U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA

Health Resources & Services Administration

HIV/AIDS Bureau
Special Projects of National Significance

Enhancing Linkage of STI and HIV Surveillance Data in the Ryan White HIV/AIDS Program (RWHAP)

Funding Opportunity Number: HRSA-19-039
Funding Opportunity Type: New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.928

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Letter of Intent Due Date: January 31, 2019

Application Due Date: April 8, 2019

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: January 7, 2019

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Authority: Section 2691 of the Public Health Service Act (42 USC § 300ff-101), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87);, Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Special Projects of National Significance Program (SPNS) is accepting applications for a new three-year health information technology (HIT) capacity building demonstration project cooperative agreement titled, *Enhancing Linkage of STI and HIV Surveillance Data in The Ryan White HIV/AIDS Program (RWHAP)*. The purpose of this HIT capacity building demonstration project is to improve linkage, re-engagement in care, and health outcomes for people living with HIV (PLWH) in the RWHAP. HRSA will fund a Technical Assistance Provider (TAP) to identify jurisdictions (state, city, and/or local health departments) to create or improve data sharing across their sexually transmitted infection (STI) and HIV surveillance systems. This matched STI (chlamydia, gonorrhea, and/or syphilis cases) and HIV surveillance data will be used to improve the capacity of RWHAP clinics to prioritize resources for linking and re-engaging PLWH into care. The TAP will work collaboratively with a HRSA funded contractor who will evaluate the overall effectiveness and impact of this project. HRSA will work in partnership with the TAP in reviewing and selecting up to five (5) jurisdictions.

Funding Opportunity Title:	Enhancing Linkage of STI and HIV Surveillance Data in The Ryan White HIV/AIDS Program (RWHAP)
Funding Opportunity Number:	HRSA-19-039
Due Date for Applications:	April 8, 2019
Anticipated Total Annual Available FY 2019 Funding:	$1,400,000
Estimated Number and Type of Award(s):	One (1) cooperative agreement
Estimated Award Amount:	Up to $1,400,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2019 through August 31, 2022 (3 years)

Eligible Applicants:	Eligible applicants include entities eligible for funding under RWHAP Parts A, B, C, and D of Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009. These include, but are not limited to: health centers receiving support under Section 330 of the Public Health Service Act; Federally Qualified Health Centers as described in Title XIX, Section 1905 of the Social Security Act; public and nonprofit private entities involved in addressing HIV/AIDS/STI related issues at the regional or national level; state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; faith-based and community-based organizations; and Indian Tribes or tribal organizations with or without federal recognition. See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

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

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Thursday, January 24, 2019
Time: 1:00 p.m. – 2:30 p.m. ET
Call-In Number: 1-800-369-1787
Participant Code: 6804404
Weblink: https://hrsa.connectsolutions.com/hrsa-19-039/

Playback Number*: 1-888-562-4197
*Replays are generally available one hour after a call ends.
HRSA will record the webinar and it should be available by February 4, 2019 at https://www.targethiv.org/category/resource-type/training-resources

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the *Enhancing Linkage of STI and HIV Surveillance Data in The Ryan White HIV/AIDS Program (RWHAP)* cooperative agreement. The purpose of this health information technology (HIT) capacity-building demonstration project is to improve linkage, re-engagement in care, and health outcomes for people living with HIV (PLWH) in the RWHAP. HRSA will fund a Technical Assistance Provider (TAP) to identify jurisdictions (state, city, and/or local health departments) and provide programmatic technical assistance (TA) to enable them to create or improve data sharing across their sexually transmitted infection (STI) and HIV surveillance systems. The TAP will assess jurisdictional barriers to data sharing across STI and HIV surveillance departments and develop tools to address these barriers. This matched STI (chlamydia, gonorrhea, and/or syphilis cases) and HIV surveillance data will be used to improve the capacity of RWHAP clinics to prioritize resources for linking and re-engaging PLWH into care.

Co-infection of STIs in PLWH has been associated with decreased CD4 cell counts and increased HIV viral load, which can lead to worse health outcomes for PLWH and a greater risk of transmitting HIV to a negative partner.[1] Improving data sharing across jurisdictional STI and HIV surveillance systems is critical for improving the capacity to prevent, diagnose, and treat STIs in response to the rising incidence of STIs among PLWH, as well as identifying PLWH who are in need of additional resources to improve their health outcomes.

The TAP will fund participating states, cities, and/or local health departments (referred to as jurisdictions). To qualify, the jurisdictions:

- must have high rates of reported STIs (specifically, chlamydia, gonorrhea, and/or syphilis cases) per the CDC 2017 Sexually Transmitted Diseases (STD) Surveillance Report in areas with high HIV prevalence or high rates of new HIV diagnosis per the 2016 CDC HIV Surveillance Report.
- must be willing to work to improve their STI and HIV surveillance data sharing to accomplish the goals of this project.
- electronically match person-level STI and HIV surveillance data less frequently than once per month or not at all
- do not have a mechanism in place to conduct additional follow-up activities such as linkage to care or reengagement in care.

Improving the frequency of this data sharing will inform RWHAP clinics' decision-making around allocation of resources and services to improve health outcomes of PLWH.

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[1] Jarzebowski W, Caumes E, Dupin N, et al. Effect of early syphilis infection on plasma viral load and CD4 cell count in human immunodeficiency virus- infected men: results from the FHDH-ANRS CO4 cohort. Arch Intern Med 2012; 172(16):1237–1243.

