

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

HIV/AIDS Bureau
Division of Community HIV/AIDS Programs

***Improving Access to Care: Using Community Health Workers to Improve
Linkage and Retention in HIV Care***

Announcement Type: New
Funding Opportunity Number: HRSA-16-185

Catalog of Federal Domestic Assistance (CFDA) No. 93.145

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: July 12, 2016

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Authority: The Consolidated Appropriations Act, 2016 (P.L. 114-113), Division H, Title II.

EXECUTIVE SUMMARY

Supported through the Department of Health and Human Services (HHS) Secretary's Minority AIDS Initiative Fund, the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) is accepting applications for fiscal year (FY) 2016 *Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care*. The purpose of this program is to increase the utilization of community health workers to strengthen the health care workforce and to improve access to health care and health outcomes for racial and ethnic minority people living with HIV (PLWH).

Funding Opportunity Title:	Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care
Funding Opportunity Number:	HRSA-16-185
Due Date for Applications:	July 12, 2016
Anticipated Total Annual Available Funding:	\$2,000,000
Estimated Number and Type of Award(s):	One (1) cooperative agreement
Estimated Award Amount:	Up to \$2,000,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2016 through August 31, 2019 (3 years)
Eligible Applicants:	<p>Eligible organizations may include national organizations; State, local, and Indian tribal governments; institutions of higher education; other non-profit organizations (including community-based and faith-based and tribal organizations) involved in addressing HIV/AIDS related issues at a national scope.</p> <p>[See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]</p>

Application Guide

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

Technical Assistance

A pre-application technical assistance webinar will be held on Thursday, June 9, 2016 at 2:00 PM EST. The purpose of this webinar is to assist potential applicants in preparing applications that address the requirements of this funding announcement. Participation in a pre-application TA webinar is optional.

To join the web portion, please use the following link: https://hrsa.connectsolutions.com/hrsa-16-185_ta/.

To join the audio portion, please dial: 1-888-677-5731; and the participant passcode: 5018086#.

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for fiscal year (FY) 2016 to support a single organization that will serve as the Technical Assistance and Evaluation Center (TAEC) for a new initiative entitled *Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care*. The goal of this three year cooperative agreement is to increase the utilization of community health workers (CHW) to improve access to and retention in health care; and to improve health outcomes for people living with HIV (PLWH) by strengthening the health care workforce, building healthier communities, and achieving health equity among racial and ethnic minority populations. The project will focus on assisting HIV medical care provider sites, particularly those funded by the Ryan White HIV/AIDS Program (RWHAP), with the support needed to integrate CHWs into an HIV multidisciplinary team model through training, direct technical assistance, and collaborative learning sessions.

The TAEC will provide three levels of training and/or technical assistance (TA) comprising *Direct TA*, *Webinars/Webcasts*, and *Learning Collaboratives*. Direct TA will be provided to up to ten (10) RWHAP medical provider sites serving racial/ethnic minority populations in geographic locations with low rates of retention and/or viral suppression as reported in the 2014 Ryan White Services Report (RSR). The selected sites will also receive a subaward to support the development and implementation of their CHW program. The sites will be required to demonstrate need, interest, and capacity to sustain a CHW program during and after the project ends, and to fully cooperate with the TAEC in the multi-site evaluation. In consultation with the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB), the TAEC will be responsible for identifying the RWHAP medical provider sites to receive both the direct TA and a subaward, and for administering the subawards.

The RWHAP medical provider sites will be selected by the TAEC, in consultation with HAB, based on a pre-established set of criteria to include:

- *Identified Need* - States/Jurisdictions with low retention rates or low viral suppression rates, among racial/ethnic minority populations, based on 2014 RSR data, with attention to African American and Latinos, including subpopulations, such as young MSM, youth, and substance users, as applicable.
- *Geographic Distribution* - An attempt will be made to apply equitable geographic distribution across the United States to include both rural and urban settings.
- *Interest and Organizational Commitment/Capacity* – Demonstrated interest and capacity to develop and implement a CHW program. Sites will be required to demonstrate their ability and capacity to maintain a sustainable CHW model beyond the project period and the receipt of the initial TA provided by this cooperative agreement. Selected RWHAP sites may not allocate subawarded funds from this project to support a personnel salary in its entirety. Focus will be given to the selection of RWHAP medical provider sites that will support the incorporation of CHWs as part of an HIV multidisciplinary team model. Sites must also demonstrate

their capacity and willingness to participate fully in the multi-site evaluation required for this project.

RWHAP funded recipient or subrecipient organizations meeting these criteria are eligible to be considered for a subaward from the TAEC to implement a CHW program within an HIV medical care model intended to serve the priority populations outlined by the TAEC. The TAEC will be responsible for the development and release of an application and awards to RWHAP recipient or subrecipient medical provider sites.

