

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



HIV/AIDS Bureau
Division of Community HIV/AIDS Programs

Ryan White HIV/AIDS Program Part C Capacity Development Program

Funding Opportunity Number: HRSA-18-051
Funding Opportunity Type(s): New
Catalog of Federal Domestic Assistance (CFDA) Number: 93.918

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: March 9, 2018

*Ensure your 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 1 month to complete.*

Issuance Date: December 5, 2017

MODIFIED December 7, 2017 to correct date TA Webinar will be available for viewing

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Authority: Section 2654(c)(1)(B) of title XXVI of the Public Health Service Act, (42 USC § 300ff-54(c)(1)(B)), 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 (HAB), Division of Community HIV/AIDS Programs is accepting applications for the fiscal year (FY) 2018 Ryan White HIV/AIDS Program (RWHAP) Part C Capacity Development Program. The purpose of this program is to strengthen organizational infrastructure to respond to the changing health care landscape and to increase capacity to develop, enhance, or expand access to high quality HIV primary healthcare services for low income, uninsured, and underserved people living with HIV (PLWH).

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part C Capacity Development Program
Funding Opportunity Number:	HRSA-18-051
Due Date for Applications:	March 9, 2018
Anticipated Total Annual Available FY18 Funding:	\$2,250,000
Estimated Number and Type of Award(s):	Up to 15 grant(s)
Estimated Award Amount:	Up to \$150,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	September 1, 2018 through August 31, 2019 (1 year)
Eligible Applicants:	Public and nonprofit private entities, faith-based and community-based organizations, and tribes and tribal organizations are eligible to apply for these funds. See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.

Application Guide

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

Technical Assistance

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

HRSA has scheduled the following technical assistance webinar:

Day and Date: Thursday, January 18, 2018

Time: 2 p.m. – 4 p.m. ET

Call-In Number: 1-888-324-8127

Participant Code: 9377692

Weblink: https://hrsa.connectsolutions.com/nofo_technical_assistance/

The webinar will be recorded and should be available for viewing by January 29, 2018 at <https://careacttarget.org/library/hrsa-hab-notice-funding-opportunity-nofo-announcements>.

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION.....	1
1. PURPOSE	1
2. BACKGROUND	3
II. AWARD INFORMATION	4
1. TYPE OF APPLICATION AND AWARD	4
2. SUMMARY OF FUNDING	5
III. ELIGIBILITY INFORMATION	5
1. ELIGIBLE APPLICANTS	5
2. COST SHARING/MATCHING.....	5
3. OTHER	5
IV. APPLICATION AND SUBMISSION INFORMATION.....	6
1. ADDRESS TO REQUEST APPLICATION PACKAGE.....	6
2. CONTENT AND FORM OF APPLICATION SUBMISSION	6
<i>i. Project Abstract</i>	7
<i>ii. Project Narrative</i>	8
<i>iii. Budget</i>	11
<i>iv. Budget Narrative</i>	12
<i>v. Attachments</i>	12
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER AND SYSTEM FOR AWARD MANAGEMENT	14
4. SUBMISSION DATES AND TIMES	15
5. INTERGOVERNMENTAL REVIEW.....	15
6. FUNDING RESTRICTIONS	15
V. APPLICATION REVIEW INFORMATION.....	17
1. REVIEW CRITERIA	17
2. REVIEW AND SELECTION PROCESS.....	19
3. ASSESSMENT OF RISK AND OTHER PRE-AWARD ACTIVITIES	20
4. ANTICIPATED ANNOUNCEMENT AND AWARD DATES	20
VI. AWARD ADMINISTRATION INFORMATION	20
1. AWARD NOTICES	20
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	20
3. REPORTING	20
VII. AGENCY CONTACTS.....	21
VIII. OTHER INFORMATION	22
IX. TIPS FOR WRITING A STRONG APPLICATION	22

I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for fiscal year (FY) 2018 Ryan White HIV/AIDS Program (RWHAP) Part C Capacity Development Program. The purpose of this program is to strengthen organizational infrastructure to respond to the changing health care landscape and to increase capacity to develop, enhance, or expand access to high quality HIV primary health care services for low income, uninsured, and underserved people living with HIV (PLWH).

