U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

HIV/AIDS Bureau
Division of Metropolitan HIV/AIDS Programs

Building Capacity for HIV Elimination in Ryan White HIV/AIDS Program Part A Jurisdictions

Funding Opportunity Number: HRSA-19-034
Funding Opportunity Type: New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.145

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: January 28, 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: October 30, 2018

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Authority: Public Health Service Act, Section 2606 (42 USC 300ff-16), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 Building Capacity for HIV Elimination in Ryan White HIV/AIDS Program (RWHAP) Part A Jurisdictions. The purpose of this project is to strengthen efforts to end the HIV epidemic in RWHAP Part A jurisdictions through HIV care continuum improvements.

Funding Opportunity Title:	Building Capacity for HIV Elimination in Ryan White HIV/AIDS Program Part A Jurisdictions
Funding Opportunity Number:	HRSA-19-034
Due Date for Applications:	January 28, 2019
Anticipated Total Annual Available FY 2019 Funding:	$500,000
Estimated Number and Type of Award(s):	Five cooperative agreement(s)
Estimated Award Amount:	$100,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2019 through August 31, 2021 (2 years)
Eligible Applicants:	RWHAP Part A recipients that are classified as an EMA or as a TGA and continue to meet the eligibility criteria as defined in the statute are eligible to apply for these funds. Current RWHAP Part A recipients are uniquely positioned to implement the time-limited activities required by this project. 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 has scheduled the following technical assistance webinar:

Day and Date: Thursday, December 6, 2018
Time: 2 – 4 p.m.
Call-In Number: 1-800-857-9691
Participant Code: 8458380
Weblink: https://hrsa.connectsolutions.com/building_capacity_ryan_white/
Playback: Webinar will be available on the TargetHIV website.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the *Building Capacity for HIV Elimination in Ryan White HIV/AIDS Program Part A Jurisdictions* project. The purpose of this project is to provide technical assistance funding to strengthen efforts to end the HIV epidemic in RWHAP Part A jurisdictions through improvements along the HIV care continuum.

Funding under this project is not intended to support long-term activities. The proposed activity(ies) should be of a short-term nature and should be completed by the end of the two-year period of performance for this funding opportunity. You may propose an expansion of activities currently supported with RWHAP Part A funding that does not duplicate current activities. If the proposed technical assistance project is an expansion of an existing RWHAP Part A activity, you must provide a clear rationale for how the proposed activity builds capacity to further the objectives of that funded activity in order to move the jurisdiction closer to eliminating new infections.

The Health Resources and Services Administration (HRSA) sought feedback from current RWHAP Part A recipients via a series of webinars on the types of technical assistance activities that would be most effective in enhancing efforts to end the HIV epidemic in their jurisdictions. HRSA divided the feedback into the four categories of activities listed below and described in detail in the Project Narrative section. You may only submit proposals for one or more activities under these categories:

1) <u>**Infrastructure Support**</u>
   - **Data System**
   - **Organizational Capacity**
2) <u>**Information Dissemination and Marketing**</u>
   - **Website Development**
   - **Web/Mobile Application Development**
   - **Targeted Awareness Campaigns (including social media efforts)**
3) <u>**Community Engagement**</u>
   - **Community Planning**
   - **Focus Groups**
   - **Stakeholder Engagement**
   - **System Integration**
4) <u>**Enhancing Core Medical and Support Services**</u>

2. Background

This project is authorized by the Public Health Service Act, Section 2606 (42 USC 300ff-16), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87).

The RWHAP is critical to ensuring that individuals with HIV are linked to and retained in care, are able to adhere to medication regimens, and ultimately, remain virally suppressed. This is crucial to ensure the health outcomes of PLWH, to prevent further transmission of the virus, and to ultimately end the HIV epidemic.[1] Research studies demonstrate that PLWH who are on antiretroviral medications and achieve viral suppression have negligible risk of transmitting HIV to others.[2] According to a study published in the journal *Clinical Infectious Diseases*, clients receiving care and support at RWHAP-funded facilities are associated with improved outcomes (such as viral suppression), compared to others.[3] Eighty-five percent of RWHAP patients are virally suppressed compared to 55 percent of all people diagnosed with HIV in the United States.[4,5] In addition, pre-exposure prophylaxis[6] and non-occupational post-exposure prophylaxis[6] for uninfected individuals have been determined effective in preventing the transmission of the virus when exposures occur. These treatments, combined with other educational, behavioral, and supportive service interventions, offer RWHAP Part A jurisdictions a complete toolbox that they can assemble to help prevent new infections.