The TAEC will develop and conduct webinars/webcasts for any HIV medical provider interested in gaining knowledge related to the development of a CHW program, with a focus on integrating CHWs into HIV multidisciplinary care and treatment teams. Webinars/webcasts will also be utilized to increase the knowledge of any HIV medical provider with an interest in developing and/or strengthening a CHW component within their model of care. The TAEC will also coordinate the formation and implementation of at least one learning collaborative with several learning sessions. Learning collaboratives aim to capitalize on participants' knowledge and skills with the principle that knowledge can be created within a group where members actively interact by sharing experiences and evaluating one another's ideas. The goal of the learning collaborative(s) will be the development of recipient/medical provider capacity around the use of CHWs to promote sustainability of CHW models. The collaborative(s) will provide a venue for various stakeholders, medical providers and CHWs, to share and provide information and training on various components in the development and implementation of an effective CHW model, including: the integration of CHWs into HIV multidisciplinary teams; building capacity of medical providers for an integrated CHW component; and discussing challenges and lessons learned from the implementation of CHW models. At the conclusion of each collaborative learning session, participants will be provided action steps to be implemented prior to the next learning session, essentially giving each agency an outline for building capacity. SMAIF funds may be used to pay stipends to organizations with successful CHW programs to lead the collaborative(s).

The TAEC will also be responsible for the development and implementation of an evaluation component to assess the effectiveness of project activities and the effectiveness of the CHW programs developed by the sites receiving direct TA.

Finally, the TAEC will be responsible for producing A *CHW Implementation Guide*, which will include: (a) available CHW resources; (b) lessons learned from both learning collaboratives and direct TA sessions; (c) information on the various components required for the development and integration of an effective CHW program into an HIV primary care model; and (d) an evaluation tool to assess CHW programs in HIV care and treatment settings.

2. Background

This initiative is funded through the Secretary's Minority AIDS Initiative funding (SMAIF) as authorized under The Consolidated Appropriations Act, 2016 (P.L. 114-113), Division H, Title II. The program is administered by HRSA HAB's Division of Community HIV/AIDS Programs.

National HIV AIDS Strategy

The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020) is a five-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. To the extent possible, program activities should strive to support the four primary goals of [NHAS 2020](#):

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

Updated in 2015, the NHAS 2020 has fully integrated the objectives and recommendations of the [HIV Care Continuum Initiative](#) and the Federal Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities. The Strategy also allows for opportunities to refresh the ongoing work in HIV prevention, care, and research.

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

- Widespread testing and linkage to care, enabling PLWH to access treatment early
- Broad support for PLWH to remain engaged in comprehensive care, including support for treatment adherence
- Universal viral suppression among PLWH
- Full access to comprehensive Pre-Exposure Prophylaxis (PrEP) services for those whom it is appropriate and desired, with support for medication adherence for those using PrEP

Goal 2 of NHAS 2020 (Increasing Access to Care and Improving Health Outcomes for PLWH) addresses care linkage, retention, patient-centered care and healthcare system capacity. Goal 3 of NHAS 2020 (Reducing HIV-Related Disparities and Health Inequities) includes support for engagement in care for minorities and the improvement of health outcomes for high-risk communities. In order to meet the challenges detailed in NHAS 2020, HIV systems of care must continue to develop models of engagement and linkage that are culturally and age appropriate, effective, and address both the disparities that exist among minority populations and the service gaps in the HIV care continuum.

More information on how recipients can support the NHAS 2020 can be found online at <https://aids.gov/federal-resources/national-hiv-aids-strategy/overview/>

HIV Care Continuum

Identifying people who have HIV and linking them to HIV primary care with initiation and long-term maintenance of life-saving antiretroviral treatment (ART) are important public health steps toward the elimination of HIV in the United States. The continuum of interventions that begins with outreach and testing and concludes with HIV viral suppression is generally referred to as the [HIV Care Continuum](#) or the HIV Treatment Cascade. The HIV care continuum includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of ART, and ultimately HIV viral suppression.

The difficult challenge of executing these lifesaving steps is demonstrated by the data from the Centers for Disease Control and Prevention (CDC), which estimate that only 30 percent of PLWH in the United States have complete HIV viral suppression. Data from the 2014 RSR indicate that there are better outcomes in RWHAP- funded agencies with approximately 81.4% of individuals who received RWHAP-funded HIV primary care being virally suppressed. 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 asked to assess the outcomes of their programs along this continuum of care. Recipients should work with their community and public health partners to improve outcomes across the HIV care continuum, so that individuals diagnosed with HIV are linked and engaged in care and started on ART as early as possible. HAB encourages recipients to use the [performance measures](#) developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

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

With the success of ART, the life expectancy for PLWH has increased dramatically. As a result, individuals living with HIV/AIDS are being treated in primary care settings with HIV managed as a chronic disease. The CDC published a policy brief in 2015 examining a policy and systems-level approach to integrating CHWs into community-based efforts to prevent chronic disease¹, including evidence demonstrating the impact CHWs have in preventing and managing chronic diseases like diabetes, cancer and HIV. The Institute of Medicine's (IOM) report "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care" referenced in the CDC brief supports the use of CHWs in multidisciplinary teams to better serve diverse populations and improve health care delivery. The CHW occupies a unique role in public health, providing an important bridge between the larger community and the professional, medical and support staff who provide direct care.

