

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

HIV/AIDS Bureau
Office of Training and Capacity Development,
Special Projects of National Significance

**Capacity Building in the Ryan White HIV/AIDS Program
to Support Innovative Program Model Replication**

Funding Opportunity Number: HRSA-19-040

Funding Opportunity Type: New

Catalog of Federal Domestic Assistance (CFDA) Number: 93.928

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Letter of Intent Requested By: January 14, 2019

Application Due Date: February 25, 2019

MODIFIED on December 4, 2018: Due to the National Day of Mourning on December 5, HRSA has rescheduled the TA webinar. See details in Executive Summary and Section VIII.

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: November 26, 2018

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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).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019, Capacity Building in the Ryan White HIV/AIDS Program (RWHAP) to Support Innovative Program Model Replication. The purpose of this program is to enhance the capacity of RWHAP recipients and subrecipients to replicate evidence-informed interventions, using program implementation tools, manuals and other resources previously developed by the U.S. Department of Health and Human Services (HHS). Dissemination and implementation of recent innovative tools, interventions, and manuals aims to reduce the impact of the HIV epidemic within metropolitan areas and states recently identified as disproportionately affected. The HIV/AIDS Bureau's Special Projects of National Significance (SPNS) Program supports the development of innovative models of HIV care to respond to the emerging needs of clients served by the RWHAP. It also evaluates the effectiveness of these models' design, implementation, utilization, cost, and health related outcomes, while promoting the dissemination and replication of successful models.

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| Funding Opportunity Title: | Capacity Building in the Ryan White HIV/AIDS Program to Support Innovative Program Model Replication |
| Funding Opportunity Number: | HRSA-19-040 |
| Due Date for Applications: | February 25, 2019 |
| Anticipated Total Annual Available FY 2019 Funding: | \$1,900,000 |
| Estimated Number and Type of Award(s): | One (1) Cooperative Agreement |
| Estimated Award Amount: | Up to \$1,900,000 per year |
| Cost Sharing/Match Required: | No |
| Period of Performance: | August 1, 2019 through July 31, 2022 (3 years) |
| Eligible Applicants: | <p>Entities eligible for funding under Parts A – D of Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, including public health departments and institutions of higher education, state and local governments, nonprofit organizations, faith-based and community-based organizations, tribes and tribal organizations are eligible to apply.</p> <p>See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p> |

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Day and Date: Monday, December 17, 2018

Time: 3–4:30 p.m. ET

Call-In Number: 1-877-491-0573

Participant Code: 7059-2277

Weblink: https://hrsa.connectsolutions.com/pre-application_webinar_nofu_hrsa-19-040/

The webinar will be recorded and should be available by December 31, 2018 at <https://www.targethiv.org/category/resource-type/training-resources>.

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I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for a new three-year Special Projects of National Significance (SPNS) initiative entitled Capacity Building in the Ryan White HIV/AIDS Program to Support Innovative Program Model Replication.

This Notice of Funding Opportunity (NOFO) responds to recent changes in the HIV epidemic and the need to find effective solutions that improve health outcomes along the HIV care continuum for people living with HIV (PLWH). During recent years, a number of innovative interventions have demonstrated effective responses that contribute to ending the HIV epidemic. Ryan White providers who have developed these evidence-informed interventions have produced replication manuals and other tools to assist organizations and jurisdictions interested in adapting and/or replicating such interventions. This NOFO seeks to build the capacity of Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients to replicate effective models of care., with a particular focus on RWHAP jurisdictions identified as disproportionately affected by HIV. By building capacity and encouraging the implementation or replication of effective models of care, the RWHAP intends that these jurisdictions will bring recent innovations to scale, thus improving systems of care, reducing health disparities, improving outcomes along the HIV care continuum, and ultimately contributing towards meeting the goals and objectives of the National HIV/AIDS Strategy.