RWHAP Part A funds provide direct financial assistance to an Eligible Metropolitan Area (EMA) or a Transitional Grant Area (TGA) severely affected by the HIV epidemic. Formula and supplemental grants assist eligible areas in developing or enhancing access to a comprehensive continuum of high quality, community-based care for low-income individuals and families with HIV. An estimated 72 percent of all people living with HIV reside in one of the 52 metropolitan areas funded under Part A. From the perspective of service delivery, the populations impacted by the epidemic are increasingly diverse and challenging to reach and serve. Given the clinical developments previously cited, Part A jurisdictions have a significant and unique public health role in eliminating new HIV infections.

Over the last few years, the federal government and key external stakeholders have undertaken efforts to assist jurisdictions in eliminating new HIV infections. In June 2015, CDC and HRSA released the Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017- 2021. The guidance consolidated duplicative program requirements and also helped to accelerate progress toward reaching the national goals to end the HIV epidemic noted

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[1] The goal of HIV treatment is to decrease viral load in PLWH, ideally to an undetectable level, known as viral suppression. When viral suppression is achieved and maintained, the risk of transmitting HIV is reduced.

[2] 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: http://clinicaltrials.gov/show/ NCT00074581 NLM Identifier: NCT00074581.

[3] Bradley H, Viall AH, Wortley PM, Dempsey A, Hauck H, Skarbinski J. Ryan White HIV/AIDS Program Assistance and HIV Treatment Outcomes. *Clin Infect Dis.* (2016) 62 (1): 90-98.

[4] Table 5a. Viral suppression during 2013 among persons aged >=13 years. CDC HIV Surveillance Supplemental Report 2016;21(No. 4). http://www.cdc.gov/hiv/library/reports/surveillance/. Published July 2016. Accessed December 1, 2016.

[5] Based on data reported by 32 States and the District of Columbia.

[6] Smith DK, Grohskopf LA, Black RJ. US Department of Health and Human Services. Antiretroviral postexposure prophylaxis after sexual, injection-drug use, or other nonoccupational exposure to HIV in the United States: recommendations from the US Department of Health and Human Services. MMWR Recomm Rep. 2005;54:1–19.

in the following section. Part A jurisdiction's submitted Integrated HIV Prevention and Care Plans reflecting their vision and priorities for delivering HIV prevention and care services. The plans are a roadmap for their HIV programming and also provide a structure for many Part A jurisdictions to develop HIV elimination initiatives.

In August 2016, the HRSA HIV/AIDS Bureau (HAB) sponsored a "Jurisdictional Strategies to End AIDS Beacon Session" at the 2016 National Ryan White Conference on HIV Care and Treatment.[7] The experiences of four RWHAP Part A jurisdictions indicated that success in launching a specific plan to end the epidemic was dependent on six broad factors: funding/resources, policy, leadership, community engagement, leveraging existing infrastructure, and innovation. Such factors provide a framework for examining the current status of jurisdictional efforts.

In addition, the National Alliance of State and Territorial AIDS Directors (NASTAD) launched a Chair's Challenge to end the epidemic. As part of this initiative, NASTAD assessed the core competencies deemed important to help reduce/eliminate new infections and end the epidemic.[8] These core competencies can also serve as a helpful resource in framing jurisdictional efforts. More recently, an O'Neill Institute for National and Global Health Law issue brief indicated that jurisdictional plans to end HIV need to be supported and greatly expanded within all highly burdened areas in the United States.[9]

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
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

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[7] https://careacttarget.org/sites/default/files/supporting-files/B2AleshireMorneTomaCheek%20%282%29_0.pdf.
[8] https://www.nastad.org/CCI
[9] http://oneill.law.georgetown.edu/media/HIV-Prevention-in-the-US-March-2018.pdf

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

According to recent data from the 2016 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the 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, and racial/ethnic, age-based, and regional disparities have decreased.[10] 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.[11] In a September 27, 2017, Dear Colleague letter, CDC notes that scientific advances have shown that antiretroviral therapy (ART) preserves the health of PLWH. There is also strong evidence of the prevention effectiveness of ART. When ART results in viral suppression, it prevents sexual HIV transmission. This means that people who take ART daily as prescribed, and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking PLWH into care, retaining them in care, and helping them adhere to their ART.

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

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 A 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

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[10] 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.

[11] 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.