The TAP will also work collaboratively with a contractor (funded separately by HRSA) who will evaluate the overall effectiveness and impact of this project. This demonstration project aligns with the HRSA clinical priority of “transforming the workforce” by enhancing the linkage of STI and HIV surveillance data so provider resources can be tailored and targeted to address the needs of PLWH with a current STI and ensure they are linked or re-engaged in HIV care in the RWHAP.

2. Background

HRSA’s Special Projects of National Significance (SPNS) program is authorized by Section 2691 of the Public Health Service Act (42 USC 300ff-101), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87). The SPNS program supports the development of innovative approaches for HIV care to respond to the emerging needs of clients served by the RWHAP.[2] The SPNS program also evaluates the effectiveness of these approaches’ and/or interventions’ design, implementation, utilization, cost, and health related outcomes, while promoting dissemination and successful replication.[3]

National HIV/AIDS Strategy: Updated to 2020

The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020) is a five-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. The RWHAP promotes robust advances and innovations in HIV health care using the National HIV/AIDS Strategy to end the epidemic as its framework. Therefore, to the extent possible, activities funded by RWHAP focus on addressing these four goals:

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

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

HIV Care Continuum

Diagnosing PLWH, linking PLWH to HIV primary care, and PLWH achieving viral suppression are important public health steps toward ending the HIV epidemic in the U.S. The HIV care continuum has five main “steps” or stages that include: HIV diagnosis, linkage to care, retention in care, antiretroviral therapy (ART) use, and viral

[2] Information on the Ryan White HIV/AIDS Program Part F: Special Projects of National Significance Program can be found at: http://hab.hrsa.gov/abouthab/partfspns.html, accessed September 18, 2018
[3] Publications and products from various SPNS initiatives can be found at: http://hab.hrsa.gov/abouthab/special/spnsproducts.html AND https://careacttarget.org/library/integrating-hiv-innovative-practices-ihip, accessed September 18, 2018

suppression. The HIV care continuum provides a framework that depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication. It shows the proportion of individuals living with HIV or individuals diagnosed with HIV who are engaged at each stage. The HIV care continuum allows recipients and planning groups to measure progress and to direct HIV resources most effectively.

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

According to recent data from the 2017 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the U.S. From 2010 to 2017, HIV viral suppression among RWHAP patients who had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, increased from 69.5 percent to 85.9 percent; additionally, racial/ethnic, age-based, and regional disparities decreased.[4] These improved outcomes mean more PLWH in the U.S. will live near normal lifespans and have a reduced risk of transmitting HIV to others.[5] Scientific advances have shown antiretroviral therapy (ART) preserves the health of PLWH and prevents sexual HIV transmission. This means that people who take ART daily, as prescribed, and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking PLWH into care, retaining them in care, and helping them adhere to their ART.

Integrated Data Sharing and Use

HRSA and CDC's Division of HIV/AIDS Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, needs assessments, unmet need estimates, reporting, quality improvement, the development of your HIV care continuum, and public health action. HRSA strongly encourages RWHAP recipients to:

- Follow the principles and standards in the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action.
- Establish data sharing agreements between surveillance and HIV programs to ensure clarity about the process and purpose of the data sharing and utilization.

Integrated HIV data sharing, analysis, and utilization approaches by state and

[4] Health Resources and Services Administration. *Ryan White HIV/AIDS Program Annual Client-Level Data Report* 2017. Published December 2018. Accessed December 20, 2018. Available at: https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2017.pdf

[5] 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.

territorial health departments can help further progress toward reaching the NHAS 2020 goals and improve outcomes on the HIV care continuum.

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

Special Projects of National Significance (SPNS) Program
Through its SPNS Program, HRSA's HAB funds demonstration project initiatives focused on the development of effective interventions to quickly respond to emerging needs of PLWH receiving assistance under the RWHAP. Through these demonstration projects, SPNS evaluates the design, implementation, utilization, cost, and health related outcomes of innovative treatment models, while promoting dissemination, replication and uptake of successful interventions. SPNS findings have demonstrated promising new approaches to linking and retaining into care underserved and marginalized populations living with HIV. All RWHAP recipients are encouraged to review and integrate a variety of SPNS evidence-informed tools within their HIV system of care in accordance with the allowable service categories defined in PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds as resources permit. SPNS related tools can be found at the following locations:

- **Integrating HIV Innovative Practices (IHIP) (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 runs from 2015-2020 and disseminates four adapted linkage and retention interventions from prior SPNS and the Secretary's Minority AIDS Initiative Fund (SMAIF) initiatives to improve health outcomes along the HIV care continuum. The end goal of the initiative is to produce four evidence-informed Care And Treatment Interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing healthcare environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

Sexually Transmitted Infections and HIV

High-risk behavior can contribute to the transmission of HIV, and may also result in transmission of STIs. Individuals and communities are at risk for STIs from the same behaviors and community characteristics associated with HIV. The presence of an untreated STI can enhance both the acquisition and transmission of HIV by a factor of up to 10.[6] Therefore, the timely identification and treatment of STIs is an important component of the comprehensive care of PLWH. When PLWH acquire a new STI such as gonorrhea or syphilis, it suggests that they were engaging in condomless sex. In cases where their viral load is not suppressed, they may be sexually transmitting HIV to their partners.[7]