Funding under this program is not intended to support long-term activities. Instead, the proposed activity should be of a short-term nature and should be completed by the end of the one-year period of performance for this funding opportunity. You may propose an expansion of activities currently supported with RWHAP Part C Capacity Development or Part D Supplemental funding; however, the Health Resources and Services Administration (HRSA) will not fund the same activity in FY 2018 as HRSA funded in FY 2017. If the proposed project is an expansion of a previously funded activity, you will be required to provide a clear rationale for how the proposed activity builds upon and furthers the objectives of the previously funded activity. You may submit proposals for only one of the following two categories: 1) HIV Care Innovation or 2) Infrastructure Development. **Select only one category and one type of activity from the selected category.**

1) HIV Care Innovation

HIV care innovation activities support progress along the HIV care continuum to improve the health and life span of PLWH and prevent onward transmission of HIV to others. The stages in the HIV care continuum are: diagnosis of HIV infection, linkage to care, retention in HIV medical care, appropriate prescription of antiretroviral therapy, and, ultimately, HIV viral suppression. The selected activity should target populations that are disproportionately affected by the HIV epidemic and are experiencing poor health outcomes. **If applying under this category, select only one of the five activities listed below:**

- **HIV Case Finding** – Train designated staff in HIV case finding techniques through local health departments and/or through Centers for Disease Control and Prevention (CDC)-funded training centers (<http://www.nnptc.org/>). Develop policies and procedures to apply these skills in the clinical setting to link PLWH into care after HIV testing to address one or more stages of the HIV care continuum.
- **Motivational Interviewing** – Train staff in motivational interviewing to engage patients in care. Staff may receive training through the local AIDS Education and Training Centers (AETCs) or other resources. Develop policies and procedures to facilitate staff application of the training in the clinical setting to address one or more stages of the HIV care continuum.
- **Patient-Based Treatment Adherence** – Implement an innovative patient-based

treatment adherence program supported by policies and procedures to provide long-term adherence support for chronically non-adherent patients, in particular patients with mental health and substance abuse issues, to address one or more stages of the HIV care continuum. For resources addressing this topic, access the Knowledge Network (<https://knowledge.samhsa.gov/>) located on the Substance Abuse and Mental Health Services Administration (SAMHSA) website.

- **Chronic Disease Self-Management** – Institute a clinic-wide chronic disease management program for HIV/AIDS based on the [Stanford program](#) or other resources for patient self-management (e.g., <http://www.ahrq.gov/research/findings/final-reports/ptmgmt/index.html>) to engage patients in long-term disease control to address one or more stages of the HIV care continuum. Develop policies and procedures to apply the program.
- **Transitioning Youth into Adult HIV Care** – Implement transition planning activities that include, but are not limited to, written policies, procedures, and staff training to assist youth in transitioning from pediatric to adult HIV medical care. Transition planning is a RWHAP Part C program requirement; therefore, this activity should focus on innovative approaches that build organizational capacity to effectively implement and manage the transition for the youth population (ages 13 - 24) and minimize negative impacts. Recommended activities should focus on collaborations with pediatric/adolescent programs to develop a transition process; capacity building to support the transition into the adult HIV medical care setting; and a mechanism for post transition assessment. Implementation efforts should include measurements for successful transition. The activity must address one or more of the stages of the HIV care continuum.

2) **Infrastructure Development**

Infrastructure development activities support organizational development and will increase the capacity of organizations to respond to changes in the health care environment. **If applying under this category you should select only one of the three activities listed below:**

- **Electronic Health Records (EHR)** – Implement enhancements to or an expansion of existing EHRs to improve the quality, safety, and efficiency of patient health care (this does not include the purchase of an EHR). Describe the plan to enhance or expand the EHR and describe how this increases the capacity of the organization to support increased quality of care for PLWH.
- **Financial Management Systems** – Implement enhancements to or an expansion of an existing financial accounting system or software capable of managing multiple sources of funding for HIV primary care services, expenses by line item, and the billing process for third party reimbursement. The proposed system can address, but is not limited to, budget management issues such as fiscal oversight, tracking source and use of program income, subrecipient monitoring, tracking expenditures by cost categories, and other provisions to support compliance with 45 CFR § 73.302(b). If you choose this activity, you must develop protocols and billing policies based on the use of this enhanced

system. Describe how this activity will increase the capacity of the organization to respond to changes in the health care environment.