HRSA anticipates the following outcomes from this SPNS initiative:

- Greater facility among RWHAP recipients and subrecipients in targeted disproportionately-affected jurisdictions to use and integrate innovative program service models, tools, interventions, and manuals, using the allowable service categories outlined in Policy Clarification Notice (PCN) 16-02, “Eligible Individuals and Allowable Uses of Funds;”¹
- Increased awareness and knowledge among targeted RWHAP recipients and subrecipients about the value-added benefits of evidence-informed interventions, the RWHAP repository of innovative interventions, methodologies for adoption and replication, anticipated challenges, and resources available for implementing these innovative interventions;
- Increased system-level capacity for adoption of innovative, evidence-informed interventions that provide comprehensive, high-quality, culturally competent HIV screening, care, and treatment (i.e., medical and support services) for persons living with HIV who are not, or fully, engaged in the health care system;
- Greater capacity within the RWHAP to disseminate innovative interventions; and
- Diminished disparities among PLWH with regard to linking into HIV care, re-engagement and retention in HIV care, access to HIV care, and viral load suppression.

¹ HIV/AIDS Bureau, HRSA, 2016, https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf.

This initiative is designed to complement ongoing efforts that HRSA is supporting under HRSA-19-030 *Ryan White HIV/AIDS Program (RWHAP) Access, Care, and Engagement Technical Assistance Center (ACE TA Center)*. The main objectives of HRSA-19-030 are:

- 1) Building the capacity of RWHAP recipients and their subrecipients through tools, training, and technical assistance (TA) to enroll and engage PLWH in expanded health care coverage; and
- 2) Ensuring that RWHAP funding remains a payer of last resort. The full NOFO may be read at: <https://www.grants.gov/web/grants/search-grants.html?keywords=HRSA-19-030>.

2. Background

The SPNS Program supports the development of innovative models of HIV care that quickly respond to the emerging needs of clients served by the RWHAP. The SPNS Program also evaluates the effectiveness of these models' design, implementation, utilization, cost, and health related outcomes, while promoting the dissemination and replication of successful models.

The RWHAP supports more than 500,000 individuals living with diagnosed HIV each year, making it the Federal Government's largest program specifically for PLWH. The goal of the RWHAP is to improve the availability and quality of HIV services for low income, uninsured, and underserved individuals and families who do not otherwise have access to HIV care and support services. Services funded under the RWHAP are intended to reduce the use of more costly inpatient care, increase access to care for underserved populations, and improve the quality of life for those affected by the epidemic. The RWHAP works toward these goals by funding direct services, local and State programs that provide core medical services and support services, health care provider training, and technical assistance to help funded programs address implementation and emerging HIV care issues.

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 U.S. 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; additionally, racial/ethnic, age-based, and regional disparities have also decreased.² 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.³ Scientific advances have shown that antiretroviral therapy (ART) preserves the health of PLWH and prevents sexual HIV

² 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.

³ 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.

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.

The National HIV/AIDS Strategy (NHAS)⁴ and the HIV care continuum, described below, have bolstered further integration of HIV prevention and care efforts and fostered new approaches to addressing barriers to HIV testing, care, and treatment. Federal agencies, state and local health departments, community-based organizations, health care providers, and PLWH use both for measuring progress toward the goals of preventing HIV, diagnosing people who do not know their HIV status, linking PLWH to care and treatment, retaining PLWH in care and treatment, prescribing antiretroviral treatment, and achieving viral suppression.

National HIV/AIDS Strategy: Updated to 2020

The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020) is a five-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. The RWHAP promotes robust advances and innovations in HIV health care using 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, a conceptual framework, has five main "steps" or stages: 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 living with HIV engage 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.

⁴ U.S. Department of Health and Human Services, 2017, *National HIV/AIDS Strategy Progress Report*, https://files.hiv.gov/s3fs-public/NHAS_Progress_Report_2017.pdf.

RWHAP funding recipients are encouraged to assess the outcomes of their activities 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.⁵

Recent HIV Data Trends

According to the latest estimates from the Centers for Disease Control and Prevention (CDC), more than 1.1 million people in the U.S. are living with HIV today, of which about 14 percent do not know their current HIV status. An estimated 39,782 people became newly infected with HIV in the United States in 2016. Encouragingly, the estimated number of annual HIV infections in the U.S. declined 18 percent between 2008-2015. Reductions have been seen in most risk groups and in all states where data have been available.⁶