Community Health Worker – Workforce Integration

In 2007, HRSA's Bureau of Health Professions published a comprehensive review of the functional role of the CHW in the workplace - [Community Health Worker National Workforce Study, 2007](#). This study identified the use of the CHW in a wide variety of settings. The Centers for Medicare and Medicaid Services (CMS) State Innovation Models (SIM) Initiative found that CHWs are able to support access to health care while controlling cost and being cost effective². While RWHAP recipients continue to work toward identifying and retaining clients who are not in care, the data³ indicate that some racial/ethnic minority populations continue to demonstrate

¹ CDC. *Addressing Chronic Disease Through Community Health Workers: A Policy and Systems-Level Approach*. 2nd Edition, April 2015. http://www.cdc.gov/dhds/docs/chw_brief.pdf

² <https://innovation.cms.gov/Files/reports/RTC-12-2014.pdf>

³ Ryan White HIV/AIDS Program, 2014 RSR Data.

challenges in accessing care and achieving improved health outcomes. RWHAP recipients can benefit from tools and assistance aimed at the integration of CHWs into multidisciplinary care and treatment teams to identify, link, and retain clients not in care or lost to care – all critically important components in increasing viral suppression, a focus of NHAS 2020, and to the public health approach for addressing the HIV epidemic.

The Affordable Care Act emphasizes the need for providers to focus on patient outcomes. An examination of social determinants of health and socioeconomic and behavioral risk factors may require a shift in thinking and practice by medical providers in order to improve these outcomes. The current traditional health workforce may not be fully equipped to make this shift and address underlying socioeconomic factors related to disease, including patient health literacy, cultural barriers, time constraints during office visits, patient communication skills and limited provider knowledge of community linkages.⁴ The CHW can bridge this gap between the health care system and the community. The integration of CHW services into health care delivery systems is associated with positive health outcomes such as: reductions in incidents of chronic illness, improved medication adherence, patient integration into primary care and increased patient satisfaction. These outcomes further support the value of CHWs as part of the health care team.⁵

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project. Since this award is a cooperative agreement, in addition to the usual monitoring and technical assistance provided, the following responsibilities are incumbent upon the funding agency (HRSA) and the award recipient:

HRSA Program responsibilities shall include:

- Provide the expertise of HRSA HAB personnel and other relevant resources to the project;
- Facilitate relationships with RWHAP recipients, including AIDS Education and Training Centers (AETC), medical providers, and other Federally funded HIV/AIDS programs;
- Review on an on-going basis activities, procedures, measures, and tools to be established and implemented for accomplishing the goals of the cooperative agreement;
- Participate in the selection of RWHAP sites to be funded under the cooperative agreement for direct TA and CHW program implementation;

⁴ Kangovi S, Mitra N, Grande D, et al. Patient-Centered Community Health Worker Intervention to Improve Posthospital Outcomes: A Randomized Clinical Trial. *JAMA Intern Med.* 2014;174(4):535-543. doi:10.1001/jamainternmed.2013.14327.

⁵ George Washington University, Milken Institute School of Public Health (2014), *Impact of CHWs on Health Care Delivery Project*; New York State Health Foundation (2010), *Community Health Workers: A Critical Link for Improving Health Outcomes and Promoting Cost-Effective Care in the Era of Health Reform.*

- Participate in the design and implementation of monitoring tools, evaluation plans, and other project material such as collaborative agendas/material, conference call schedules, meeting agendas, etc.;
- Review all information products prior to dissemination; and
- Facilitate the dissemination of project findings, best practices, *CHW Implementation Guide*, and other information developed as part of this project to the broader network of HIV medical providers.

In collaboration with HRSA, the cooperative agreement recipient's responsibilities will include:

- Identify and document existing “effective” CHW resources;
- Conduct a needs assessment to inform the training and TA content for project components and the type of direct TA required by the selected RWHAP medical provider sites to develop and implement a CHW model integrated as part of the multidisciplinary medical team;
- Create a dissemination plan to market training activities to all HIV medical providers;
- Select and issue subawards to up to ten (10) RWHAP medical provider sites serving racial/ethnic minority populations to develop and implement a CHW model within an existing RWHAP-funded HIV care and treatment program and provide training of CHWs as needed;
- Develop CHW project components focused on increasing/building medical provider capacity to utilize CHWs as follows:

Training: develop and present webinars/webcasts for HIV outpatient medical care providers on specific aspects related to CHWs (e.g., evidence based models, training and supervision of CHWs, etc.). The TAEC will develop and conduct several webinars/webcasts and trainings on CHW models in each project year, based on needs assessment data, on a pre-established quarterly schedule or more frequently, if needed. The duration of each webinar/webcast or training will depend upon the topic and can range from a two-hour webinar to a 20-minute tutorial. The TAEC will work with the AETCs to facilitate the dissemination of information on webcasts/webinars and collaboratives to the broader network of HIV medical providers. Training resources will also be made available on the TARGET Center web site.