As stated above, rates of reported STIs, specifically syphilis, gonorrhea (GC), and chlamydia (CT), have significantly increased over the past two years. Additionally, many persons diagnosed with an STI are PLWH. For example, in 2016, 47% of MSM diagnosed with syphilis were PLWH.[8] The relatively high incidence of STI infection among gay, bisexual and other men who have sex with men (collectively referred to as MSM) may be related to multiple factors, including individual behaviors and sexual network characteristics. Often a person may choose to access care for STIs outside of their routine primary care provider. Because sharing of data across state, city, and/or local health departments' STI and HIV surveillance systems is often suboptimal, there is limited availability of information that could potentially be used to identify PLWH in the RWHAP who are diagnosed with an STI but are out of HIV care or non-virally suppressed and engage, link, and retain them in care.

II. Award Information

[6] The Public Health Approach to STD Control, UNAIDS Technical Update, May 1998, http://www.who.int/hiv/pub/sti/en/stdcontrol_en.pdf, accessed September 18, 2018
[7] STDs and HIV – CDC Fact Sheet, https://www.cdc.gov/std/hiv/stdfact-std-hiv-detailed.htm, accessed June 27, 2018
[8] HIV and Syphilis: Rising Rates for Men who have Sex with Men (MSM), California HIV/AIDS Policy Research Centers, March 2018, http://www.chprc.org/wp-content/uploads/2018/04/Syphilis-Brief_3.27.18-4.pdf

1. Type of Application and Award

Type(s) of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA Program involvement will include:

- Providing the expertise of HRSA personnel and other relevant resources to the project,
- Working in collaboration with the recipient on final selection of participating jurisdictions.
- Ongoing review of activities, procedures, measures, and technical assistance tools to be established and implemented for accomplishing the goals of the cooperative agreement,
- Participating in the design and implementation of evaluation tools, evaluation plans, and other project material,
- Reviewing all information products prior to dissemination,
- Facilitating the dissemination of project findings, best practices, evaluation data and other information developed as part of this project to the broader network of state, city, and/or local health departments, and
- Facilitating access to education and training resources available through the national and regional AIDS Education and Training Centers (AETCs), Technical Assistance Resources, Guidance, Education, and Training (TARGETHIV) (formerly known as the TARGET Center), and other HRSA supported resources.

The cooperative agreement recipient's responsibilities will include:

- Identify up to five (5) state, city, and/or local health departments (hereafter referred to as jurisdictions) receiving RWHAP funding, and directly funded through both the Centers for Disease Control and Prevention (CDC) Sexually Transmitted Diseases (STD) prevention grants and the Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments cooperative agreement or HIV prevention grants. The TAP will work in partnership with HRSA in reviewing and selecting the jurisdictions to participate in the project.

  Criteria to assist you in the selection of these jurisdictions should be based on the following, at a minimum:

  - High rates of reported chlamydia, gonorrhea, and/or syphilis cases (hereafter referred to as STIs) per the CDC 2017 Sexually

Transmitted Diseases (STD) Surveillance Report[9] in areas with high HIV prevalence or high rates of new HIV diagnosis per the 2016 CDC HIV Surveillance Report,[10]

  - Electronic matching of person-level STI and HIV surveillance data occurring less frequently than once per month or not at all, or the health departments do not have a mechanism in place to conduct additional follow-up activities such as linkage to care or reengagement in care,
  - For proposed jurisdictions not currently sharing person-level STI and HIV surveillance data across their STI and HIV surveillance systems, you must demonstrate secure commitment from proposed jurisdictions at the time of application to either:
    - Implement person-level STI and HIV surveillance data sharing across their surveillance systems or,
    - Establish a mechanism, system, or process to facilitate the sharing of person-level STI and HIV surveillance data to meet the goals of this project
  - A mixture of jurisdictions using integrated STI and HIV surveillance data information systems and those using non-integrated STI and HIV data systems,
  - The jurisdiction's demonstrated need for improvements in STI and HIV surveillance system linkage,
  - The jurisdiction's current limitations in data sharing between STI and HIV surveillance,
  - The jurisdictions' willingness to adopt system changes to create or improve, electronic data sharing across their STI and HIV surveillance systems resulting in increased use of matched surveillance data to improve retention, linkage, and re-engagement in HIV care and health outcomes for PLWH,
  - The jurisdictions' size and capacity to successfully participate in this project, and
  - Compliance with recommended standards for all CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and Tuberculosis Prevention (NCHHSTP) programs for maintaining confidentiality and security of data. The TAP should request from each jurisdiction a Certification of compliance with the Security and Confidentiality Standards for Public Health Data and Designation of Overall Responsible Party (ORP).
- Work closely with the Evaluation Provider (selected through a contract mechanism by HRSA) to facilitate all evaluation implementation activities, including data collection protocols such as data sharing agreements with proposed jurisdictions. Jurisdictions will need to share aggregate STI and

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[9] Centers for Disease Control and Prevention (CDC). *Sexually Transmitted Disease Surveillance 2017*. Atlanta: U.S. Department of Health and Human Services; Released September 2018. Available at: https://www.cdc.gov/std/stats17/2017-STD-Surveillance-Report_CDC-clearance-9.10.18.pdf, accessed October 2, 2018

[10] CDC, HIV Surveillance Report: *Diagnoses of HIV Infection in the United States and Dependent Areas, 2016*; vol. 28. Available at: https://www.cdc.gov/hiv/statistics/overview/index.html, accessed September 18, 2019

HIV surveillance data for all PLWH with the TAP and evaluation contractor.