Similarly, the public and private health care system in the U.S. has made gains in engagement and retention in care for persons living with HIV, and for viral suppression. Overall, the percentage of persons living with diagnosed HIV who were virally suppressed increased from 46.0 percent in 2010 to 59.8 percent in 2015.⁷

Yet, there are significant disparities in the impact of HIV disease with regard to certain socio-demographic and health status variables, and in certain geographic areas of the U.S. The disease still disproportionately affects people living in poverty, racial and ethnic minority populations, and others underserved by health care and health promotion systems. Being younger than age 30, unstably housed, an African-American or Latino male who is sexually active with other men, and/or a person living with a substance use and/or mental health disorder, are all factors still strongly associated with higher rates of HIV infection, being less engaged and retained in HIV care, having less adherence to treatment regimens, and with not achieving viral suppression.⁸

Within the U.S., certain geographic areas experience significant disparities with regard to health and social impacts of the HIV epidemic. Historically, large urban areas across the country have experienced the heaviest burden of HIV disease, resulting in the use of targeted federal and state resources. However, this has changed more recently; after many years of sustained effort, a number of the large urban areas have seen significant declines in HIV impact. Small and medium sized cities, most frequently in the Southeastern U.S., now experience larger rates of newly diagnosed cases.⁹ These areas often have a less developed public and community-based health infrastructure in

⁵ HIV/AIDS Bureau, HRSA, “Performance Measure Portfolio”, <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>

⁶ CDC, *HIV Surveillance Report, 2016*, <https://www.cdc.gov/hiv/statistics/overview/index.html>

⁷ CDC, “Understanding the HIV Care Continuum” 2018, <https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf>

⁸ U.S. Statistics”, from <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>, July 2, 2018, and *National HIV/AIDS Strategy Progress Report, 2017*.

⁹ CDC and AIDSvu, Inc., a collaboration involving the Emory University’s Rollins School of Public Health in partnership with Gilead Sciences, Inc., <https://map.aidsvu.org/map>.

place to react, with fewer resources. HRSA and other agencies within HHS have begun to respond to this by increasing efforts in these areas; this initiative is a part of that effort in that it seeks to build capacity to adopt and integrate innovative models of care in these recently disproportionately affected areas.

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 Part F recipients to:

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

Integrated HIV data sharing, analysis, and utilization approaches by state and territorial health departments can help further progress toward reaching the NHAS 2020 goals and improve outcomes on the HIV care continuum.

To fully benefit from integrated data sharing, analysis, and utilization, HRSA strongly encourages complete CD4/viral load (VL) reporting to the state and territorial health departments' HIV surveillance systems. CD4 and VL data can be used to identify cases, stage 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.

The Special Projects of National Significance (SPNS) Program

Through its SPNS Program, HRSA's HAB funds demonstration initiatives focused on the development of effective interventions to quickly respond to emerging needs of PLWH receiving assistance under the RWHAP. 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 interventions 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 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.

Examples of innovative RWHAP evidence-informed initiatives that have been recently completed, or will be completed during the period of this Cooperative Agreement, include, but is not limited to the following:

- [Building Futures: Supporting Youth Living with HIV](#)
- [Center for Engaging Black MSM Across the Care Continuum \(CEBACC\)](#)
- [Ryan White HIV/AIDS Program \(RWHAP\) Building Care and Prevention Capacity: Addressing the HIV Care Continuum in Southern Metropolitan Area](#)
- [Improving Access to HIV Care using Community Health Workers \(CHWs\)](#)
- [SPNS Initiative: Building a Medical Home for Multiply Diagnosed HIV positive Homeless Populations](#)
- [SPNS Initiative: Culturally Appropriate Interventions of Outreach, Access, and Retention among Latino/a Populations](#)
- [SPNS Initiative: Health Information Technology Capacity Building for Monitoring and Improving Health Outcomes along the HIV Care Continuum](#)
- [SPNS Initiative: System-level Workforce Capacity Building for Integrating HIV Primary Care into Community Health Care Settings](#)

- [SPNS Initiative: Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum](#)
- [Using Evidence Informed Interventions to Improve Health Outcomes among PLWH](#)

Key Definitions:

- Evidence-informed – Models and practices that incorporate the best available research evidence, theory, practitioner wisdom, and client needs, values, and preferences into services planning and decision-making process.¹⁰
- Jurisdictions – Recipients of RWHAP Part A and B funds (eligible metropolitan areas, transitional grant areas, states, and authorized territories).
- Disproportionately-Affected Jurisdictions – Jurisdictions that have experienced the highest impact of new HIV diagnoses during the past three calendar years, as recorded by the U.S. Centers for Disease Control and Prevention and reported on the AIDSVu website, <https://map.aidsvu.org/map>.
- Learning Collaborative – A dedicated group of relevant stakeholders, usually of a limited duration, that focuses on the adoption and integration of innovations, best practices, and techniques within a system of care, leading to improvements in cost-effective patient-centered care, health outcomes, and community health.¹¹

II. Award Information

1. Type of Application and Award

The 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 models of HIV care to quickly respond to the emerging needs of clients served by the RWHAP.

Type of applications sought: New

HRSA will provide funding in the form of a Cooperative Agreement. A Cooperative Agreement, as opposed to a grant, is a financial assistance mechanism where substantial interaction occurs between HRSA and the funded recipient during performance of the initiative. Proposed activities must support the mutual goals and objectives of the RWHAP and the applicant. Certain activities must be planned jointly, and include HRSA's input and approval. HRSA must be aware of all recipient activities in sufficient time to provide input and/or assistance.

HRSA Program involvement will include:

In addition to the usual monitoring and technical assistance provided under the

¹⁰ Modeled on S.J. Dodge and A. Savage, 2016, "Evidence-Informed Social Work Practice," Encyclopedia of Social Work, retrieved from <http://socialwork.oxfordre.com/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-915>.

¹¹ Modeled on Oregon Department of Health, "Core Contract (2012), retrieved from https://definedterm.com/learning_collaborative, and Institute for Healthcare Improvement, "IHI's Collaborative Model from Improvement", retrieved from <http://www.ihl.org/resources/pages/ihlwhitepapers/thebreakthroughseriesihiscollaborativemodelforachievingbreakthroughimprovement.aspx>.

cooperative agreement, HRSA's responsibilities will include:

- Participating in the final selection of innovative models, replication tools, and resources that will be used in the capacity building efforts;
- Participating in the final selection of targeted jurisdictions and review of any subrecipients, using any disproportionately-affected jurisdictions identified in the application as a starting point;
- Supporting the formation of partnerships with RWHAP recipients in targeted jurisdictions;
- Reviewing, editing and approving written documents and reports, including capacity building curricula, publications, webcast content, and other resources;
- Providing assistance in the management and technical performance of activities;
- Participating in the design, direction and evaluation of activities; and
- Ensuring integration of results into HAB programmatic and data reporting efforts.

The cooperative agreement recipient's responsibilities will include:

- Collaborating with HRSA in selecting three - five RWHAP jurisdictions to be targeted for the dissemination of innovative service models;
- Assessing the CDC-HRSA Integrated HIV Prevention and Care Plans Including Statewide Coordinated Statement of Need¹² and other secondary sources of data of targeted jurisdictions to identify specific disparities and target populations that could be the focus for replicating service models to improve HIV care continuum outcomes;
- Reviewing findings, implementation manuals, and other tools from among the identified HHS and/or HRSA initiatives of interest and propose 5-10 evidence-informed initiatives for replication, and include a rationale for the recommendations;
- Establishing partnerships with targeted jurisdictions, and developing any collaboration agreements and/or Memoranda of Understanding, to support implementation of the project goals and objectives; and
- Developing capacity building tools and other materials to facilitate the adoption of evidence-informed interventions, to include guidelines on how to build capacity, adopt and adapt effective interventions, conduct formative evaluation, and track costs;
- Establishing at least one Innovation Learning Collaborative within each targeted jurisdiction during the first year of the initiative and maintaining them throughout the initiative;
- Establishing peer-to-peer provider partnerships focused on dissemination of innovative interventions into areas of high HIV incidence, disparities, and unmet need;
- Providing individualized consultation to recipients and subrecipients in targeted jurisdictions on how to improve their capacity to replicate and integrate innovative models of care, as needed;
- Creating tools and materials that facilitate replication and integration of innovations during resource and program planning, subrecipient awarding, request for proposal

