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

HIV/AIDS Bureau
Division of State HIV/AIDS Programs

Building Ryan White HIV/AIDS Program Recipient Capacity to Engage People Living with HIV in Health Care Access

Announcement Type: New
Funding Opportunity Number: HRSA-16-081

Catalog of Federal Domestic Assistance (CFDA) No. 93.145

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: March 22, 2016

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Release Date: January 13, 2016

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Authority: Sections 2606 and 2654(b) of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau is accepting applications for fiscal year (FY) 2016 Building Ryan White HIV/AIDS Program (RWHAP) Recipient Capacity to Engage People Living with HIV (PLWH) in Health Care Access. The purpose of this program is to build the capacity of RWHAP recipients and their subrecipients through tools and technical assistance to enroll and engage PLWH in expanded health care coverage and to increase the health literacy of the RWHAP care and treatment system, health care providers, and clients regarding use of the health care system to improve the health outcomes of PLWH.

Funding Opportunity Title:	Building Ryan White HIV/AIDS Program Recipient Capacity to Engage People Living with HIV in Health Care Access
Funding Opportunity Number:	HRSA-16-081
Due Date for Applications:	March 22, 2016
Anticipated Total Annual Available Funding:	$375,000
Estimated Number and Type of Award(s):	Up to one (1) cooperative agreement
Estimated Award Amount:	Up to $375,000 per year
Cost Sharing/Match Required:	No
Project Period:	Three (3) years: July 1, 2016 through June 30, 2019
Eligible Applicants:	Eligible organizations include national organizations; State, local, and Indian tribal governments; institutions of higher education; other non-profit organizations (including faith-based, community-based, and tribal organizations); and academic health science centers involved in addressing HIV-related issues on a national scope and within governmental public health structures. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

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

All applicants are encouraged to participate in a technical assistance (TA) webinar for this funding opportunity. An FOA webinar will be held on Wednesday, January 27, 2016 at 3:00 PM EST. To join the web portion, please use the following link: https://hrsa.connectsolutions.com/coag/. To join the audio portion, please dial 888-603-9810; and the participant passcode: 1165029.

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION 1

1. PURPOSE 1
2. BACKGROUND 2

II. AWARD INFORMATION 4

1. TYPE OF APPLICATION AND AWARD 4
2. SUMMARY OF FUNDING 5

III. ELIGIBILITY INFORMATION 6

1. ELIGIBLE APPLICANTS 6
2. COST SHARING/MATCHING 6
3. OTHER 6

IV. APPLICATION AND SUBMISSION INFORMATION 6

1. ADDRESS TO REQUEST APPLICATION PACKAGE 6
2. CONTENT AND FORM OF APPLICATION SUBMISSION 7
i. Project Abstract 7
ii. Project Narrative 7
iii. Budget 11
iv. Budget Justification Narrative 11
v. Attachments 11
3. DUN AND BRADSTREET UNIVERSAL NUMBERING SYSTEM NUMBER AND SYSTEM FOR AWARD MANAGEMENT 12
4. SUBMISSION DATES AND TIMES 13
5. INTERGOVERNMENTAL REVIEW 13
6. FUNDING RESTRICTIONS 13

V. APPLICATION REVIEW INFORMATION 14

1. REVIEW CRITERIA 14
2. REVIEW AND SELECTION PROCESS 17
3. ASSESSMENT OF RISK 17
4. ANTICIPATED ANNOUNCEMENT AND AWARD DATES 17

VI. AWARD ADMINISTRATION INFORMATION 17

1. AWARD NOTICES 17
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS 18
3. REPORTING 18

VII. AGENCY CONTACTS 18

VIII. OTHER INFORMATION 19

IX. TIPS FOR WRITING A STRONG APPLICATION 19

I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for Building Ryan White HIV/AIDS Program (RWHAP) Recipient Capacity to Engage People Living with HIV (PLWH) in Health Care Access. The purpose of this program, which is nationwide, is to build the capacity of RWHAP recipients and their subrecipients through tools and technical assistance (TA) to enroll and engage PLWH in expanded health care coverage and to increase the health literacy of the RWHAP care and treatment system, health care providers, and clients regarding use of the health care system to improve the health outcomes of PLWH.