- Assess jurisdictional barriers to data sharing across STI and HIV surveillance departments and develop tools to address these barriers. The Technical Assistance (TA) provided must support frequent and routine data sharing, occurring at least once per month across health department STI and HIV surveillance departments. Recipient project staff must:
  - Possess expertise in STI and HIV surveillance,
  - Possess experience in integration, data linkage, and utilization of health data systems,
  - Deliver TA to each participating jurisdiction, and
  - Conduct site visits to each participating jurisdictional STI and HIV surveillance department at least once annually during the implementation of the changes required to create or improve data sharing within participating jurisdictional STI and HIV surveillance departments.
- Provide programmatic TA to the participating jurisdictions to increase use of matched surveillance data to improve retention, linkage and re-engagement in HIV care and health outcomes for PLWH in the RWHAP. This programmatic TA will include:
  - Providing TA to facilitate the jurisdictions' ability to overcome barriers, and
  - Coordinating TA with the CDC on HIV and STI surveillance related concerns or limitations, as needed.
- Fund participating jurisdictions to implement the changes required to create or improve data sharing and utilization across their STI and HIV surveillance programs. Due to the short period of performance for this project, the intent is for funds to be used to improve existing data systems and not to purchase, develop or implement new data systems.
- Provide assistance to participating jurisdictions to implement necessary technical and/or policy related surveillance system changes. This includes, but is not limited to:
  - Supporting the implementation of data security and confidentiality guidelines, and
  - Developing a sustainability plan for program integration by year 3. Program integration is defined as the incorporation of surveillance system changes that allow for improved and more frequent data sharing across the jurisdictions' STI and HIV surveillance departments, which should result in improved retention, linkage, and re-engagement in HIV care and health outcomes for PLWH. Such a plan requires addressing cost and staffing requirements over the long term.
- Using linked STI and HIV data, maximize opportunities to improve the health of PLWH in the RWHAP. Identification of PLWH who are reported with an STI provides an intervention opportunity to prioritize resources to:
  - Ensure patients are linked or re-engaged in care, and
  - Ensure patients' partners are screened for STIs and HIV and linked to appropriate care.

- Work with HRSA to develop a project report that discusses, for example:
    - How participating jurisdictions improved the frequency in which they match their STI and HIV surveillance data, and the number of people successfully linked to care, and re-engaged in care
    - Methods, conclusions of the project (addressing all participating health departments) and lessons learned,
    - Use of aggregate data to measure the impact of the project,
    - Best practices of utilization of shared data, and
    - Additional topics as required by HRSA.
- Work with HRSA to develop project dissemination products, including, but not limited to:
    - An implementation plan,
    - An implementation manual, and
    - A toolkit.
- In collaboration with the participating jurisdictions and HRSA, disseminate findings, including best practices and lessons learned, to foster rapid, efficient replication of the project's surveillance system improvements by other jurisdictions. This includes, but is not limited to:
    - A final in-person briefing at HRSA in year 3,
    - Presentations at national conferences, symposia and other appropriate meetings, including the 2022 National Ryan White Conference on HIV Care & Treatment,
    - A webinar for HIV and STI surveillance departments in jurisdictions not participating in the project,
    - Utilizing TARGETHIV as the primary web platform to disseminate information, materials, and products, and
    - Utilizing the RWHAP AIDS Education and Training Centers (AETC) Program and other HRSA supported entities to disseminate findings.
- Establish formal written agreements (e.g., subawards, contracts, memoranda of understanding, letters of agreement) with the participating jurisdictions. A timeframe for this activity will be decided upon in partnership with HRSA, which allows participating jurisdictions to be ready to implement this project prior to the start of year 2. This includes any data use agreements necessary to share aggregate STI and HIV data for all PLWH with the evaluation contractor. Aggregate data include, but are not limited to, number of PLWH identified and linked into care through this funded effort, demographic characteristics, and patient outcomes (e.g., viral suppression) for the clients served.

Overall Preferred Project Timeline

Project Date	**Project Progress**
Year 1	• Finalize jurisdiction selection • Complete formal written agreements and other necessary documents with the participating jurisdictions • Establish relationship with evaluation contractor • Establish data sharing agreements • Develop implementation plans • Begin data collection with participating jurisdictions • Provide specific TA to address the needs identified for each jurisdiction
Year 2	• Continue to provide specific TA to jurisdictions • Collect data for evaluation contractor to evaluate progress toward meeting outcomes/ objectives • Ensure annual data security and confidentiality assessments with a statement signed by an ORP certifying program compliance with NCHHSTP guidelines
Year 3	• Continue to provide specific TA to the jurisdictions • Continue to collect data for evaluation contractor • Participate in dissemination and publications committee led by evaluation contractor • Develop tools for replication across other jurisdictions (implementation manual, toolkit, project report, etc.) • Submit and refine as necessary the tools submitted to HRSA • Disseminate findings, best practices, and lessons learned • Ensure annual data security and confidentiality assessments with a statement signed by an ORP certifying program compliance with CDC NCHHSTP guidelines