In addition to webinars and webcasts, the TAEC will lead and facilitate several (minimum of four) collaborative learning sessions to include RWHAP-selected subawarded sites and other HIV medical providers with CHW expertise, to develop capacity on the use of CHWs.

Technical Assistance: provide subawards and direct TA to up to ten (10) RWHAP-funded medical provider sites serving racial/ethnic minority populations in geographic locations with low rates of retention and/or viral suppression (as reported in the 2014 RSR). Direct TA includes consultation and education adapted to, and based on, the needs of the selected RWHAP sites. This will include an organizational assessment to determine RWHAP recipient needs, the development and/or implementation of CHWs models/programs, and

data collection to assess performance and impact. The funded TAEC will oversee the identification, screening, selection, and assignment of TA consultants to approved sites.

- Develop an evaluation plan and tool to assess effectiveness of project components and CHW models;
- Collect evaluation/assessment information during the second and third years of the project period from RWHAP medical provider sites selected to receive direct TA;
- Develop a *CHW Implementation Guide* for HIV medical providers by the end of the project period, to include resources, models that work, “How-Tos” and “Lessons Learned,” and an evaluation component with tools; and
- In collaboration with HAB and in conjunction with partners including the RWHAP AETC program, disseminate materials, tools, and information on best practices of the project to key stakeholders and HIV medical providers.

TAEC applicants must demonstrate efficiency in their organization’s administrative and financial processes to quickly expedite and manage subawards. The created resources, webinars, and the *CHW Implementation Guide* will be housed within the TARGET Center and AETC’s National Coordinating Resource Center (NCRC) websites for use by all HIV providers.

2. Summary of Funding

This program expects to provide funding during federal fiscal years 2016 - 2018. Approximately \$2,000,000 is expected to be available annually to fund one (1) cooperative agreement recipient. Applicants may apply for a ceiling amount of up to \$2,000,000 per year. Applicants should note that the award amount includes up to \$750,000 to fund up to ten (10) RWHAP medical provider sites as subrecipients receiving direct TA to support the development and implementation of their CHW model. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated SMAIF funds for the *Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care*, in subsequent fiscal years, satisfactory awardee performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Entities that are eligible to apply include national organizations; State, local, and Indian tribal governments; institutions of higher education; other non-profit organizations (including

community-based and faith-based and tribal organizations) involved in addressing HIV/AIDS related issues at a national scope.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

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

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the FOA to do otherwise.

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard

OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the application does not exceed the specified page limit.**

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

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) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on this and other 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 justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#). The project abstract must also include a brief description of the proposed TAEC structure, overall project goals, and evaluation plan.

ii. Project Narrative

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

Use the following section headers for the Narrative:

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

This section should briefly describe the purpose of the proposed project.

Provide a brief description of the overall project including goals, proposed activities and the evaluation plan of the TAEC CHWs.

Briefly describe the applicant organization and any collaborating organizations to be involved in this project. Summarize your ability to work closely with other entities such as community-based organizations, AETCs and others to carry out successful CHW learning collaborative(s).

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

This section should help reviewers understand the applicant's understanding of the need for this initiative. The applicant should include a discussion that exhibits an expert understanding of the issues related to the activities included in this cooperative agreement.

Provide a brief summary of the literature that demonstrates a comprehensive understanding of issues regarding the role of CHWs in a variety of areas including outreach, linkage to care and retention in HIV primary care for PLWH. Discuss the issues impacting the effective implementation and use of CHWs to assist HIV primary care organizations in improving health outcomes and access to care. Include examples where CHW models have proven effective in addressing barriers to linkage and retention among this initiative's target populations, to include underserved racial/ethnic minorities, especially subpopulations such as MSMs, youth and those with substance use issues. Describe any promising CHW models, especially those integrated as part of a comprehensive medical team, or resources that currently exist in the field. Include information on the approaches to integrating CHWs as part of a multidisciplinary health care team and how those can be utilized within RWHAP medical care settings.

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

Propose methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in this FOA.

Webinars/webcasts

Discuss plans for conducting webinars/webcasts open to any HIV medical provider on specific aspects related to community-based and peer-based CHW programs that address the service needs along the HIV care continuum. Describe your approach to selecting topics for the webinars/webcasts and include how you will assess the needs of HIV medical providers for areas to be covered. Include the various methods and sources to be utilized in developing concept and content delivery for webinars/webcasts using any interactive formats and adult learning principles. Include a plan for marketing and dissemination of webinars/webcasts to all HIV medical providers.

Direct Technical Assistance

Describe your approach to the provision of TA, one-on-one consultation, and education customized to the needs of the selected RWHAP medical provider sites. Include a detailed plan for conducting a needs assessment to determine the type of direct TA required by RWHAP medical provider sites to develop and implement a CHW model integrated as part of the multidisciplinary medical team. Discuss how the TA will be provided and level of collaboration and partnership between the TAEC and selected RWHAP medical provider sites.

