (IV, 2, ii)***

The extent to which the proposed services and projected client-level outcomes in the work plan clearly demonstrate their potential to positively impact the HIV care continuum.

- 1) The strength of the narrative in explaining the potential impact of the proposed activities in the Implementation Plan (Work Plan) on the stages of the HIV care continuum.
- 2) The potential for proposed core medical and support services to address needs identified across the state/territory, and achieve positive client-level health outcomes across the HIV care continuum.
- 3) The potential for the proposed project to successfully address health disparities and the needs of emerging populations, address unmet need, and reduce the number of persons out of care.
- 4) The adequacy of proposed outcome measures in the Implementation Plan (Work Plan) table for assessing the impact of services on the HIV care continuum, viral suppression, and positive client-level health outcomes.

***Criterion 5: RESOURCES/CAPABILITIES (5 points) – Corresponds to Section IV’s Project Narrative – Work Plan, Evaluation and Technical Support Capacity, and Organizational Information (IV, 2, ii)***

The extent to which project personnel are qualified by training and/or experience to implement and ensure success of the project. The extent to which the capabilities of the applicant organization, and the quality and availability of facilities and personnel, demonstrate an ability to fulfill the needs and requirements of the proposed project.

- 1) The appropriateness of the staffing plan and the knowledge/expertise of key personnel for meeting program expectations, implementing and evaluating the proposed project, and ensuring a positive impact.
- 2) The strength of proposed methods (including measures, tools, timeframes, and staff) for monitoring progress, evaluating outcomes, and achieving continuous quality improvement in meeting the objectives and activities included in Implementation Plan narrative.

***Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV’s Project Narrative – Work Plan, Budget and Budget Narrative (IV, 2, ii-iv)***

The extent to which the proposed budget is reasonable and appropriate for proposed project goals and objectives, the complexity of the activities, and the anticipated results.

- 1) The consistency of the budget and budget narrative with the demonstrated needs as described in the Needs Assessment section.

- 2) The consistency in presentation of identified line items across the budget and budget narrative, and alignment with the goals and objectives outlined in the work plan.
- 3) The clarity of the budget narrative in explaining the relationship between each line item in the budget and the corresponding objectives or activities in the work plan.
- 4) The reasonableness of identified costs, as outlined in the budget and required resources sections, for the proposed scope of work.

## 2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. 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.

For this program, HRSA will use a funding priority.

### Funding Priority

This program includes a funding priority, as authorized by Section 2620(c) of the PHS Act. HRSA will determine the funding factor as outlined below.

Section 2620(c) of the PHS Act directs the Secretary to provide funds to states/territories to address the decline or disruption of services related to the decline in the amount of formula funding. HRSA sets aside a portion of the Part B supplemental funding to award priority funds in conformance with this statutory requirement. Applicants that received greater than a 10 percent loss in their RWHAP Part B base formula award when comparing their FY 2006 award to their FY 2018 award are eligible for priority funding if they apply for the RWHAP Part B supplemental and assert that such a decline has had an impact on services available to all PLWH identified and eligible in the State. To make a claim for priority funding, please include a statement asserting the need as **Attachment 5**. The "priority funding" provision will be considered in awarding FY 2018 RWHAP Part B supplemental funds.

## 3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those

requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA’s approving and business management officials will determine whether HRSA can an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization’s integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

HRSA will report a determination that an applicant is not qualified to FAPIIS ([45 CFR § 75.212](#)).

#### **4. Anticipated Announcement and Award Dates**

HRSA anticipates issuing/announcing awards prior to the start date of September 30, 2018.

## **VI. Award Administration Information**

### **1. Award Notices**

HRSA will issue the Notice of Award prior to the start date of September 30, 2018. See Section 5.4 of HRSA’s [SF-424 Application Guide](#) for additional information.

### **2. Administrative and National Policy Requirements**

See Section 2.2 of HRSA’s [SF-424 Application Guide](#).

### **3. Reporting**

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

- 1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.

- 2) **Program Terms Report.** The recipient must submit a Program Terms Report as indicated on the Notice of Award. HRSA will provide further information regarding the Program Terms Report in the award notice.
- 3) **RWHAP Services Report (RSR).** The recipient must comply with data requirements of the RSR and mandate compliance by each of its subrecipients. The RSR captures information necessary to demonstrate program performance and accountability. All RWHAP core service and support service providers are required to submit client-level data as instructed in the RSR manual. Please refer to the [HIV/AIDS Program Client-Level Data](#) website for additional information. HRSA will provide further information in the award notice.
- 4) **ADAP Data Report (ADR).** If the recipient expends any of the RWHAP Part B supplemental award on ADAP, it must comply with data reporting requirements of the ADR for those funds, and the recipient must mandate compliance by each of its subrecipients. Please refer to the [HIV/AIDS Program ADAP Data Report](#) website for additional information. HRSA will provide further information in the award notice.
- 5) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIIS](#), as required in [45 CFR part 75 Appendix XII](#).

## VII. Agency Contacts

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

India Smith  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH03  
Rockville, MD 20857  
Telephone: (301) 443-2096  
Fax: (301) 594-4073  
Email: [ismith@hrsa.gov](mailto:ismith@hrsa.gov)

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

Rene Sterling, PhD, MHA  
Acting Director, Division of State HIV/AIDS Programs  
HIV/AIDS Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 09W50  
Rockville, MD 20857

Telephone: (301) 443-9017  
Fax: (301) 443-8143  
Email: [RSterling@hrsa.gov](mailto:RSterling@hrsa.gov)

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
Email: [support@grants.gov](mailto:support@grants.gov)  
Self-Service Knowledge Base:  
<https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

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

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

## **VIII. Other Information**

### **1. Allowable Uses of Funds**

Please refer to [HAB PCN 16-02: "Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds."](#)

### **2. National Monitoring Standards**

You are required to remain in compliance with the RWHAP Part B National Monitoring Standards (NMS) at the recipient and provider/subrecipient levels. The NMS can be found at: <http://hab.hrsa.gov/manageyourgrant/granteebasics.html>.

### **Technical Assistance**

HRSA strongly encourages all applicants to participate in a technical assistance (TA) webinar for this funding opportunity to ensure the successful submission of the application. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the NOFO.

Day and Date: Wednesday, April 11, 2018  
Time: 2:30 – 4:00 p.m. ET  
Call-In Number: 1-888-810-9642

Participant Code: 5715442

Weblink: [https://hrsa.connectsolutions.com/dshap\\_webinar](https://hrsa.connectsolutions.com/dshap_webinar)

Playback Number: 1-866-396-7642

Passcode: 6529

## **IX. Tips for Writing a Strong Application**

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