Applicants should be familiar with the Health Insurance Marketplaces and systems that are the mechanism for determining consumer eligibility and enrolling consumers in a Qualified Health Plan (QHP). In addition, applicants should be familiar with the roles and operations of the navigator, in-person assisters, certified application counselors, and other enrollment assistance programs.

In collaboration with HRSA, the funded entity will provide technical assistance as follows:

1) Conduct an ongoing assessment of RWHAP recipients' and their subrecipients' technical assistance needs related to building capacity for outreach and enrollment of PLWH into expanded health insurance options;
2) Build on current and update tools and technical assistance for RWHAP recipients, subrecipients, and clients to enroll and engage PLWH in expanded health care coverage;
3) Work with HRSA, Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Medicare and Medicaid Services (CMS) to assess and disseminate best practices for client outreach and enrollment activities that would facilitate health care coverage for PLWH to support access to health care;
4) Build on the current compilation of or develop culturally appropriate tools, trainings, and methods to increase the health literacy of the RWHAP care and treatment system, health care providers, and clients regarding use of the health care system to improve the health outcomes of PLWH;
5) Develop methods and models for peer learning opportunities across RWHAP recipients and subrecipients. These methods and models should build on existing platforms and convening opportunities; and
6) Work with the established network of health literacy navigators, outreach workers, case managers and other health educators from both rural and urban areas to continue to train RWHAP providers.

Applicants have the option to submit proposals with partnering agreements if it enhances the capability and approach of working with RWHAP recipients and subrecipients in the areas of health literacy and health care coverage engagement and enrollment. The applicant must clearly demonstrate that the applicant and any partners bring past experience and existing expertise in health literacy and health care coverage engagement and enrollment at the local and state health department levels and at HIV service provider levels, along with significant organizational mission relevance to the role and performance of state and city/county health departments and key stakeholder organizations. The applicant's proposal must include a national scope of work.

2. Background

This program is authorized by the technical assistance authorities in the RWHAP legislation, (codified at title XXVI of the Public Health Service Act). The RWHAP reaches more than 500,000 individuals each year. The goal of the RWHAP is to improve the availability and quality of HIV/AIDS services for low income, uninsured and underinsured individuals and families.

This announcement builds on two previous initiatives: the Health Literacy Project Targeting Adult and Young Black/African American Men who have Sex with Men contract and the Supporting the Continuum of Care: Building Ryan White Program Grantee Capacity to Enroll Eligible Clients in ACA Supported Health Coverage cooperative agreement. The purpose is to expand the development of tools and technical assistance to include other impacted populations, to update tools related to enrollment and retention in the health care system, and to focus health literacy for ongoing engagement in health care and improved health outcomes for PLWH.

The context of HIV prevention and care in the United States has evolved due to changes in the health care delivery system, chiefly the implementation of the Affordable Care Act, and recent advances in biomedical, behavioral, and structural strategies to prevent and control HIV. The National HIV/AIDS Strategy and the HIV Care Continuum Initiative have bolstered further integration of HIV prevention and care efforts and fostered new approaches to addressing barriers to HIV testing and care and treatment. Federal agencies, state and local health departments, community-based organizations, health care providers, and PLWH continue to use the goals of the National HIV/AIDS Strategy and the HIV Care Continuum Initiative to measure progress toward the goals of preventing HIV, diagnosing people who do not know their HIV status, linking PLWH to care and treatment, retaining PLWH in care and treatment, prescribing antiretroviral treatment (ART) to PLWH, and achieving viral suppression.

In order to increase the health outcomes for PLWH, HRSA is providing this funding through a cooperative agreement to build the capacity of RWHAP recipients and subrecipients through tools and technical assistance (TA) to enroll and engage PLWH in expanded health care coverage and to increase the health literacy of the RWHAP care and treatment system, health care providers, and clients regarding use of the health care system.