2. Summary of Funding

HRSA expects approximately $1,400,000 to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to $1,400,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

The period of performance is September 1, 2019 through August 31, 2022 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for *Enhancing Linkage of STI and HIV Surveillance Data in the Ryan White HIV/AIDS Program (RWHAP)* in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce recipient funding levels beyond the first year if they are unable to fully succeed in achieving the goals listed in application.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include entities eligible for funding under RWHAP Parts A, B, C and D of Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009. These include, but are not limited to: health centers receiving support under Section 330 of the Public Health Service Act; Federally Qualified Health Centers as described in Title XIX, Section 1905 of the Social Security Act; public and nonprofit private entities involved in addressing HIV/AIDS/STI related issues at the regional or national level; state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; faith-based and community-based organizations; and Indian Tribes or tribal organizations with or without federal recognition.

2. Cost Sharing/Matching

Cost sharing/matching not required for this program.

3. Other

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

HRSA will consider applications that fail to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider them for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

If you are reading this NOFO (also known as "Instructions" on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

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

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

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in Attachment 7: Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program-Specific Instructions

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

i. Project Abstract

In addition to the information required in Section 4.1.ix of HRSA's *SF-424 Application Guide*, include the following:

- Briefly describe how you will conduct TA with state, city, and/or local health departments to improve health outcomes for PLWH in the RWHAP.
- Briefly describe the purpose of this HIT capacity building demonstration project and the methodology you will use.
- Briefly describe how you will work with the proposed jurisdictions to create or improve data sharing and utilization across their STI and HIV surveillance programs.
- Briefly describe how you will work collaboratively with a contractor (funded separately by HRSA) who will evaluate the overall effectiveness and impact of this project.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need*
  Briefly describe the purpose of the proposed project. Clearly identify the proposed

jurisdictions (state, city, and/or local health departments) to implement changes required to create or improve data sharing across the jurisdictions' STI and HIV surveillance systems to improve retention, linkage, and re-engagement in HIV care and health outcomes for PLWH in the RWHAP. The proposed jurisdictions should meet the criteria outlined in Section II, Recipient Responsibilities.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need*
  Outline the preliminary needs of the proposed jurisdictions as they pertain to STI and HIV surveillance systems, and data sharing and utilization across the STI and HIV surveillance programs. Describe the process you will use to identify the needs of the selected jurisdictions which identifies the barriers (by jurisdiction) that prohibit data sharing across their STI and HIV surveillance systems and utilization of this data. Discuss any potential barriers affecting the implementation of system changes to support the increased data sharing across participating STI and HIV surveillance systems and present possible ways to address these barriers. Discuss the existing relationships between the jurisdictions and their RWHAP clinics and any barriers to utilization of shared data by the RWHAP clinics to improve or expand care for PLWH.

  Describe the process you will use to identify "model" practices at health departments for successfully executing electronic data sharing occurring at least at monthly intervals across STI and HIV surveillance systems and integrating this surveillance data into HIV care and prevention activities. Describe how you will use this information as a benchmark.

  Describe the process you will use to identify gaps of data sharing and utilization within each jurisdiction. Describe how you will use this information to identify process improvements.

  Use and cite demographic data whenever possible to support the information provided.

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

  <u>Site Selection</u>

  Based on your assessment, propose up to five (5) jurisdictions (state, city, and/or local health departments) for final selection in collaboration with HRSA. These jurisdictions must meet the criteria outlined in Section II, Recipient Responsibilities.

  Describe jurisdiction selection criteria that you used to select participating health departments. Describe how the selection criteria ensured the identification and participation of a diverse group of jurisdictions, to include a mixture of health departments who are either not currently sharing STI and HIV person-level electronic data or sharing these data infrequently (less than once per month).

  Propose a plan for executing formal written agreements with participating jurisdictions to implement the changes required to create or improve data sharing

across STI and HIV surveillance systems. A timeframe for this activity will be decided upon in partnership with HRSA that allows participating jurisdictions to be ready to implement this project prior to the start of year 2. Letters of commitment from all proposed jurisdictions are required in this application (Attachment 3) to demonstrate a willingness to improve their STI and HIV surveillance data sharing to accomplish the goals of this project.

Data use agreements may be necessary in order to share aggregate data with the evaluation contractor. Data to be collected and shared through these data use agreements may include, but are not limited to, number of PLWH identified and linked into care through this process, demographic characteristics, and patient outcomes, to include, but not limited to, viral suppression for this population.

Additionally, jurisdictions must identify a change champion(s) to support both project and organizational change to help build organizational support for system change. (Attachment 4).

Technical Assistance

Describe your approach to assess TA needs (including technical and policy related needs) for each proposed jurisdiction. Discuss your planned method to customize selected system changes for each jurisdiction, and identify existing barriers where improvement is needed. Describe your approach to develop a TA plan for guiding each jurisdiction through the implementation of customized system changes. Describe the methods you will use to provide TA to the jurisdictions.

Describe your plan for assisting the jurisdictions with developing sustainability plans, including budget projections for continued program integration and ongoing activities across the participating jurisdictions after the funding period ends. HRSA expects recipients to sustain key elements of their projects (e.g., strategies or services and interventions), which have been effective in improving practices and those that have led to improved outcomes for the target population. The jurisdictions' sustainability plans will be part of the final report for this project.