¹² HIV/AIDS Bureau, HRSA, 2015, Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017- 2021, <https://hab.hrsa.gov/sites/default/files/hab/Global/hivpreventionplan062015.pdf>.

writing, and monitoring and service delivery, to be added to the RWHAP's current compendia;

- Evaluating processes undertaken with targeted jurisdictions to implement the objectives under this initiative;
- Conducting an outcome evaluation that examines reduction in gaps along the HIV care continuum, diminished disparities in health outcomes along the HIV care continuum related to certain socio-demographic and co-morbid health conditions, and changed capacity of entities in disproportionately-affected jurisdictions to replicate innovations;
- Adding to the RWHAP's repository of evidence-informed interventions, as relevant, along with the necessary descriptions of resources and solutions to challenges encountered; and
- Ongoing consultation and collaboration with RWHAP staff with regard to all of the above.

2. Summary of Funding

HRSA expects approximately \$1,900,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$1,900,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is August 1, 2019 through July 31, 2022 (three years). Funding beyond the first year is dependent on the availability of appropriated funds for SPNS during subsequent fiscal years, satisfactory recipient performance, and a decision by HHS that continued funding is in the best interest of the Federal Government. HRSA may reduce or eliminate funding beyond the first year if the recipient is unable to show satisfactory performance in achieving goals and objectives listed in its application.

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

III. Eligibility Information

1. Eligible Applicants

Entities eligible for funding under RWHAP Parts A – D of Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 are eligible for this program. Eligible entities include public health departments and institutions of higher education, state and local governments, nonprofit organizations, faith-based and community-based organizations, tribes, and tribal organizations.

Proof of applicant status is required as **Attachment 6**. This may consist of a Letter of Recognition from the U.S. Internal Revenue Service regarding non-profit status, or other document of a tribe's and tribal organization's' status.

2. Cost Sharing/Matching

Cost sharing/matching is not requirement of 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 due date requirements referenced in *Section IV.4* non-responsive, and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable. If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once before the application due date, HRSA will only accept and review your **last** validated electronic submission, under the correct funding opportunity number, before the Grants.gov application due date.

IV. Application and Submission Information

1. Address to Request Application Package

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

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

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in this 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, proposal 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 organization status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in **Attachment 9: Other Relevant Documents**.

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

Program-Specific Instructions

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

i. Proposal Abstract

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#). In addition, include the following:

- Summary of proposed Capacity Building Plan
- Overall goals and objectives
- Any disproportionately affected jurisdictions you propose to target in this Initiative (recommended, but not required)

ii. Proposal Narrative

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

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 your proposal as it responds to the purpose set forth in this NOFO.

- **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 (Need)**
Provide a detailed review of the needs of RWHAP recipients and subrecipients in disproportionately affected jurisdictions (see definition on p.7) that are the focus of this NOFO. This may include proposed jurisdictions to be targeted and a description of their needs and assets, intended target population(s), specific disparities, barriers, and outcomes of interest along the HIV care continuum. Please note that while you may propose jurisdictions in the application phase, final determination of specific jurisdictions to be targeted will be made in consultation with HRSA staff during the first three months of the award. Use and cite demographic data whenever possible to support the information provided. This section will help reviewers understand the areas that you wish to serve.
- **METHODOLOGY -- Corresponds to Section V's Review Criterion #2 (Response)**

Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations (stated on pp. 8-9) in this NOFO. As appropriate, include development of effective tools and strategies for capacity building, collaborations, clear communication, and information sharing and dissemination, and use of available RWHAP-funded capacity building assistance materials (previously described in section I.2., "Background"). HRSA will also consider replication of additional innovative service models, tools, interventions, manuals, or other resources linked to improvements in the HIV care continuum developed by other HRSA units (e.g., the Bureau of Primary Health Care) and HHS Operating Divisions (e.g., CDC, National Institutes of Health, Substance Abuse and Mental Health Services Administration, etc.). In such cases, the additional service model(s), tools, interventions, manuals, and evidence of effectiveness should be clearly described and related to the previously described RWHAP initiatives of interest. Include how you will work with RWHAP recipients to ensure that planned capacity building activities align with targeted jurisdictions' Integrated Prevention and Care Plans. Describe efforts to involve HIV service providers, consumers, families, and communities. Include in this section a plan to disseminate reports, products, and other related materials so that other key target audiences receive information related to the initiative.