Propose a plan for the selection of up to ten (10) RWHAP medical provider sites that will develop and implement the CHW models. Subawards should be issued to the selected RWHAP medical provider site by the end of Year 1. Include a description of your subaward process from initiation to approval, with the corresponding timelines. Describe your organizational capacity to expedite subawards required under this announcement

within Year 1 of the project. Describe your organizational process for the management of selected subrecipients. Describe the methodology for monitoring the performance sites including, among other items, the processing of invoices and reimbursement for services in a timely manner.

Learning Collaboratives

The applicant must provide sufficient explanation of the proposed approach for collaborative learning and information dissemination. Describe your approach to leading and coordinating several (minimum of four) collaborative learning sessions in Years 2 and 3 to develop capacity on the use of CHWs by the RWHAP medical provider sites receiving direct TA and other HIV medical providers in geographic locations with low retention and/or viral suppression rates. Learning collaborative sessions should include up to 20-30 participants. This includes up to ten (10) RWHAP medical providers and HIV provider organizations using or interested in using CHWs.

Include a plan for marketing and dissemination of information to all organizations providing HIV medical care for their participation in the collaborative(s). Describe methods you will use to identify experts in the field of evidence-informed CHW models, with a focus on integrated models, and provide them with funding (i.e., stipend) to lead or facilitate collaborative learning sessions. Discuss how your organization will manage site location selection and logistics, development of meeting agendas and coordination of content in collaboration with HAB for collaborative learning sessions.

CHW Implementation Guide

The recipient must develop and produce a *CHW Implementation Guide* by the end of the project period to include: resources; effective or promising models; detailed implementation guidance; program considerations and findings realized during the project activities; and an evaluation component with tools.

Describe how you will gather the components for the *CHW Implementation Guide* to include available resources, effective or promising models, detailed implementation guidance, program considerations in developing various CHW models, and lessons learned from the provision of TA and collaborative activities during the project period. Include information on the methods used to determine the components to a *CHW Implementation Guide* that will be available for use by HIV providers at the end of the project period.

Evaluation Tool

Describe a plan for the development of an evaluation tool in Year 1, for use by selected RWHAP medical provider sites to assess the effectiveness of CHW models. Include information in the evaluation plan on how improvements in retention and linkage to care will be measured for subrecipients who have integrated CHWs into an HIV multidisciplinary team. Describe a plan for the collection of evaluation and assessment information from the selected RWHAP medical provider sites during the second and third years of the project period.

In addition to the items for each of the previous components, describe your approach in providing HAB with recommendations for revisions and improvements to the implementation of project activities during Years 2 and 3 for the final creation of

implementation and assessment tools, the *CHW Implementation Guide*, a final evaluation report and other reporting deliverables.

In addition, include an overall dissemination plan that outlines approaches to the dissemination of information and lessons learned obtained as a result of this project at various peer-related conferences, meetings and other professional outlets.

▪ *WORK PLAN -- Corresponds to Section V's Review Criteria # 3 – Response and #4 - Impact*

Describe the activities or steps that will be used to achieve each of the activities proposed during the entire project period in the Methodology section. The work plan should directly relate to the methods described in the Methodology section. The work plan should be presented in a table format and include (1) goals; (2) objectives that are specific, measurable, achievable, realistic and time-framed (SMART); (3) action steps; (4) personnel responsible for each action step (including any consultants and contractors) used to achieve each of the activities proposed and (5) anticipated dates of completion. The work plan should be included as ***Attachment 1***. Applicant organizations should note that although goals for the work plan are to be written for the entire three-year project period, objectives and action steps are required only for the goals set for Year 1. Describe all aspects of the project including the provision of training on CHW models utilizing webinars and/or webcasts; TA to individual recipients proposing to develop or integrate existing CHW models within their system of care; and learning collaborative sessions to promote sustainable CHW models. Additionally, the work plan should include objectives and activities associated with the identification of existing evidence-informed CHW resources, development of evaluation tools for use by RWHAP medical providers to assess effectiveness of CHW models and the development of a *CHW Implementation Guide*.

The work plan should be time-framed with specific dates to actively manage the project by measuring progress and quantifying accomplishments. The work plan should include action steps that are specific, time-framed, and measurable.

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

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan and approaches that will be used to resolve such challenges. Specifically,

- Describe the challenges that are likely to be encountered in the development and implementation of an effective, sustainable, integrated CHW program within varied medical settings serving racial and ethnic minority populations, and propose strategies that have been or may be employed to overcome these challenges.
- Describe challenges to providing TA to RWHAP medical providers within a variety of settings and techniques that will be used to address these challenges.
- Describe any anticipated challenges to effectively assessing the success of the developed and implemented integrated CHW programs within RWHAP medical provider sites and methods used to resolve challenges.
- Describe challenges to the coordination of collaboratives and group learning

dynamics and techniques that will be used to mitigate these challenges.

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

Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

Include an evaluation plan that will be used to measure achievement of program objectives and impact of the program including a plan to evaluate the effectiveness of project activities for each of the three areas as described in Section I. 2. Background. Describe how you will evaluate the effectiveness of learning collaboratives in developing capacity and sustainability of CHW programs among participants. Include the continuous improvement mechanisms to be used throughout the yearly life cycle of project activities to adjust and refine deliverables and ensure adaptation to address challenges or changes.