Data Collection

Discuss how you will assist the participating jurisdictions in data collection, including the following:

- Training jurisdiction staff in use of data collection instruments and/or web-based data entry portals,
- Regular monitoring of data collection and sharing of data across their STI and HIV surveillance systems, and
- Remedial action when necessary to ensure data collection is of the highest quality.

Describe the procedures for the electronic and physical protection of participant information and data. Describe how you will assist the participating jurisdictions in identifying any person-level data with the potential for disclosure of Protected Health Information (PHI).

Describe your plan to facilitate the transfer of aggregate STI and HIV data for all PLWH within each jurisdiction to the evaluation contractor at regular intervals in an electronic format. Describe how you will monitor data quality and data completeness of regular data submissions.

Dissemination

Describe your plan for the development and dissemination of tools and materials throughout the three-year period of performance. Describe your plan to disseminate information to the participating jurisdictions and other health departments not funded under this project to promote replication and implementation of intervention activities. Describe your plan for promoting materials/webinars using the TARGETHIV website (formerly known as the TARGET Center). Describe your plan for generating manuscripts for peer-reviewed publication regarding outcomes of this project.

- *WORK PLAN -- Corresponds to Section V's Review Criterion #2 Response*
  Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application. The work plan must include clearly written (1) goals; (2) objectives that are specific, measurable, achievable, realistic, and time-framed (SMART); (3) action steps or activities; (4) staff responsible for each action step; and (5) anticipated dates of completion. The work plan should be included as Attachment 1.

  You must submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:
    - Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable),
    - Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.),
    - Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources),
    - Target population (e.g., the individuals to be served),
    - Activities (e.g., approach, listing key intervention, if applicable),
    - Outputs (i.e., the direct products or deliverables of program activities, and
    - Outcomes (i.e., the results of a program, typically describing a change in people or systems).

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 Response*
  Discuss challenges that you are likely to encounter (including working collaboratively with the evaluation contractor) in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #5 Resources and Capabilities*
  You must describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

  You must describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. This includes cost data required to conduct a cost-analysis or cost-effectiveness study of the interventions implemented at each of the jurisdictions.

  Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. This includes any data use agreements necessary to share aggregate data with the evaluation contractor. Aggregate data include, but are not limited to, number of PLWH identified and linked into care through this process, demographic characteristics, and patient outcomes (e.g., viral suppression) for this population. You must describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources and Capabilities*
  Succinctly describe your organization's current mission and structure, scope of current activities, and how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. Include a one-page project organizational chart (Attachment 2) depicting the organizational structure of the project (not the entire organization), and include contractors (if applicable) and other significant collaborators. Include a staffing plan with job descriptions for key personnel (Attachment 4). If you will use consultants and/or contractors to provide any of the proposed services, describe their roles and responsibilities on the project. Include signed letters of agreement, memoranda of understanding, and brief descriptions of proposed and/or existing contracts related to the proposed project in Attachment 3.

Describe your organization's experience:

- Conducting TA with state, city, and/or local health departments to improve health outcomes for PLWH in the RWHAP,
- Developing data sharing agreements, tools to assist overcoming technical barriers such as data linkage and toolkits, specifically related to toolkits and web-based tools for state, city, and/or local health departments,
- Gathering data/information to determine the needs of state, city, and/or local health departments related to the development and implementation of surveillance system changes,
- Tailoring STI and HIV intervention plans and strategies for specific organizations, and subsequent adaptations of established intervention plans,
- Working collaboratively with independent, outside evaluators to evaluate technical assistance provided on a project, and
- Monitoring subrecipients or partners on technical assistance projects.

Discuss how the organization will follow the approved work plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions

offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

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

In addition, this program requires separate line item budgets for each year of the three (3) year period of performance, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs as appropriate (Attachment 6). As a reminder, you may apply for a ceiling amount of up to $1,400,000 per year. Your budget should include annual subawards for up to a maximum of five (5) jurisdictions (state, city, and/or local health departments) to implement HIT projects needed to create or improve their ability to share STI and HIV data across their surveillance systems.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, Title II, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide.*

In addition, the *Enhancing Linkage of STI and HIV Surveillance Data in The Ryan White HIV/AIDS Program (RWHAP)* program requires the following:

Subaward Budget Narrative: Include a description of projected funding to be provided to the proposed jurisdictions. The amount allotted for each jurisdiction must include sufficient funds to cover projected costs associated with the implementation of interventions as well as the collection and submission of evaluation-related data, and partial or full time equivalent staff per participating jurisdiction. The recipient should budget for required site visit travel to each jurisdiction at least annually. A revised budget may be required after you select the final jurisdictions in collaboration with HRSA.

v. Attachments

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. You must clearly label **each attachment**.

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. The work plan should include a description of measurable objectives for the three-year period. Also describe how your organization will ensure that subawarded or contracted funds are properly documented and executed to ensure proper compliance with federal accounting principles.

Attachment 2: Project Organizational Chart (required)

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (required)

Include letters of commitment from all proposed jurisdictions. Provide documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverables. Sign and date all letters of agreement.

Attachment 4: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide)*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff, including the change champion(s) identified from each jurisdiction. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 5: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. Key positions may include the project director, project coordinator, technical assistance providers and data manager. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 6: Line Item Budgets for Years 1-3 (required)

Submit line item budgets for each year of the proposed project period/period of performance as a single spreadsheet table, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs.