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. 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 optimizing health outcomes for people living with HIV;
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 (see below) 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 people living with HIV to access treatment early;
- Broad support for people living with HIV to remain engaged in comprehensive care, including support for treatment adherence;
- Universal viral suppression among people living with HIV; and
- Full access to comprehensive PrEP services for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.

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

HIV Care Continuum

Identifying people infected with 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 load suppression is generally referred to as the HIV care continuum or the care 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 load suppression.

The difficult challenge of executing these lifesaving steps is demonstrated by data compiled by the CDC, which estimate that only 30 percent of PLWH in the United States have complete HIV viral suppression. Data from the 2013 Ryan White Service Report (RSR) indicate that there are better outcomes in RWHAP funded agencies with approximately 79 percent of individuals who received RWHAP-funded HIV primary care being virally suppressed. Such findings underscore the importance of supporting effective interventions for linking HIV-positive individuals into care, retaining them in care, and helping them adhere to their combination 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, so that individuals diagnosed with HIV are linked and engaged in care and started on ART as early as possible. The HIV/AIDS Bureau (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 Department of Health and Human Services (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.

Integrated Data Sharing and Use
The HRSA HAB and the CDC Division of HIV/AIDS Prevention (DHAP) support integrated data sharing, analysis, and use for the purposes of program planning, needs assessments, unmet need estimates, reports, quality improvement, the development of the HIV Care Continuum, and public health action. HRSA HAB strongly encourages RWHAP recipients to follow the principles and standards in the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action. HRSA HAB strongly encourages establishing data sharing agreements between surveillance and program to ensure clarity about the process and purpose of the data sharing and use. Integrated HIV data sharing and use approaches by local, state and territorial health departments can help further progress in reaching the goals of the NHAS and improving outcomes on the HIV Care Continuum.

In order to fully benefit from integrated data sharing and use, HRSA HAB strongly encourages complete CD4/viral load (VL) reporting to the local, 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, jurisdictions might consider strategies to best implement these recommendations within current parameters or consider steps to resolve conflicts with these recommendations. In addition, reporting of HIV-1 nucleotide sequences from genotypic resistance testing might also be considered to monitor prevalence of antiretroviral drug resistance, and HIV genetic diversity subtypes and transmission patterns.

II. Award Information

1. Type of Application and Award

Type of application 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. The recipient is expected to collaborate with HAB and its RWHAP recipients and subrecipients to achieve the expectations described in the program expectations section. Certain activities must be planned jointly and include HAB's input. HRSA HAB must be aware of all project activities in sufficient time to provide input and/or assistance. This substantial involvement is in addition to the usual monitoring and technical assistance provided under the cooperative agreement.

As a cooperative agreement, **HRSA Program involvement will include**:

1) Making available experienced HRSA HAB personnel as participants in the planning and development of all phases of the activities related to the objectives;

2) Coordinating the partnership and communication with other federal agencies' personnel and other funded capacity building entities;
3) Participating in the design and direction of the strategies, tools, processes, targeted technical assistance site selection, and peer learning activities;
4) Providing ongoing review of the establishment and implementation of activities, procedures, and measures for accomplishing the goals of the cooperative agreement;
5) Participating, as appropriate, in conference calls, meetings, and learning sessions that are conducted during the project period of the cooperative agreement;
6) Reviewing and providing input on written documents, including information and materials for the activities conducted through the cooperative agreement;
7) Making available HAB staff to support efforts of the targeted technical assistance and peer learning opportunities; and
8) Participating in the dissemination (i.e., presentations to external and internal stakeholders, conferences, meetings, etc.) of project activities including best practices and lessons learned.