- **Management Information System** – Identify, establish, and strengthen administrative, managerial, and management information system (MIS) structures to offer, enhance, or expand comprehensive HIV primary health care. This activity may include enhancements to interface with existing electronic health records specifically to improve data collection, reporting, and quality improvement activities. Describe how this activity will increase the capacity of the organization to respond to changes in the health care environment and support increased quality of care for PLWH.

According to statute, HRSA shall give preference in making awards for this program to entities that provide primary care services in rural areas or to underserved populations. You can find more information about these preferences in *Section V* of this notice of funding opportunity (NOFO).

2. Background

This program is authorized by Section 2654(c)(1)(B) of title XXVI of the Public Health Service Act (42 USC § 300ff-54(c)(1)(B)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87). The Capacity Development Program was first authorized by Congress in 2000. For more information about RWHAP, please visit the HRSA website: <https://hab.hrsa.gov/>.

National Goals to End the HIV Epidemic

The RWHAP promotes robust advances and innovations in HIV health care using national goals to end the epidemic as its framework. Therefore, activities funded by the RWHAP focus on addressing these four goals:

- 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.

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

HIV Care Continuum

Diagnosing PLWH, linking PLWH to HIV primary care, and PLWH achieving viral suppression are important public health steps toward ending the HIV epidemic in the United States. The HIV care continuum has five main "steps" or stages that include HIV diagnosis, linkage to care, retention in care, antiretroviral use, and viral suppression. The HIV care continuum provides a framework that depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with

HIV medication. It shows the proportion of individuals living with HIV or individuals diagnosed with HIV engaged at each stage. The HIV care continuum allows recipients and planning groups to measure progress and to direct HIV resources most effectively.

According to recent data from the [2016 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2010 to 2016, HIV viral suppression among RWHAP patients, defined as a patient who had at least one outpatient ambulatory health services visit and at least one viral load test during the measurement year, with the most recent HIV RNA level <200 copies/mL, increased from 69.5 percent to 84.9 percent, and racial/ethnic, age-based, and regional disparities have decreased.¹ These improved outcomes mean more PLWH in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.² Such findings underscore the importance of supporting effective interventions for linking PLWH into care, retaining them in care, and helping them adhere to their antiretroviral therapy.

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

Clinical Quality Management

Section 2664(g)(5) of the PHS Act requires RWHAP Part C recipients to establish Clinical Quality Management (CQM) programs to: (1) assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent HHS Guidelines for the treatment of HIV/AIDS and related opportunistic infections, (2) develop strategies for ensuring that such services are consistent with the HHS guidelines, and (3) ensure that improvements in the access to and quality of HIV health services are addressed. Please see HAB [Policy Clarification Notice 15-02 Clinical Quality Management](#) and related [Frequently Asked Questions for PCN 15-02](#) for information on CQM program requirements.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a grant.

¹ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016. <http://hab.hrsa.gov/data/data-reports>. Published December 2017. Accessed December 1, 2017.

² National Institute of Allergy and Infectious Disease (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: <https://clinicaltrials.gov/> NLM Identifier: NCT00074581.

2. Summary of Funding

HRSA expects approximately \$2,250,000 to be available annually to fund 15 recipients. You may apply for a ceiling amount of up to \$150,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner.

The project period is September 1, 2018 through August 31, 2019 (1 year).

HRSA will only fund one activity proposed under one category (HIV Care Innovation or Infrastructure Development). HRSA will not fund the same activity in FY 2018 that was funded in FY 2017; however, an expansion of activities currently supported with RWHAP Part C Capacity Development or Part D Supplemental funding will be considered with a clear rationale for how the proposed activity builds upon and furthers the objectives of the previously funded activity.