Include a description of any innovative methods you will use to address the stated needs, and how you intend to collaborate with RWHAP staff in conducting this initiative. Ensure that the activities you propose are national in scope. Describe in **Attachment 2** the staffing plan for your work and job descriptions for key positions.

Finally, describe a process to promote the integration and sustainability of evidence-informed interventions after the period of federal funding ends. Under this NOFO, HRSA expects you to work with three to five targeted RWHAP jurisdictions and relevant subrecipients to integrate key elements of one or more models that have been effective in improving delivery of care and have led to improved outcomes for the affected populations. This would include how best to

utilize existing service categories under [PCN 16-02](#) and considerations for prioritizing those interventions. HRSA also expects you to recommend actions for continuing capacity building with similar jurisdictions (not specifically engaged in this initiative) after this initiative ends.

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

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance discussed in the Methodology section. Be sure the work plan focuses on the three to five targeted, diverse jurisdictions, and that it is national in scope and demonstrates collaboration with RWHAP recipients and related HRSA staff. Use a timeline that includes each activity and identifies responsible staff positions. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.

The work plan should be used as a tool to manage the initiative by measuring progress, identifying necessary changes, and quantifying initiative accomplishments. The work plan should directly relate to your methodology and the program requirements of this announcement. The work plan should include clearly written (1) goals; (2) objectives that are specific, time-framed, and measurable; (3) action steps; (4) staff responsible for each action step (including consultants); and (5) anticipated dates of completion. Goals should be included in the work plan for the entire proposed 3-year period; objectives and action steps are required in the work plan only in relation to goals set for year one.

You must submit with your work plan a logic model for designing and managing the initiative. A logic model is a one-page diagram that presents the high-level conceptual framework for proposed work and explains the links among program elements. While there are many versions of logic models, for the purposes of this NOFO, the logic model should summarize the connections between the:

- Goals of the your work (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).

Include the Work Plan and Logic Model as **Attachment 1**.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 (Response)*

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

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

You must describe the plan for the initiative's evaluation that will contribute to quality improvement, assessment of outputs and outcomes, dissemination of findings, and program integration. The program evaluation should monitor ongoing processes and the progress towards the goals and objectives of this initiative. Describe your plan to evaluate the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the initiative.

You must describe the systems and processes that will support your organization's evaluation requirements, including a description of data you plan to collect, and how you will collect and manage data (e.g., assigned skilled staff, data management software) in a way that provides accurate and timely reporting of results. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe how you will use the data to inform program development and service delivery. 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 activities, capacity, resources, and experience, and how these elements will contribute to your organization's ability to conduct the requirements as outlined in this NOFO and meet initiative expectations. Describe any experience in managing a federal award that focuses on multiple RWHAP recipients, establishing and managing learning collaboratives and peer-to-peer support relationships, developing and disseminating informational materials, training on replication of innovations, assisting RWHAP Parts A and/or B recipients in resource planning and adoption of innovations, and providing capacity building assistance to HIV/AIDS related organizations. Include biographical sketches of staff as **Attachment 3**, and an organizational chart as **Attachment 5**. Discuss how your organization will follow your work plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Discuss your management structure and policies. Describe how you will routinely assess and improve the unique needs of RWHAP jurisdictions, subrecipients, and target populations of the areas served.

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

In addition to what is requested by the *SF-424 Application Guide*, please provide a line item budget and narrative for each Object Class Category (Section B. 6.) as **Attachment 8**.

Reminder: The Total Initiative or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported initiative or activity. Total initiative 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 Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal year, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#) for instructions regarding preparing and submitting a Budget Narrative, and include it with the line item budget as **Attachment 8**.

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 will not count toward the page limit. **You must clearly label each attachment.**

Attachment 1: Work Plan and Logic Model

Attach the work plan that includes all information detailed in Section IV. ii. Proposal Narrative, and the required logic model.