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

Special Projects of National Significance (SPNS) Program
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.

II. Award Information

1. Type of Application and Award

Type 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 HAB personnel and other relevant resources to support the efforts of the targeted technical assistance activities to improve health outcomes along the HIV care continuum;
- Participating in the design and direction of the strategies, interventions, tools, and processes to be established and implemented for accomplishing the goals of the cooperative agreement;
- Providing ongoing review of the establishment and implementation of activities and measures for accomplishing the goals of the cooperative agreement;
- Participating, as appropriate, in conference calls and meetings that are conducted during the project period of the cooperative agreement;
- Reviewing and concurring with all information products prior to dissemination; and
- Facilitating the dissemination of project findings, best practices, evaluation data, and other information developed as part of this project to the broader network of RWHAP recipients.

The cooperative agreement recipients' responsibilities will include:

- Completing proposed technical assistance activities within the two-year project period;
- Collaborating with HRSA on review of activities, procedures, and budget items, including timely communication with project officer;
- Developing and implementing a methodology, including proposed metrics, to measure the impact of proposed technical assistance activities;
- Ensuring proposed activities are based on documented need, targeted for maximum impact on HIV care continuum outcomes, and designed to reach the identified target population(s);
- Developing a sustainability plan to support successful activities following conclusion of the cooperative agreement;
- Modifying activities as necessary to ensure relevant outcomes for the project; and
- Participating in the dissemination of project findings, best practices, and lessons learned, including adherence to HRSA guidelines pertaining to acknowledgment and disclaimer on all products produced by HRSA award funds.

2. Summary of Funding

HRSA expects approximately $500,000 to be available annually to fund five recipients. You may apply for a ceiling amount of up to $100,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. The period of performance is September 1, 2019 through August 31, 2021 (2 years). Funding beyond the first year is subject to the availability of appropriated funds for Building Capacity for HIV Elimination in Ryan White HIV/AIDS Program Part A Jurisdictions in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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 current RWHAP Part A recipients that are classified as an EMA or TGA and continue to meet the eligibility criteria as defined in the statute. Current RWHAP Part A recipients are uniquely positioned to implement the time-limited activities required by this project.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this project.

3. Other

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

HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* 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 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 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 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 **30 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 5: 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
See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

In addition to the requirements listed in the *SF-424 Application Guide*, please indicate the project title as "Building Capacity for HIV Elimination in Ryan White HIV/AIDS Program Part A Jurisdictions" and include the following information:

- Identify the selected category(ies) (Infrastructure Support, Information Dissemination and Marketing, Community Engagement, and Use of Core Medical and Support Services for New Activities) and the proposed activity(ies)

within each identified category for the technical assistance project. Also, include the hard-to-reach target population(s) if applicable.

- A summary of the proposed technical assistance activity(ies) with supporting data from either HIV surveillance or the Integrated HIV Prevention and Care Plan and the intended impact (e.g. how the activity(ies) will increase viral suppression rates, improve health outcomes, improve service delivery).
- The funding amount requested for the two-year period of performance.

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.

You may only submit proposals for one or more activities under the following categories. The proposed technical assistance activities should build jurisdictional capacity to sustain HIV elimination activities.

1) **Infrastructure Support**

Having the appropriate infrastructure to support a large-scale HIV elimination initiative is critical in ensuring success. Such initiatives require coordination of many stakeholders, multiple sources of data, leadership and staff with the necessary skills and training, and adequate resources. Organizations best suited to engage in HIV elimination initiatives may be lacking in one or more of these areas. Therefore, this funding opportunity supports technical assistance for infrastructure development through data system enhancements and organizational capacity.

- **Data System Enhancements –** may include technical assistance on the type, design, and building of new data systems, bridging existing systems to achieve data integration, improving data entry to decrease burden and increase accuracy, training of staff and providers on collecting and using data, and employing experts to provide accurate and in-depth data analysis.

- **Organizational Capacity** – may include short-term dedicated staff time to plan for, lead, coordinate, initiate, and sustain the technical assistance activities related to efforts aimed at eliminating new HIV infections.

2) **Information Dissemination and Marketing**

HIV elimination initiatives need to disseminate information to the broader community and those most impacted to move forward in overall development and planning and to ensure knowledge and utilization of available resources. Developing an inventory of available platforms for dissemination and marketing of information, evaluating service gaps, looking at how existing information resources can be adapted or expanded to meet the needs of the initiative, and developing new resources require skills and resources that may not be readily available to RWHAP Part A recipients. Additionally, reaching PLWH who are out of care requires targeting messages to that audience and also to those who

support and care for them. Technical assistance activities to support these efforts may include:

- **Website Development –** to ensure information on HIV elimination planning/initiatives and services is current, easily accessible, user-friendly, and targeted to specific audiences.