Attachments 7-10: Other Relevant Documents

Include here any other documents that are relevant to the application, including your current federally negotiated indirect cost rate agreement (if applicable).

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

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

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

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

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

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

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

UPDATED SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the updated FAQs to learn more.

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

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is ***April 8, 2019 at 11:59 p.m**. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstances.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

Enhancing Linkage of STI and HIV Surveillance Data in the Ryan White HIV/AIDS Program (RWHAP) is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than $1,400,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B, Title II of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

You may not use funds under this notice for the following purposes:
- Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare);
- Purchase or construction of new facilities, or capital improvement to existing facilities;
- Purchase of or improvement to land;
- International travel;
- Cash payments to intended recipients of RWHAP services;
- To develop materials designed to directly promote or encourage intravenous drug use or sexual activity;

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

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

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

7. Other Submission Requirements

Letter of Intent to Apply

The letter should identify your organization and its intent to apply, and briefly describe the proposal. HRSA will not acknowledge receipt of letters of intent.

Send the letter via email by *January 31, 2019* to:

HRSA Digital Services Operation (DSO)
Please use the HRSA opportunity number as email subject (HRSA-19-039)
HRSADSO@hrsa.gov

Although HRSA encourages letters of intent to apply, they are not required. You are eligible to apply even if you do not submit a letter of intent.

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. This program has six review criteria:

Criteria	**Points**
Criterion 1: Need	10
Criterion 2: Response	35
Criterion 3: Evaluation Measures	15
Criterion 4: Impact	10
Criterion 5: Resources/ Capabilities	20
Criterion 6: Support Requested	10
Total	**100**

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

- Relevance of selection of the proposed jurisdictions based on high rates of reported chlamydia, gonorrhea, and/or syphilis cases per the CDC 2017 Sexually Transmitted Diseases (STD) Surveillance Report in areas with high HIV prevalence or high rates of new HIV diagnosis per the 2016 CDC HIV Surveillance Report.
- The extent to which the applicant demonstrates a comprehensive understanding of the needs of the proposed jurisdictions as they pertain to STIs in PLWH, and the need to improve data sharing across their STI and HIV surveillance systems to increase use of matched surveillance data to improve HIV retention, linkage, and re-engagement in HIV care and health outcomes for PLWH in the RWHAP.
- The strength and clarity of the demographic and epidemiologic data used to demonstrate need.
- The strength and clarity of the process to be used in identifying barriers in the linkage between STI and HIV surveillance for the purpose of improving retention, linkage, and re-engagement in HIV care and health outcomes for PLWH in the RWHAP.
- The strength and clarity of the process to identify "model" practices at state, city, and/or local health departments that successfully execute electronic data sharing at least at monthly intervals across their STI and HIV surveillance systems and integrating this surveillance data into their HIV care and prevention activities.
- The strength and clarity of the process to analyze participating jurisdictions' current business processes to identify gaps in data sharing and utilization.

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

Methodology (25 points)

Site Selection (10 points)

- The strength and clarity of the applicant's assessment to identify jurisdictions that meet the criteria outlined in Section II, Recipient Responsibilities.

- The extent to which the application outlines change champion(s) in each of the participating jurisdictions to support both project and organizational change to help build organizational support for system change.
- Strength and feasibility of the proposed methods to execute formal written agreements with the participating jurisdictions to implement the changes required to create or improve data sharing across STI and HIV surveillance systems. This includes any data use agreements necessary to share aggregate data with the evaluation contractor.
- The extent to which the applicant demonstrates the identification and participation of a diverse group of jurisdictions, to include a mixture of health departments that are either not currently sharing STI and HIV person-level electronic data or sharing this data infrequently (less than once per month) in relation to the required selection criteria set forth in section IV.2.ii. (project narrative) and Section II, Recipient Responsibilities (program funding opportunity description) of this NOFO.
- The extent to which the applicant demonstrates commitment from proposed jurisdictions at the time of application to either implement person-level STI and HIV surveillance data sharing across their surveillance systems or implement the sharing of person-level STI and HIV surveillance data by establishing a mechanism, system or process to meet the goals of this project.

Technical Assistance (10 points)

- The strength and clarity of the approach to assess TA needs for each jurisdiction and develop a TA plan based on those needs.
- The strength and feasibility of the proposed methods to provide TA to the jurisdictions.
- The strength and feasibility of the proposed methods to implement changes across the jurisdictions to include assisting the jurisdictions with developing sustainability plans.

Dissemination (5 points)

- The strength and clarity of the plan for the development and dissemination of tools and materials through the three-year period. This includes the dissemination of information via the TARGETHIV website and to the participating jurisdictions and other health departments not participating in this project to adapt their STI and HIV surveillance systems within their organizations.

Work Plan (7 Points)

- The strength and clarity of the work plan to achieve each of the components proposed in the Methodology section during the three-year project period/period of performance (Attachment 1).
- The extent to which the work plan includes clearly written: (1) objectives that are specific, measurable, achievable, realistic and time-framed (SMART); (2) action steps and activities; (3) staff responsible for each action step; and (4) anticipated dates of completion.
- The strength and clarity of the logic model for designing and managing the project.

Resolution of Challenges (3 points)

- The clarity of the discussion of the challenges impacting the effective implementation of interventions.
- The extent to which the application clearly describes possible challenges that are likely to be encountered in working collaboratively with an evaluation contractor.
- The clarity and feasibility of the approach, strategies, and techniques to resolve anticipated challenges.