Entities applying for funding under this announcement (HRSA-18-051 RWHAP Part C Capacity Development Program) that also receive supplemental funding under HRSA-18-044 (RWHAP Part D Supplemental) must be able to demonstrate the ability to administer multiple federal awards (if successful) and to ensure adequate quality controls, staffing, and impartiality when prioritizing the needs of the programs. HRSA does not allow duplication of funded activities.

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

III. Eligibility Information

1. Eligible Applicants

Public and nonprofit private entities, faith-based and community-based organizations, and Tribes and tribal organizations are eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount of \$150,000 non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in *Section IV.4* non-responsive and will not consider it for funding under this notice.

If an application fails to address the programmatic goals and requirements outlined in this NOFO, HRSA will not consider it for review or funding under this opportunity.

Maintenance of Effort - You must agree to maintain non-federal expenditures for early intervention services (EIS) (i.e., counseling of individuals with respect to HIV, high risk targeted HIV testing, referral and linkage to care, other clinical and diagnostic services related to HIV diagnosis, and the provision of therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV) at a level equal to or greater than your total non-federal expenditures for EIS during the most recently completed fiscal year prior to the competitive application deadline (as authorized by section 2664(d) of the PHS Act). Submit information to ensure compliance with the maintenance of effort requirements as **Attachment 6**.

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

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

Effective December 31, 2017 - You **must** use the [Grants.gov Workspace](#) to complete the workspace forms and submit your workspace application package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the NOFO (also known as “Instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [Find Grant Opportunities](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications,

and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. Applications must be submitted in the English language and must be in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **30 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in **Attachments 9-15: Other Relevant Documents**.

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

Program-Specific Instructions

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

i. Project Abstract

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

In addition to the requirements listed in the [SF-424 Application Guide](#), please indicate the project title as "FY 2018 RWHAP Part C Capacity Development Program" and include the following information:

- Identification of the selected category (HIV Care Innovation or Infrastructure Development) and activity.
- A summary of the proposed activity and its intended impact (i.e. *how* the activity; will increase the ability of the organization to respond to the changing health care landscape and/or develop, enhance, or expand access to quality of HIV primary care services for low income, uninsured, and underserved PLWH).
- The funding amount requested for the one-year period of performance.
- Identification of the statutory preference requested, if applicable.

The project abstract must be single-spaced and limited to one page in length.

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.

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

- **INTRODUCTION** -- *Corresponds to Section V's Review Criteria #1 Need and #2 Response*

Briefly describe the purpose of the proposed activity. Clearly indicate the category under which the proposed activity falls: 1) HIV Care Innovation or 2) Infrastructure Development. Discuss why your local community and/or organization is in need of capacity development funds and how the proposed activity will increase the ability of the organization to respond to the changing health care landscape and/or develop, enhance, or expand access to quality HIV primary care services for low income, uninsured, and underserved PLWH. If the proposed activity is an expansion of a previously funded activity, clearly describe how the proposed activity builds upon and furthers the objectives of the previously funded activity in maximizing impact.

- **NEEDS ASSESSMENT** -- *Corresponds to Section V's Review Criterion #1 Need*
Outline the needs of the community and/or organization relative to the selected activity.

For **HIV Care Innovation activities**, describe and document the target population(s) and their unmet health care needs. More specifically, describe the unmet need based on your evaluation of the gaps in the HIV care continuum for your target population(s) living with HIV being served by your organization, and explain why focusing on the selected HIV care continuum stage(s) is justified. Provide data on the five stages of the HIV care continuum for your target population(s) living with HIV using the most recent three calendar years of available data. You must clearly define the numerator and the denominator for each stage. Use the same numerators and denominators as outlined for the [HHS Common HIV Core Indicators](#). Please present the data as a graph and/or table.