- **Web/Mobile Application Development –** creation of new applications targeted to appeal to specific audiences that contain information and resources to engage people who are at-risk of acquiring HIV and PLWH who are out of care.

- **Targeted Awareness Campaigns (including social media efforts) –** innovative campaigns, such as reaching PLWH through targeted campaigns to their primary supports (e.g., friends, family, loved ones) and caregivers who may have influence on getting PLWH into care or reaching out to freestanding emergency room/walk-in clinic staff where PLWH access medical care.

3) **Community Engagement**
   Community engagement is a requirement of the RWHAP. Allowable technical assistance activities that demonstrate community engagement for HIV elimination initiatives include:

- **Community Planning –** the development of long- and short-term goals and objectives focused on increasing viral suppression among at-risk communities. Planning activities should be conducted by representatives who reflect the demographics of the community, strategic in nature, and informed by local and national HIV/AIDS data. Support for the start-up or enhancement of specific HIV elimination planning is intended to augment and build upon on-going planning activities as outlined in the Integrated HIV Prevention and Care Plan.

- **Focus Groups** - used to solicit "real-time" information from community members with specific knowledge about the epidemic and PLWH service needs. Different variables and criteria, such as race, gender, residence, age, etc., can be used to organize focus groups. The manner in which a focus group is organized should have a direct relationship with target populations identified for the community and should adhere to any applicable city/county/state requirements for solicitation of input through focus groups.

- **Stakeholder Engagement** - includes public meetings or community forums with grassroots organizations, such as community improvement associations, faith communities, national membership groups, and providers. It also includes briefings with city and state officials, and other federal agencies or federally funded agencies with a stated interest in HIV programs and services. Stakeholders are likely to include many of the same groups identified in the community planning section above.

- **System Integration** - includes the integration of various entities in the system of care as necessary components of HIV elimination efforts, such as substance use and mental health treatment programs, school health programs, urgent care, and walk-in clinics. These entities may not have been previously engaged in such efforts, but provide care to target populations.

4) <u>**Enhancement of Core Medical and Support Services**</u>
   Technical assistance activities must specifically target hard to reach populations with the goal of improving health outcomes along the HIV care continuum. Examples include technical assistance to establish medical case management services at a teen drop-in center, develop a peer navigation program to engage HIV+ college students, develop linkage to care initiatives for specific target populations, and revision of an early intervention services program to engage with people at risk for HIV not previously reached.

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, the targeted population(s), and how the proposed technical assistance activities will result in improved health outcomes along the HIV care continuum. If the proposed activity is an expansion of a previously funded Part A activity, clearly describe how the proposed activity builds capacity and furthers the objectives of the previously funded activity in maximizing impact along the HIV care continuum.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need*
  Outline the needs of the community and/or organization relative to the selected technical assistance activity(ies) with an explanation of how you determined these needs, including but not limited to data from HIV surveillance and/or the previous submitted Integrated HIV Prevention and Care Plans. Provide a brief description of your current efforts to end the HIV epidemic in your jurisdiction. Explain how the selected activity(ies) will accelerate or support progress toward meeting your goals. In addition, you must describe and document the target population and its unmet health needs. Create a care continuum illustrating any significant health disparities/gaps experienced by this population, as well as a care continuum for your overall jurisdiction. The continuum can be based on your Integrated HIV Prevention and Care Plan or any revisions since its submission. Use and cite demographic data whenever possible to support the information provided. Discuss any relevant barriers in the jurisdiction that the project hopes to overcome with this technical assistance project.

- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*
  Provide detailed information regarding the proposed methods that you will use to address the stated needs described in the needs assessment section.