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

Methodology (10 points)

- The strength, effectiveness, and feasibility of the plan to work cooperatively with an evaluation contractor to assess the effectiveness of the project.
- The strength and clarity of the criteria used to select participating health departments.
- The strength and clarity of the proposed organizational process for working directly with the participating jurisdictions for collection of outcome and process data.
- The strength and clarity of the approach to assisting the participating jurisdictions in data collection, including proposed training in use of data collection instruments and web entry portals, regular monitoring, and remedial action when necessary.
- The strength and clarity of the plan to transfer aggregate STI and HIV data for all PLWH within each jurisdiction to the evaluation contractor at regular intervals in an electronic format.
- The extent to which the application outlines a clear and comprehensive plan for monitoring data quality and data completeness.
- The strength and clarity of the approach for the electronic and physical protection of participant information and data.

Evaluation and Technical Support Capacity (5 points)

- The strength and clarity of the plan to provide TA to the participating jurisdictions in the collection and reporting of evaluation data to an evaluation contractor.
- The strength and clarity of the program performance evaluation plan to monitor ongoing processes and the progress toward the goals and objectives of the project. This includes the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes and how these data will be used to inform program development and service delivery.
- The strength and clarity of the plan for a cost analysis or cost-effectiveness study.

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

- The strength and clarity of the plan to promote replication and implementation of interventions.
- The strength and clarity of the approach for the development and dissemination of tools and materials throughout the implementation process, both to the

participating jurisdictions and other state, city, and/or local health departments not funded under this project.
- The strength and clarity of the plan for promoting materials/webinars using the TARGETHIV website (formerly known as the TARGET Center).

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

Evaluation and Technical Support Capacity (10 points)
- The strength of the applicant's experience working cooperatively with an evaluation contractor who will evaluate the proposed project.
- The extent to which the application demonstrates knowledge and expertise of proposed staff in working with STI and HIV surveillance across state, city, and/or local health departments.
- The extent to which the applicant demonstrates its organization's experience, skills, training, and knowledge in improving STI and HIV surveillance matching.
- The extent to which the application demonstrates how the proposed key project personnel have the necessary knowledge, experience, training, and skills to provide TA.
- The extent to which the applicant demonstrates experience in the development of toolkits and web-based tools for state, city and/or local health departments.

Organizational Information (10 points)
- The extent to which the application demonstrates the organization's experience, knowledge, and skill in data collection, reporting, and securing storage of aggregate data.
- The extent to which the application demonstrates the organization's experience in developing data sharing agreements, linking data system integration, and developing tools to assist in the these activities.
- The extent to which the application demonstrates the organization's experience, skills, knowledge, and ability to successfully provide implementation-related and evaluation-related TA to state, city, and/or local health departments to improve health outcomes for PLWH in the RWHAP.
- The extent to which the application demonstrates the organization's experience in working with state, city, and/or local health departments to address the prevention, diagnosis, and treatment of STIs and HIV.
- The extent to which the application demonstrates the organization's experience and ability to successfully disseminate findings of interventions and lessons learned.
- The extent to which the staffing plan is consistent with and appropriate for the project description, goals, and activities.
- The extent to which the application demonstrates the organization's experience in gathering data/information to determine the needs of state, city, and/or local health departments surveillance units and tailoring intervention plans and strategies to meet these needs.
- The extent to which the application demonstrates the organization's experience in leading collaborative efforts with other pertinent agencies and in supporting collaborative learning and TA projects.

- The extent to which the application demonstrates the organization's experience in working collaboratively with independent, outside evaluators.
- The strength and clarity of the organizational process for monitoring of any subrecipients under this cooperative agreement.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Narrative

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable and in alignment with the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

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 will apply other factors below 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.

See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2019. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

Requirements of Subawards

The terms and conditions in the Notice of Award (NOA) apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See 45 CFR § 75.101 Applicability for more details.

Human Subjects Protection:
Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

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 available in the notice of award.

2) **Final Project Report:** The recipient must submit a final report to HRSA within 90 calendar days after the period of performance ends that covers activities for the entire project period. Further information will be provided in the Notice of Award.

3) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

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

Beverly H. 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) 443-7065
Email: bsmith@hrsa.gov

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

Adan Cajina, Chief
Demonstration and Evaluation Branch
Attn: Enhancing Linkage of STI AND HIV Surveillance Data in the Ryan White HIV/AIDS Program (RWHAP)
Office of Training and Capacity Development
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09NWH04
Rockville, MD 20857
Telephone: (301) 443-3180
Email: ACajina@hrsa.gov

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

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

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

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

VIII. Other Information

Logic Models

You can find additional information on developing logic models at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You can find information on how to distinguish between a logic model and work plan at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Thursday, January 24, 2019
Time: 1:00 p.m. – 2:30 p.m. ET
Call-In Number: 1-800-369-1787
Participant Code: 6804404
Weblink: https://hrsa.connectsolutions.com/hrsa-19-039/

Playback Number*: 1-888-562-4197
*Replays are generally available one hour after a call ends.
HRSA will record the webinar and it should be available by February 4, 2019 at
https://www.targethiv.org/category/resource-type/training-resources

Tips for Writing a Strong Application

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