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

Keep each position description to one page in length as much as is possible. Include the role, responsibilities, and needed qualifications. 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 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Initiative-specific Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed or Existing Contracts or Subawards

Provide any documents that describe working relationships between your organization and other entities and programs cited in your proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable(s). Make sure any letters of agreement are signed and dated, and pertinent to the scope and dates of this NOFO.

Attachment 5: Organizational Chart

Provide a one-page figure that depicts the organizational structure relevant to this Initiative.

Attachment 6: Documentation of Organizational Status. Please provide a Letter of Recognition from the U.S. Internal Revenue Service regarding non-profit status, and/or other document of a tribal organization's status.

Attachment 7: Documentation of Indirect Cost Rate Agreement, if established.

Attachment 8: Line Item Budget and Budget Narrative – see instructions above related to SF424A. If you will make sub-awards or expend funds on contracts, describe in the Budget Narrative how your organization will ensure proper documentation and use of funds.

Attachments 9– 15: Other Relevant Documents

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

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

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

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

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

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

- Dun and Bradstreet (<http://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](#).

RECENT [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. Please read the [updated FAQs](#) to learn more.

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 *February 25, 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

This program is not 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 \$1,900,000 per year (inclusive of direct **and** indirect costs). Awards beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting goals and objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

In addition to the funding restrictions included under 4.1.iv of HRSA's [SF-424 Application Guide](#), you may not use funds under this announcement for the following purposes:

- Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare);

- Purchase or construction of new facilities or capital improvement to existing facilities;
- Purchase of or improvement to land;
- International travel;
- Cash payments to intended RWHAP clients (as opposed to non-cash incentives to encourage participation in evaluation activities);
- Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (nPEP) medications or related medical services (Note: RWHAP recipients and providers may provide prevention counseling and information to eligible clients' partners – see RWHAP and PrEP Program Letter, June 22, 2016);¹³
- Syringe Services Programs (SSPs), although some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy¹⁴; or
- To develop materials designed to directly promote or encourage intravenous drug use or sexual activity.

You can find other non-allowable costs in 45 CFR part 75 – subpart E, Cost Principles.

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 initiative-related activities. The program income alternative applied to the award 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 Information

Letter of Intent to Apply

To assist with planning for application reviews, HRSA requests submission of letters of intent via email. The letter should identify your organization, your intent to apply, and briefly describe (in 2-3 sentences) the proposal. Letters of intent are not required. You are eligible to apply even if you do not submit a letter of intent.

HRSA will **not** acknowledge receipt of letters of intent.

Send the letter via email by January 14, 2019 to:

HRSA Digital Services Operation (DSO), HRSADSO@hrsa.gov
Please use the HRSA NOFO number (HRSA-19-040) and "Letter of Intent" as the email subject

¹³ HRSA HIV/AIDS Bureau, 2016, Guidance Letter on Pre-Exposure Prophylaxis (PrEP), https://hab.hrsa.gov/sites/default/files/hab/Global/preletter062216_0.pdf

¹⁴ U.S, Department of Health and Human Services, Guidance to Support Certain Components of Syringe Services Programs, 2016, <https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf>.

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. The Capacity Building in the Ryan White HIV/AIDS Program: Technical Assistance in Innovative Program Model Replication has six (6) criteria:

Criterion 1: NEED (10 points) – Corresponds to Introduction and Needs Assessment Sections. This criterion concerns the extent to which the application:

- Demonstrates an understanding of the problem as it relates to disproportionate HIV burden across jurisdictions and associated contributing factors to the problem;
- Shows an understanding of disproportionately-affected jurisdictions, their needs and challenges, and capacities to improve; and
- Outlines how increased capacity in a jurisdiction could improve health outcomes for PLWH and reduce disparities in that jurisdiction.