In collaboration with HRSA, the cooperative agreement recipient's responsibilities, including the use of appropriate staff, partner organizations, and/or consultants, are:

1) In year one, assess RWHAP recipients' and subrecipients' technical assistance needs related to building capacity for outreach and enrollment of PLWH into expanded health insurance options;
2) Develop and update culturally appropriate tools and technical assistance for RWHAP recipients, subrecipients, and clients to enroll and engage PLWH in expanded health care coverage;
3) Assess and disseminate best practices for PLWH outreach and enrollment activities that would facilitate health care coverage to support access to health care;
4) Work with the established network of health literacy navigators, outreach workers, case managers and other health educators from both rural and urban areas to continue to train RWHAP recipients and subrecipients;
5) Develop culturally appropriate health literacy materials focused on PLWH and the RWHAP care and treatment system, health care providers, and clients regarding the use of the health care system to improve the health outcomes of PLWH;
6) Develop methods and models for peer learning opportunities across RWHAP recipients and subrecipients. These methods and models should build on existing platforms and convening opportunities;
7) Modify activities as necessary to ensure relevant outcomes for technical assistance; and
8) Provide HAB with a complete, updated, and accessible copy of all federally supported materials, including online content, prepared under this cooperative agreement in an electronic zip file format on an annual basis for the duration of the project.

2. Summary of Funding

This program expects to provide funding during federal fiscal years (FYs) 2016 – 2018. Approximately $375,000 is expected to be available annually to fund up to one (1) recipient. Applicants may apply for a ceiling amount of up to $375,000 per year. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for Ryan White HIV/AIDS Program Recipient Capacity to Engage People Living with

HIV in Health Care Access in subsequent FYs, satisfactory recipient 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

Eligible organizations include national organizations; State, local, and Indian tribal governments; institutions of higher education; other non-profit organizations (including faith-based, community-based, and tribal organizations); and academic health science centers involved in addressing HIV-related issues on a national scope and within governmental public health structures.

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 Grants.gov.

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.

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*.

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. Include a discussion that exhibits an expert understanding of the issues related to the activities included in this funding opportunity announcement among its internal and consulting staff, as well as any partner organizations.

  This section should describe how the proposed project will address the goals of providing technical assistance to RWHAP recipients and subrecipients to support activities and strategies to build their capacity through tools and technical assistance (TA) to enroll and engage PLWH in expanded health care coverage and to increase the health literacy of the

RWHAP care and treatment system, health care providers, and clients regarding use of the health care system to improve the health outcomes of PLWH. The provision of technical assistance would be informed by the needs assessment conducted through the previous cooperative agreement, Supporting the Continuum of Care: Building Ryan White Program Grantee Capacity to Enroll Eligible Clients in ACA Supported Health Coverage cooperative agreement, as well as an updated needs assessment. Include a discussion that exhibits an expert understanding of health care coverage expansion, RWHAP recipients' and subrecipients' capacity for outreach and enrollment, and health literacy. Include a discussion that exhibits expertise in nationwide collaborations with federal agencies and national organizations relevant for the purpose of this FOA.

- *NEEDS ASSESSMENT -- Corresponds to Section V, Review Criterion #1 - Need*
  This section should help reviewers understand the applicant's understanding of the need for this initiative. Describe your understanding of and relevant work on the National HIV/AIDS Strategy and the HIV care continuum. Describe the current state of health care coverage outreach and enrollment activities for PLWH nationwide and provide an assessment of the challenges and strategies that may impact the technical assistance work. Describe how best practices for outreach and enrollment to engage PLWH in expanded health care coverage and to increase the health literacy of the RWHAP care and treatment system, health care providers, and clients regarding use of the health care system to improve the health outcomes of PLWH would be assessed in collaboration with HRSA. Use and cite data whenever possible to support the information provided. Discuss any relevant barriers your proposal hopes to overcome as well as any challenges in meeting the expectations identified by HAB.

- *METHODOLOGY -- Corresponds to Section V, Review Criterion #2 - Response*
  Propose methods that will be used to address the stated needs and meet each of the previously described recipient responsibilities in Section II.1. of this FOA. Discuss why the methodology chosen is appropriate for this project. Include development of effective tools and strategies for collaboration, technical assistance modalities and how the utilization of the tools, strategies and technical assistance modalities will meet the goals of cooperative agreement. Include a plan to disseminate reports, products, and/or project outputs so project information is provided to RWHAP recipients and subrecipients and PLWH.