Include a multi-site evaluation plan that will measure the impact of the implementation of a CHW program. The plan should include a description on how to measure the overall value and impact of the activities proposed on organizations receiving direct TA. Describe your organization's capacity and that of any collaborating partners to conduct comprehensive multi-site evaluations on the effectiveness of CHW models implemented by selected RWHAP medical provider sites that received direct TA. Describe the organizational and/or the collaborating partner's organizational expertise and capacity in developing evaluation tools to assess the effectiveness of medical care models and/or models that integrate non-clinical personnel as part of the medical team. Describe the components of evaluation tools and/or techniques that will measure improvements in linkage and retention in care as a result of the newly implemented CHW models. Describe how newly developed evaluation tools will be assessed and tested to ensure they are effective in collecting data that will measure the impact of the CHW model on improvements in retention and linkage to care.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria# 5 – Resources and Capabilities*

Describe your organization's mission and structure, scope of current activities and experience in providing TA, especially to RWHAP and other HIV providers nationwide. Describe how these all contribute to the organization's ability to successfully implement this project and meet the goals and objectives of this initiative. Include a one-page project organizational chart as **Attachment 5** depicting the organizational structure of only the project (not the entire organization), and include contractors (if applicable) and other significant collaborators. If consultants and/or contractors will be used to provide any of the proposed services, describe their roles and responsibilities on the project. Signed letters of agreement, memorandum of understanding, and descriptions of proposed and/or existing contracts related to the proposed project should be included in **Attachment 4**.

Describe your organization's knowledge and/or experience in conducting technical assistance on the use of peers and/or CHWs serving racial/ethnic minorities and underserved populations to improve linkage to care and retention. Describe the level of experience possessed in the area of program development, specifically related to CHW and peer programs. Describe past experience in gathering data/information to determine the needs of medical providers or organizations related to the development and implementation of CHW models.

Describe past experience in the evaluation of effective models of primary care and/or HIV primary care serving racial/ethnic minority and underserved populations. Describe collaborative efforts with other pertinent agencies that enhance your ability to accomplish the proposed project. Discuss any examples of previous projects that reflect the experience of proposed staff in working collaboratively with RWHAP-funded organizations, state and local health departments and non-traditional healthcare providers including CHWs. Describe the level of experience and number of years' experience in supporting collaborative learning and TA projects, managing data sets for use in assessing and documenting improvement, developing and disseminating informational materials and providing capacity building assistance to HIV/AIDS-related organizations on a national level. Describe any experience in logistical planning and facilitation for large meetings aimed at sharing information and expertise to build knowledge and capacity of participants. Describe the capacity of your organization's information technology infrastructure to support a comprehensive multi-site evaluation including data collection and security. Describe your organization's capacity to host webinars and webcasts including platforms to be utilized. Include information on previous experience in managing and storing data collected from multi-site evaluations.

Describe the experience of proposed key project staff (including any consultants and contractors) that demonstrates the necessary knowledge, experience, training and skills for this project. Describe past experience in the development of curricula and "How-To" manuals or implementation guides, including the topic areas and targeted audiences. Describe the proposed processes to be used, if funded, for oversight of contractors in the delivery of any project activities and in monitoring contractor performance. Include in this section the roles of all personnel (including consultants and contractors) involved in each activity. Identify the personnel members who will manage, oversee, and deliver the coordination and technical assistance activities described in the Methodology section. Identify the personnel who will coordinate the logistics for the collaborative portion of this project.

Include a staffing plan for proposed project staff and brief job descriptions to include the role, responsibilities, and qualifications and include as **Attachment 2**. See *Section 4.1. of HRSA's [SF-424 Application Guide](#)* for additional information.

Include short biographical sketches of key project staff as **Attachment 3**. See *Section 4.1. of HRSA's [SF-424 Application Guide](#)* for information on the content for the sketches.

NARRATIVE GUIDANCE	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response and (4) Impact
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and the additional budget instructions provided below.

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

In addition, the *Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care* program requires the following:

Project Activity Line Item Budget

Applicants must submit a separate line item budget for Year 1 of the proposed project period. This budget will be uploaded as part of the application as **Attachment 6**. NOTE: It is recommended that the budget be converted or scanned into a PDF format for submission. We do not recommend submission of Excel spreadsheets. It is recommended that a line item budget be submitted in table format, listing the program category costs. The budget should include personnel name and title, fringe benefits, total personnel costs, consultant costs by individual consultant, sub-awards for direct TA recipients, supplies, staff travel, stipends, other expenses by individual expense, total direct costs, indirect costs, and total costs. Annual salary and total project FTE should be included, as well as all costs by major activity.

The Consolidated Appropriations Act, 2016 (P.L. 114-113), Division H, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2017 as required by law.

iv. Budget Justification Narrative

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

v. Attachments

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. The work plan should include 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. Please note that goals for the work plan are to be written for the entire three year project period, but objectives and action steps are required only for the goals set for Year 1.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.I. of HRSA’s [SF-424 Application Guide](#))

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

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. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated. These documents must be specific to and reference the proposed project.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including collaborating organizations, subcontractors and other significant collaborators. Do not provide a standard organization chart for the entire organization.