For **Infrastructure Development activities**, describe the gaps in organizational capacity that exist due to current limitations in system infrastructure. Provide

information specific to the selected activity and describe how these gaps or limitations are affecting the optimal provision of quality HIV primary care services and/or affecting your organization's ability to optimize your response to the changing health care landscape.

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

Provide detailed information regarding the proposed methods that you will use to address the stated needs described in the needs assessment section.

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

- **PLWH Involvement:** PLWH who receive services at a RWHAP-funded organization should be actively involved in the development, implementation, and evaluation of program and CQM activities. Describe how PLWH and/or organizations that represent them will be engaged in the implementation of this activity, including decision-making.
- **Collaboration and Coordination:** Describe the methods you will use to implement the activity. Outline the partners needed for this proposed activity, if applicable. Identify the tasks each partner proposes to perform and the amount of funding, if any, you expect to allocate to the partner. Include letters of support and/or letters of commitment from each partner and/or collaborating entity as **Attachment 8**.
- **Sustainability:** Describe how you will maintain the efforts set forth in this activity after the period of federal funding ends. For example, describe how you will support the maintenance of systems, continued training of new staff, updates to policies and procedures, etc. In addition, describe how you intend to share or disseminate relevant information and/or products developed through the funded activity and lessons learned with other providers in the community and/or collaborators to this project.

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

A work plan is a concise easy-to-read overview of your goals, strategies, objectives, activities, timeline, and staff responsible for implementing the program. You must submit the detailed work plan for the 12-month period of performance of September 1, 2018 – August 31, 2019.

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

Submit the work plan as **Attachment 3**.

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

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #5 Resources/Capabilities*
Describe the systems and processes you will use to track measures and evaluate progress toward meeting the goals and objectives of the proposed activities. Explain how you will use data to inform program and/or infrastructure development and improve service delivery. More specifically, address the following:
 - **Data Collection and Management:** Describe the systems and processes that will support your organization's monitoring of the proposed activity, including performance outcomes. Include a description of how the organization will collect, manage, and analyze data (e.g., assigned skilled staff, data management software).

 - **Project Evaluation:** Describe the evaluation plan that will monitor ongoing processes and progress toward the goals and objectives of the proposed activity. 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.

If applicable, provide a brief description of the CQM program, and other resources devoted to CQM.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources/Capabilities*
Describe specific organizational capabilities that will contribute to successfully implementing the proposed activity. Describe the organizational skills, capabilities, and resources, including staff, that will contribute to your organization's ability to carry out the proposed activity. Highlight key staff with relevant expertise and past experience with similar work. This information should align with the staffing plan provided in **Attachment 4** and the biographical sketches of key personnel provided in **Attachment 5**. In addition, describe your experience with fiscal management of grants and contracts. Include information on your organization's past experience managing multiple federal grants.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need and (2) Response
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 (below)	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that if the application is selected for funding, you will have a well-organized plan, and carefully following the approved plan can avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) that the recipient incurred 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.

Line item budget: In addition to the [SF-424 Application Guide](#) requirements, you must also provide the line item budget and budget narrative according to each object class category (e.g., Personnel, Fringe Benefits, Travel). The budget allocations on the line item budget must relate to the activities proposed in the project narrative, including the work plan. In order to evaluate your adherence to RWHAP Part C legislative budget requirements, submit a program-specific line item budget for the one-year period of performance and highlight in **bold** any administrative costs.

The line item budget requested must not exceed the total funding ceiling amount. In addition, the total amount requested on the SF-424A and the total amount listed on the line item budget must match. Please list personnel separately by position title

and the name of the individual for each position title, or note if position is vacant. In addition, designate the full time equivalent (FTE). Upload the line item budget as **Attachment 1**.

NOTE: HRSA recommends that you convert or scan the budgets into PDF format for submission. Do not submit Excel spreadsheets. Submit the program-specific line item budget in table format, listing the object class categories (e.g. Personnel, Fringe Benefits, Travel) in a column down the left hand side.