- *WORK PLAN -- Review Criteria #2 – 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. Use a time line that includes each activity and identifies responsible staff. Discuss how these activities will contribute to the purpose of the technical assistance. The work plan should relate to the needs previously identified in the needs assessment and correspond to the activities described in the work plan narrative.

  Develop a work plan in table format that corresponds with the work plan narrative, and include each project activity, action steps, intended target population, measurable outcome, target end dates and the person(s) responsible for each step. The work plan must include goals, objectives, and outcomes that are SMART (specific, measureable, achievable, realistic, and time measurable). Include appropriate milestones (e.g., a significant or important event in the project period) and any products to be developed.

The work plan must be broken out by year but must include three (3) years of work plans to cover goals, objectives and action steps proposed for the entire three (3)-year project period.

Describe the plan and methods for disseminating best practice models and methodologies and project accomplishments and results. Describe how any tools and resources developed will be utilized to provide continuing assistance to HRSA recipients.

NOTE: Organizations with a formal partner(s) must provide information on how they will ensure effective lines of communication and consistent, timely, high quality work from each organization leading the specific task.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V, 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. Discuss challenges with partner organizations and identified resources and processes for maintaining engagement of national and local participants.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V, Review Criteria #3 – Evaluative Measures and #4 – Impact*
  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. Discuss plans for monitoring and assessing performance, including methods to be employed by staff to ensure that proposed activities are being successfully documented and completed, based on the overall work plan.

  Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

  As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes and explain how the data will be used to inform program development in the subsequent activities of the project.

  Describe any potential obstacles for implementing the program performance evaluation, and how those obstacles will be addressed.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V, Review Criteria #5 – Resources/Capabilities*
  Provide information on the applicant organization's current mission and structure, scope of current activities, and a project organizational chart as **Attachment 4.** The organizational chart should be a one-page figure that depicts the organizational structure of only the proposed technical assistance activities to be funded through the cooperative agreement, not the entire organization, and it should include subrecipients and other significant partners/collaborators. Emphasize experience related to working with RWHAP recipients and subrecipients and key stakeholder organizations; providing technical assistance and

creating technical assistance modules and materials; and supporting peer learning opportunities across RWHAP recipients.

Applications containing partnering organizations must provide information on how the applicant organization will monitor and assess performance of methods and activities being completed by partner organizations, and how the individual efforts of the partner organization help to implement the activities in the cooperative agreement overall work plan.

Provide information on your ability, capacity and experience to:

- Provide ongoing technical assistance to assist RWHAP recipients and subrecipients in health care coverage outreach and enrollment and health literacy, and in implementing peer learning activities;
- Work with navigators, in-person assisters, certified application counselors and other enrollment assistance programs for the Marketplaces, and systems that determine consumer eligibility and enrollment in a QHP;
- Meet each of the previously-described program requirements and expectations as outlined in Section II.1. in this FOA; and
- Work with local, state, and territorial health departments and HIV service providers to implement system level changes.

Discuss expertise of staff as it relates to the program requirements as delineated in Section II.1. Explain/substantiate organizational capacity and illustrate specific areas of organizational expertise. Include as **Attachment 3** any relevant letters of agreement or contract documents exhibiting partner commitment to the project.

Describe past performance managing collaborative federal grants at the national level, including examples of the extent to which deliverables were completed in full and on time. Applicants should be able to demonstrate minimum four year history of developing and disseminating technical assistance to RWHAP recipients nationwide.

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.

Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities

Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide differ from those offered by Grants.gov. Please follow the instructions included the Application Guide and, *if applicable*, 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.

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) 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.

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.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide)*

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

Attachment 3: 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.

Attachment 4: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the proposed technical assistance activities to be funded through the cooperative agreement including

any subrecipients and other significant partners/collaborators.

Attachment 5: Tables, Charts, etc.
To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.).