Attachment 6: Program Specific Line Item Budget

Provide a project-specific line item budget with a separate budget for Year 1 of the proposed project period. NOTE: It is recommended that the budget be converted or scanned into a PDF format for submission. We do not recommend submission of Excel spreadsheets. It is recommended that a line item budget be submitted in table format, listing the program category costs. The budget should include personnel name and title, fringe benefits, total personnel costs, consultant costs by individual consultant, subaward for direct TA recipients, supplies, staff travel, stipends, other expenses by individual expense, total direct costs, indirect costs, and total costs. Annual salary and total project FTE should be included, as well as all costs by major activity.

Attachment 7: Indirect Cost Rate Agreement, if applicable

If indirect costs are included in the budget, please attach a copy of the organization's indirect cost rate agreement. Indirect cost rate agreements will not count toward the page limit.

Attachment 8: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.)

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 project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant 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 it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

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

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

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

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this FOA is *July 12, 2016 at 11:59 P.M. Eastern Time*.

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

5. Intergovernmental Review

The *Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care* program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

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

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, at no more than \$2,000,000 per year. 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.

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

- 1) Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, HUD, other RWHAP funding including ADAP);
- 2) To directly provide housing or health care services (e.g., HIV care, counseling and testing) that duplicate existing services;
- 3) Pre-Exposure (PrEP) or Post-Exposure Prophylaxis (nPEP),
- 4) Cash payments to intended recipients of RWHAP services;
- 5) Syringe services programs,
- 6) Purchase, construction of new facilities or capital improvements to existing facilities;
- 7) Purchase or improvement to land;
- 8) Purchase vehicles;
- 9) Fundraising expenses;
- 10) Lobbying activities and expenses;
- 11) International travel

Funding under this announcement may not be used to supplant concurrent RWHAP activities or services already funded under any other Part of Title XXVI of the Public Health Service Act.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2016 as required by law.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

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

Review Criteria are used to review and rank applications. There are six (6) review criteria:

Review Criteria	Points
Criterion 1: Need	15 points
Criterion 2: Response	35 points
Criterion 3: Evaluative Measures	10 points
Criterion 4: Impact	10 points
Criterion 5: Resources/Capabilities	20 points
Criterion 6: Support Requested	10 points
TOTAL	100 points

Criterion 1: NEED (15 points) – Corresponds to Section IV's Introduction and Needs Assessment

i. Introduction (3 points)

- The strength and clarity of the applicant's proposed roles and activities of the TAEC.
- The extent to which the proposed plan clearly and completely articulates the applicant's overall approach to: 1) assessing the training and/or TA needs of RWHAP recipients regarding use of CHWs 2) developing and implementing the training and TA modalities to support the use of CHWs; and 3) conducting the multi-site evaluation of CHW models implemented by up to ten (10) selected RWHAP medical provider sites.
- The strength and clarity of the applicant's brief description of the organization and any collaborating organizations proposed to be involved in this project.

ii. Needs Assessment (12)

- The extent to which the applicant's summary of the literature demonstrates a comprehensive understanding of the role of CHWs in linkage and retention services across the HIV care continuum that are provided in HIV primary care settings, including a description of effective CHW models integrated as part of a multidisciplinary health care team.
- The extent to which the applicant demonstrates a thorough understanding of challenges or barriers associated with the implementation and use of CHW programs to improve health outcomes and access to care in HIV primary care settings serving racial/ethnic minority populations.
- The level of demonstrated knowledge of the target audience that will be served and the issues of this audience in the planning, implementation and evaluation of CHW services in HIV primary care settings.

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

i. Methodology (20 points)

- The strength and completeness of the applicant's plan for assessing the TA needs of, and delivering TA to, up to 10 selected RWHAP medical provider sites.
- The strength, clarity and feasibility of the applicant's approach for selecting and planning webinar/webcasts training topics and their approach for marketing and dissemination.
- The strength and clarity of the applicant's proposed subaward process to include the selection and post award monitoring of up to ten (10) selected RWHAP medical provider sites to develop and implement effective CHW models.
- The strength, clarity and feasibility of the applicant's approach to leading and coordinating several collaborative learning sessions to develop capacity on the use of CHWs by the selected RWHAP sites and other HIV medical provider organizations.
- Extent to which the outlined approach for collaborative learning includes clear methods on the identification of experts in evidence-based CHW models as facilitators.
- Extent to which the applicant provides a strong and clear process on how they will manage site location selection and logistics, including development of agendas and coordination of content for collaborative learning sessions.
- The strength and feasibility of the proposed methods to develop the *CHW Implementation Guide*, including the process for the determination of content.
- The ability of the applicant to present a strong and comprehensive plan for the development of components of the evaluation tool for inclusion in the *CHW Implementation Guide*.