In addition, provide information regarding collaboration and coordination efforts, including PLWH involvement, and sustainability plans as follows:

- **Collaboration and Coordination:** Describe the methods you will use to implement the technical assistance activity(ies). Outline the partners needed for the proposed activity(ies), if applicable. Identify the tasks each partner proposes to perform and the amount of funding, if any, you expect to allocate to the partner. Describe how PLWH and/or organizations that represent them will be engaged in the implementation of this project, including decision-making. Include letters of support and/or letters of commitment from each partner and/or collaborating entity as well as the Planning Council or Planning Body stating their concurrence with proposed project as **Attachment 4.**

- **Sustainability:** Describe how you will maintain efforts to end the HIV epidemic in your jurisdiction after the period of federal funding ends. For example, describe how you will support the maintenance of systems, staff time and effort, websites and campaigns targeting hard to reach populations, system integration, service enhancements, etc. In addition, describe how you intend to share or disseminate relevant information and/or products developed through the funded activity(ies) and lessons learned with other providers in the community and/or collaborators to this project.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*
  A work plan is a concise easy-to-read overview of your goals, strategies, objectives, activities, timeline, and staff responsible for implementing the project. You must submit the detailed work plan for the 24-month period of performance of September 1, 2019 – August 31, 2021.

  Describe each activity's goal, specify the objectives, and identify the key action steps that you will use to achieve the proposed activity. Use a timeline that includes each step of the proposed activity, target date for completion, and identifies staff responsible for the activities. As relevant, identify the measures you will use to evaluate success. As appropriate, identify meaningful support and collaboration with key partners in planning, designing, and implementing all activities. Please provide the above information in a table format. Submit the work plan as **Attachment 1**.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 Response*
  Discuss challenges you are likely to encounter in designing and implementing the proposed activity(ies) supported by the work plan and proposed methods described in the methodology section. Identify and describe the approaches you will use to resolve such challenges. Also, describe any proposed resolutions to the barriers described in the Needs Assessment section.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #5 Resources/Capabilities*
  Describe the systems and processes you will use to track measures and evaluate progress toward meeting the goals and objectives of the proposed activities. Explain how you will use data to inform project and/or infrastructure development and improve service delivery, viral suppression rates, and overall health outcomes. More specifically, address the following:

  - **Data Collection and Management:** Describe the systems and processes that will support your organization's monitoring of the proposed activity(ies), including performance outcomes. Include a description of how the organization will collect, manage, and analyze data (e.g., assigned skilled staff, data management software).

  - **Project Evaluation:** Describe the evaluation plan that will monitor ongoing processes and progress toward the goals and objectives of the proposed activity(ies). Include a description of the proposed metrics you will use to assess the effectiveness of project activities. Describe the plan for the project performance evaluation that will contribute to continuous quality improvement. The project performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources/Capabilities*
  Describe specific organizational capabilities that will contribute to successfully implementing the proposed technical assistance activity(ies). Describe the organizational skills, capabilities, and resources, including staff and/or planning groups/commissions, contractors and consultants that will contribute to your organization's ability to carry out the proposed activity(ies). Highlight key staff with relevant expertise and experience with similar work. This information should align with the staffing plan provided in **Attachment 2** and the biographical sketches of key personnel provided in **Attachment 3**.

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 and (4) Impact
Work Plan	(2) Response and (4) Impact

Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

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

The Consolidated Appropriations Act, 2018 (P.L.115-141), Division H, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." 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*.

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 (Required)
Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. Please use a table format for the work plan.

Attachment 2: Staffing Plan (see Section 4.1. of HRSA's [SF-424 Application Guide](#)) (Required)

Include a staffing plan that lists the key personnel who will be involved in the implementation of the proposed project. Key personnel include individuals who contribute to the programmatic development or execution of the project in a substantive and measurable way, whether or not they are funded by the grant. For each staff listed on the staffing plan, include their role, responsibilities, and credentials, if applicable. For each staff, note all sources of funding and the corresponding time and effort. It may be helpful to supply this information in a table. 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 (Required)

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: Letters of Support and/or Commitment and Letter of Concurrence from Planning Council/Planning Body (Required)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated. At a minimum, you must submit a letter of concurrence from your jurisdiction's Planning Council/Planning Body acknowledging their support of the proposed project activities.

Attachments 5: Other Relevant Documents

Include here any other documents that are relevant to the application. Please note that all optional attachments count toward the 30-page limit.