Attachment 6: Program Specific Line Item Budget
Applicants must submit a separate program-specific line item budget with a separate budget for each year of the three (3) year project period. NOTE: It is recommended that the budget be converted or scanned into PDF format for submission. Do not submit Excel spreadsheets. Please submit the line item budget in table format. The budget should include personnel name and title, fringe benefits, total personnel costs, consultant costs by individual consultant, supplies, staff travel, other expenses by individual expense, total direct costs, indirect costs, and total costs. Include annual salary and total project full-time equivalent (FTE).

Attachment 7: Indirect Cost Rate Agreement, if applicable
If indirect costs are included in the budget, please attach a copy of the organization's federal indirect cost rate agreement. Indirect cost rate agreements will not count toward the page limit.

Attachments 8-15: Other Relevant Documents

3. Dun and Bradstreet 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 *March 22, 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 Building Ryan White HIV/AIDS Program Recipient Capacity to Engage People Living with HIV in Health Care Access is a program 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 $375,000 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:

- Provision of direct health care,
- International travel,
- Pre-Exposure (PrEP) or Post-Exposure Prophylaxis (nPEP),
- Cash payments to intended recipients of services,
- Syringe services programs,
- Purchase or improvement of land,
- Purchase, construction, or permanent improvement, of any building or other facility.

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.

All program income generated as a result of awarded funds is considered additive and must be used for approved project-related activities. Recipients are responsible for ensuring that subrecipients have systems in place to account for program income, and for monitoring to ensure that subrecipients are tracking and using program income consistent with RWHAP requirements. Please see 45 CFR §75.307 and PCN #15-03 Clarifications Regarding the RWHAP and Program Income for additional information.

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. The Building Ryan White HIV/AIDS Program Recipient Capacity to Engage People Living with HIV in Health Care Access has *6 (six)* review criteria:

Criterion 1: NEED (15 points) - Corresponds to Section IV, Introduction and Needs Assessment

- The extent to which the applicant demonstrates an understanding of the issues related to enrolling and engaging PLWH in expanded health care coverage and to increasing the health literacy of the RWHAP care and treatment system, health care providers, and clients regarding use of the health care system to improve the health outcomes of PLWH.
- The extent to which the applicant exhibits expertise in nationwide collaborations with federal agencies and national organizations.
- The extent to which the applicant demonstrates a thorough understanding of the HIV Care Continuum, the goals of the NHAS, and the current state of health care coverage outreach and enrollment activities, and provides an assessment of the challenges and strategies that may impact the technical assistance work.
- The strength of the proposed plan for assessing best practices for outreach and enrollment and health literacy, and determining which entities may need technical assistance.

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

Methodology (20)

- The strength of the proposed project in relation to the overall goal of providing technical assistance and tools to RWHAP recipients and subrecipients which will increase their capacity to enroll and engage PLWH in expanded health coverage, and to increase the health literacy of the RWHAP care and treatment system including health care providers and clients.
- The strength of the proposed methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in Section II.1.
- The strength of the proposed process of developing effective tools and strategies for collaboration, technical assistance modalities, and how the utilization of the tools, strategies and technical assistance modalities will meet the goals of the cooperative agreement.

Work Plan (10)

- The extent to which the work plan includes clear and realistic goals and objectives for each year of the three (3) year project period that will meet the requirements of the program and corresponds to the described methodology.
- The extent to which the activities of the work plan are measurable and achievable and includes project activity, action steps, intended target population, measurable outcome, target end dates and the person(s) responsible for each step during each year of the three (3) year project period.
- The extent to which the work plan includes goals, objectives, and outcomes that are SMART (specific, measureable, achievable, realistic, and time measurable), and includes appropriate milestones and any products to be developed.

Resolution of Challenges (5)

- The extent to which the applicant demonstrates an understanding of the 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.
- The extent to which the applicant demonstrates an understanding of the challenges working with partner organizations and identified resources, and processes for maintaining engagement of national and local participants.