Criterion 2: RESPONSE (30 points) – Corresponds to Methodology, Work Plan and Resolution of Challenges Sections

- The strength of the application's goals and objectives, methodology, work plan, and plan for resolving challenges, and their relationship to the overall initiative;
- The extent to which the work plan is consistent with the logic model;
- The extent to which the applicant thoroughly describes proposed methods and techniques for assessing evidence-informed interventions along with a clearly outlined process to collaborate with RWHAP staff;
- The extent to which the applicant will coordinate and use evidence-informed methods, tools in HAB funded capacity building assistance materials, and will work with RWHAP recipients, and align with their Integrated Prevention and Care Plans
- The extent to which the applicant fully describes any relevant barriers and challenges they expect to encounter and how they will address them;
- The extent to which the scope of work that is focused on the three – five targeted, diverse jurisdictions, is national in scope, and demonstrates expertise in collaborating with RWHAP recipients and related HRSA staff;
- Your plans to disseminate reports, products, and other related materials to other key target audiences; and
- The activities described in the application are national in scope, and capable of addressing the problem and attaining the initiative's objectives.

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Evaluation and Technical Support Capacity Section

This involves the strength and effectiveness of the methods proposed to monitor and evaluate the initiative and its results. It includes evidence that the evaluative measures will be able to assess the extent to which the initiative's objectives have been met, and whether results can be attributed to the project activities. It also includes the strength of the following aspects of the evaluation plan:

- The systems and processes that will support your organization's evaluation requirements;
- How data will be managed and collected;
- Current experience, skills, and knowledge, including individuals on staff;
- How you will use the data to inform program development and service delivery;
- Materials published, and previous work of a similar nature; and
- Identification of potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Criterion 4: IMPACT (20 points) – Corresponds to Work Plan Section

The extent to which the initiative can be expected to have a public health impact and will be effective. This may include:

- The effectiveness of plans for dissemination of initiative results;
- The impact results may have on the targeted jurisdictions, communities, and target populations;
- The extent to which results will be national in scope;
- The extent to which an applicant fully describes the process by which the initiative will contribute to the current national HIV/AIDS and health care environment as well as serve as a complement to the Ryan White HIV/AIDS Program; and
- The degree to which the initiative's activities will be replicable and sustainable.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Evaluation and Technical Support Capacity and Organizational Information Sections

The extent to which:

- The applicant clearly describes the its current mission, structure, assets, and scope of current activities, and how they contribute to conducting program requirements and meeting program expectations;
- Proposed personnel are qualified by training and/or experience to implement and carry out the methodology and work plan;
- The applicant demonstrates experience in managing a collaborative federal award that focuses on multiple jurisdictions;
-
- The applicant demonstrates experience establishing learning collaboratives, peer-to-peer relationships, developing and disseminating informational materials, training on replication of innovations, assisting RWHAP Parts A and/or B recipients in resource planning and adoption of innovations, and providing capacity building assistance to HIV/AIDS related organizations;
- The applicant organization has thoroughly demonstrated the available capacity and resources necessary to fulfill the needs and requirements of the proposal; and

- The applicant organization has a comprehensive management structure and policies to successfully achieve what it proposes.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to the Budget Sections

This involves the reasonableness of the proposed budget for each year of the period of performance in relation to the goals and objectives, the planned activities, and the anticipated results. It includes:

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work;
- The extent to which the budget justification clearly explains each line item in relation to the proposed activities; and
- The extent to which key personnel have adequate time devoted to the Initiative to achieve goals and 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. 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 proposed 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 \(FAPIS\)](#). 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

HRSA will issue the Notice of Award before the start date of August 1, 2019. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

1. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

Requirements under Subawards and Contracts under Grants

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 initiative, 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 and contractors under awards, unless the NOA specifies an exception. 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.

2. 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. This is typically due 90 days after the end of each budget year. The report due after the period of performance ends will be a final report. The award notice will give further information about this.

- 2) **Other required reports.** Except for the final award year, a Non-Competitive Continuation (NCC) Progress report will be due during the eighth month of each program year, covering the first six months of the year. This, along with records from monitoring calls and site visits, will be used as a basis of determining continuation awards for the following year. The award notice will give further information about this.
- 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

Beverly 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
Office of Training and Capacity Development
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/healthyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance

HRSA has scheduled following technical assistance webinar:

Day and Date: Monday, December 17, 2018

Time: 3–4:30 p.m. ET

Call-In Number: 1-877-491-0573

Participant Code: 7059-2277

Weblink: <https://hrsa.connectsolutions.com/pre-application-webinar-nofo-hrsa-19-040/>

The webinar will be recorded and should be available by December 31, 2018 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](#).