- The strength, clarity and feasibility of the applicant's proposed dissemination plan of information and lessons learned from this initiative to RWHAP and other HIV providers.

ii. Work Plan (10 points)

- Strength, clarity and feasibility of the applicant's work plan and its goals for the three-year project period (*Attachment 1*).
- The extent to which the applicant's work plan relates to the Methodology section of the Narrative and includes clear and realistic goals and objectives that meet the requirements of the program as outlined in the FOA.
- The extent to which the work plan activities are specific, measurable, achievable, realistic and time-framed and include action steps, staff responsible (including consultants/contractors) for each action step, and anticipated dates of completion.

iii. Resolution of Challenges (5 points)

- The extent to which the applicant demonstrates an understanding of possible challenges that are likely to be encountered during the design, planning and implementation of the project described in the work plan.
- The strength and feasibility of the applicant's proposed responses to resolve the identified challenges.

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

- The strength and effectiveness of the methods proposed to monitor and evaluate the project results, including the ability to assess progress towards program objectives and completion of activities.
- The strength and clarity of the multi-site evaluation plan.
- The extent to which the proposed evaluation plan can assess effectiveness and impact of RWHAP medical providers' CHW models on retention and linkage to care during the second and third year of the project.
- The extent to which the applicant clearly describes the techniques used to assess the effectiveness of evaluation tools designed to collect data from RWHAP medical providers to measure the impact of the implemented CHW models.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Methodology and Work Plan

- The strength of the proposed plan for dissemination of project results and best practice models.
- The extent to which the applicant demonstrates how any tools and resources developed and approaches utilized will provide continuing technical assistance to HRSA HAB funded entities.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s Organizational Information

- The extent to which the applicant demonstrates its organization’s knowledge and experience in integrating the use of peers and/or CHWs into a primary medical care team serving racial/ethnic minorities and underserved populations to improve linkage to care and retention.
- The extent to which the applicant demonstrates experience, skills, training and knowledge of proposed staff (including consultants/contractors) in providing training and TA to HIV medical provider sites in geographic locations serving racial and ethnic minority populations as described earlier in this announcement.
- The strength of applicant’s examples of previous projects that reflect the expertise of proposed staff in working collaboratively with HIV provider, particularly medical provider organizations.
- The clarity of the applicant’s description of its mission and structure, scope of current activities, expertise and experience of staff (including consultants/contractors), the quality and availability of facilities, and the extent to which these contribute to the organization’s ability to successfully carry out a project of this magnitude and meet the goals and objectives of this initiative.
- The extent to which the applicant demonstrates past experience in gathering data/information to determine the needs of medical providers or organizations related to the development and implementation of CHW models.
- The extent to which the applicant demonstrates experience to support a comprehensive multi-site evaluation including data collection, storage and security.
- The strength and feasibility of the staffing plan (Attachment 2), and the extent to which the plan and project organizational chart (Attachment 5) are consistent with the project description and project activities.
- If applicable, evidence of commitment of collaborating organizations and individuals to fulfill the goals and objectives of the project through signed and dated letters; memoranda of agreement/understanding; and/or a summary of the contract(s) (Attachment 4).

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

- The extent to which the proposed budget is reasonable for each year of the project period in relation to the overall scope of work including, objectives, the complexity of the activities, and the anticipated results.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The extent to which the applicant proposes sufficient funds to support up to ten (10) selected RWHAP medical provider sites, and the feasibility of that proposed funding to fully implement the CHW models.
- If applicable, the extent to which costs for proposed contractors and consultants are clearly described and include how costs are derived.

2. Review and Selection Process

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

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

3. Assessment of Risk

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

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

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

4. Anticipated Announcement and Award Dates

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

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2016. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 Application Guide](#).

3. Reporting

The successful applicant under this FOA must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis. Further information will be provided in the award notice.
- 2) **Final Report.** The awardee must submit a final report to HRSA within 90 days of the project period end date. Further information will be provided in the award notice.
- 3) The **CHW Implementation Guide** must be submitted electronically as a final product.
- 4) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR 75 Appendix XII](#).

VII. Agency Contacts

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

Karen Mayo
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10NWH04
Rockville, MD 20857
Telephone: (301) 443-3555
Fax: (301) 594-4073
E-mail: KMayo@hrsa.gov

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

Mahyar Mofidi, Director, Division of Community Based Programs

HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 9NWH04
Rockville, MD 20857
Telephone: (301) 443-2075
Fax: (301) 443-1839
E-mail: MMofidi@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
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, 8:00 a.m. to 8:00 p.m. ET:

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

VIII. Other Information

Technical Assistance:

A pre-application technical assistance webinar will be held on Thursday June 9, 2016 at 2PM EST. The purpose of this webinar is to assist potential applicants in preparing applications that address the requirements of this funding announcement. Participation in a pre-application TA webinar is optional.

To join the web portion, please use the following link: https://hrsa.connectsolutions.com/hrsa-16-185_ta/.

To join the audio portion, please dial: 1-888-677-5731; and the participant passcode: 5018086#.

IX. Tips for Writing a Strong Application

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