Criterion 3: EVALUATIVE MEASURES (5 points) - Corresponds to Section IV, Evaluation and Technical Support

- The strength of the proposed plan for program performance evaluation and continuous quality improvement.
- The extent that the evaluation plan monitors ongoing processes and the progress towards the goals and objectives of the project.
- The strength and feasibility of the proposed methods to be employed by staff to ensure that proposed activities are being successfully documented and completed, based on the overall work plan.
- The strength of the proposed data collection strategy to collect, analyze and track data to measure process and impact/outcomes and explain how the data will be used to inform program development in the subsequent activities of the project.
- The extent that the applicant demonstrates an understanding of any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

Criterion 4: IMPACT (15 points) - Corresponds to Section IV, Work Plan and Evaluation and Technical Support Capacity

- The strength of the proposed method for disseminating best practice models and methodologies and project accomplishments and results.
- The extent to which the applicant demonstrates how any tools and resources developed and approaches utilized will provide continuing technical assistance to HRSA recipients.

Criterion 5: RESOURCES/CAPABILITIES (25 points) - Corresponds to Section IV, Organizational Information

- The strength of the applicant organization's current mission and structure, and scope of current activities in relation to the proposed project.
- The strength and clarity of the project organizational chart depicting the proposed technical assistance activities to be funded through the cooperative agreement including any subrecipients and other significant partners/collaborators (Attachment 4).
- The extent that the applicant demonstrates experience related to working with RWHAP recipients and subrecipients, and key stakeholder organizations; providing technical assistance and creating technical assistance modules and materials; and supporting peer learning opportunities across RWHAP recipients.
- The extent that the applicant clearly demonstrates that the applicant and any partners bring past experience and existing expertise in health literacy and health care coverage engagement and enrollment at the local and state health department levels and at HIV service provider levels.
- The strength of the proposed methods to monitor and assess performance methods and activities being completed by partner organizations and how the individual efforts of the partner organization(s) help to implement the activities in the cooperative agreement overall work plan.
- The strength of the expertise of staff as it relates to the program requirements as delineated in Section II.1.
- The strength of the organizational capacity of any partner organizations and specific areas of organizational expertise.
- The extent that the applicant demonstrates expertise in nationwide collaborations with federal agencies and national organizations.
- The extent that applicant demonstrates significant past experience developing and disseminating technical assistance.
- The extent that the applicant demonstrates the ability, capacity and past experience to:
    - Provide ongoing technical assistance to assist RWHAP recipients and subrecipients in health care coverage outreach and enrollment and health literacy, and in implementing peer learning activities;
    - Work with navigators, in-person assisters, certified application counselors and other enrollment assistance programs for the Health Insurance Marketplace, also known as the Affordable Insurance Exchange, and systems that determine consumer eligibility and the mechanism for consumers to enroll in a QHP; and
    - Work with health departments and HIV service providers to implement system level changes.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV, Budget/Budget Justification

This includes the reasonableness of the proposed budget for each year of the three (3)-year project period in relation to the objectives and the anticipated results. The extent to which the application:

- demonstrates a realistic, adequately justified budget that is associated with the activities to be completed given the scope of work,
- provides budget line items that are adequate and appropriate for proposed project activities,
- clearly identifies key personnel who have adequate time devoted to the project to achieve project objectives, and

- provides a clear justification of proposed staff, contracts and other resources.

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.

Please Note: 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 (CFR § 75.205 Federal Awarding Agency Review of Risk Posed by Applicants).

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 OPDIV or HHS official or board.

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 (CFR § 75.205 Federal Awarding Agency Review of Risk Posed by Applicants).

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.

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 July 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of July 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) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 2 CFR 200 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, Maryland 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:

Heather Hauck, MSW, LICSW
Director, Division of State HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Mail Stop 09SWHO3
Rockville, Maryland 20857
Telephone: (301) 443-6745
Fax: (301) 443-8143
E-mail: HHauck@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
iPortal: 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:

All applicants are encouraged to participate in a technical assistance (TA) webinar for this funding opportunity. An FOA webinar will be held on Wednesday, January 27, 2016 at 3:00 PM EST. To join the web portion, please use the following link: https://hrsa.connectsolutions.com/coag/. To join the audio portion, please dial 888-603-9810; and the participant passcode: 1165029.

IX. Tips for Writing a Strong Application

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