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 *January 28, 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**

Building Capacity for HIV Elimination in Ryan White HIV/AIDS Program Part A Jurisdictions is 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 two years, at no more than $100,000 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 H of the Consolidated Appropriations Act, 2018 (P.L.115-141) apply to this project. 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 cannot 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, Department of Housing and Urban Development funding for housing services, other RWHAP funding including AIDS Drug Assistance Program).
- To directly provide housing or health care services (e.g., HIV care, counseling and testing) that duplicate existing services.
- Clinical research.
- International travel.
- Cash payments to intended recipients of RWHAP services.
- Purchase or improvement of land.
- Purchase, construction, or major alterations or renovations on any building or other facility (see 45 CFR part 75 – subpart A Definitions).
- Pre-Exposure Prophylaxis (PrEP) or non-occupational post-exposure prophylaxis (nPEP) medications or related medical services. As outlined in the June 22, 2016 RWHAP and PrEP program letter, the RWHAP legislation provides grant funds to be used for the care and treatment of PLWH, thus prohibiting the use of RWHAP funds for PrEP medications or related medical services, such as physician visits and laboratory costs.
- Purchase of sterile needles or syringes for the purposes of hypodermic injection of any illegal drug. Some aspects of syringe services programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy (see: https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs).
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.
- Research.
- Long-term activities; instead, the activities should be of a short-term nature with a targeted completion by the end of the two-year project period.

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.

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 Building Capacity for HIV Elimination in Ryan White HIV/AIDS Programs Part A Jurisdictions has six review criteria:

Criterion 1: NEED (25 points) – Corresponds to Section IV's Introduction and Needs Assessment
- The extent to which the applicant provides a strong and clear description of how the proposed technical assistance project will result in improvements along the HIV care continuum.
- The strength of the applicant's justification for the need for the proposed activities in their jurisdiction and a clear description of how those needs were identified and supported with data.
- The extent to which the applicant provides a clear description of their current efforts to end the HIV epidemic in their jurisdictions and how the proposed activities will accelerate or support those goals.
- The clarity and completeness of the description of the target population and its unmet health needs as evidenced by the gap(s) in their HIV care continuum compared to the overall HIV care continuum for the jurisdiction.
- The extent to which the applicant discusses relevant barriers that the project hopes to overcome with this technical assistance project.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges
- The strength of the proposed work plan (**Attachment 1**) as evidenced by measurable and appropriate objectives.

- The clarity and strength of the roles for identified partners in the proposed project, and the tasks for each partner as described in the letters of support/commitment, if applicable.
- The extent to which PLWH and/or organizations that represent them are engaged in the implementation of the project, including decision-making.
- The extent to which the potential challenges in designing, implementing, and measuring outcomes of the project are identified.
- The clarity and strength of the solution-oriented approaches for addressing the potential challenges.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity
- The extent to which the applicant describes appropriate mechanisms and methods to monitor and evaluate progress towards meeting the goals and objectives of the proposed technical assistance project, including a description of the proposed metrics to assess effectiveness.
- The extent to which the proposed evaluation plan can support the applicant's monitoring of the proposed project.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV's Methodology and Work Plan
- The extent to which the proposed goals, objectives, and work plan activities (**Attachment 1**) address the health outcome gaps in the HIV care continuum for the target population(s) or respond to existing organizational and system capacity limitations in efforts to end the epidemic.
- The clarity and completeness of the sustainability plan for maintaining efforts to end the epidemic after the period of federal funding ends.

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

- The extent to which the staffing plan (**Attachment 2**) is consistent with the proposed project.
- The extent to which the proposed personnel are qualified by training and/or experience to implement and carry out the proposed project (**Attachment 3**).
- The extent to which the applicant describes the organizational capabilities and resources that will contribute to their ability to successfully implement, manage, and monitor the proposed project.

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 (SF-424A) are reasonable given the scope of work and in alignment with the proposed work plan.
- The extent to which the budget justification narrative fully explains each line item and justifies the resources requested, including proposed staff.

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. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors below in award selection.

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

For this project, HRSA will use geographical dispersion and RWHAP Part A program size (at least one EMA and TGA).

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.

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

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2019.

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.

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 every four months. Further information will be available in the award notice.

VII. Agency Contacts

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

Olusola Dada
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-0195
Email: ODada@hrsa.gov

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

Steven R. Young, MSPH
Director, Division of Metropolitan HIV/AIDS Programs
Attn: HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09W12
Rockville, MD 20857
Telephone: (301) 443-9091
Email: SYoung@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

Technical Assistance
HRSA has scheduled the following technical assistance webinar.

Day and Date: Thursday, December 6, 2018
Time: 2 – 4 p.m.
Call-In Number: 1-800-857-9691
Participant Code: 8458380
Weblink: https://hrsa.connectsolutions.com/building_capacity_ryan_white/
Playback: Webinar will be available on the TargetHIV website.

Tips for Writing a Strong Application

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