By law, not more than 10 percent of a RWHAP Part C award can be spent on administrative costs, including planning and evaluation, and excluding costs of a CQM program. Administrative costs are those direct and indirect costs associated with the administration of the RWHAP Part C grant. Allocate to administrative costs staff activities that are administrative in nature. For further guidance on the treatment of costs under the 10 percent administrative limit, refer to [PCN 15-01 Treatment of Costs under the 10 Percent Administrative Cap for Ryan White HIV/AIDS Programs Parts A, B, C and D](#) and [Frequently Asked Questions for PCN 15-01](#).

Salary Rate Limitation - The Consolidated Appropriations Act, 2017, (P.L. 115-31) 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 2018, as required by law.

Review [PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#) for allowable uses of RWHAP funds.

iv. Budget Narrative

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

In addition to the requirements specified in the [SF-424 Application Guide](#), the RWHAP Part C Capacity Development Program requires a budget narrative that clearly explains the amounts requested for each line in the line item budget.

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. You must clearly label **each attachment**.

Attachment 1: Program-specific Line Item Budget (Required)

Submit as a PDF document a program-specific line item budget for the 1-year period of performance. Reference Section IV.2.iii for details.

Attachment 2: Federally Negotiated Indirect Cost Rate Agreement (If applicable)

Submit a copy of the current agreement. This does not count towards the page limit.

Attachment 3: Work Plan (Required)

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. As stated, please use a table format for the work plan.

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

Include a staffing plan that lists the key personnel who will be involved in the implementation of the proposed activity. Key personnel include the program director and other individuals who contribute to the programmatic development or execution of the activity in a substantive and measurable way, whether or not they are funded by the grant. For each staff listed on the staffing plan, include their role, responsibilities, and credentials, if applicable. For each staff, note all sources of funding and the corresponding time and effort. It may be helpful to supply this information in a table. Also, include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs. Limit each job description to one page in length. Describe the roles and responsibilities for key personnel vacancies. Also, describe the educational and experience qualifications needed to fill the positions and the FTE associated with the position(s).

Attachment 5: Biographical Sketches of Key Personnel (Required)

Include biographical sketches for persons occupying the key positions described in Attachment 3, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual whom you have not yet hired, please include a letter of commitment from that person with the biographical sketch.

Attachment 6: Maintenance of Effort Documentation (Required)

You must provide a baseline aggregate total of the actual expenditure of non-federal funds for EIS activities for your fiscal year prior to the application deadline, and estimates for your next fiscal year using a table similar to the one below. In addition, you must provide a description of baseline data and the methodology used to calculate the MOE.

NON-FEDERAL EXPENDITURES	
Baseline FY Prior to Application (Actual)	Current FY of Application (Estimated)
Actual prior FY non-federal funds, including in-kind, expended for EIS activities proposed in this application. Amount: \$ _____	Estimated current FY non-federal funds, including in-kind, designated for EIS activities proposed in this application. Amount: \$ _____

Recipients must maintain non-federal expenditures for EIS at a level equal to or greater than their total non-federal expenditures for EIS during the most recently completed fiscal year prior to the competitive application deadline.

The costs associated with the RWHAP Part C early intervention services include:

- Counseling of individuals with respect to HIV
- High risk targeted HIV testing
- Referral and linkage to care
- Other clinical and diagnostic services related to HIV diagnosis, and periodic medical evaluations
- Providing therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from HIV

Attachment 7: Request for Funding Preference (If applicable)

To receive a funding preference, identify the preference(s) and include a statement that justifies your qualification for the funding preference(s). Include documentation to support your qualification for the requested preference(s). **If you do not submit Attachment 7, HRSA will not consider you for a funding preference.** See Section V.2 for more information.

Attachment 8: Letters of Support and/or Commitment (If applicable)

Provide letters of support and/or commitment from each organization identified in the application as a partnering and/or collaborating/ coordinating organization that will work with your organization in implementing the capacity development project. The letters must be dated and should clearly identify the role of the organization in the proposed capacity development activity, tasks each entity proposes to perform, responsible party of the partnering organization, and the total costs requested, if any.

Attachments 9-15: Other Relevant Documents (If applicable)

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

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

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

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with

the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

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

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

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *March 9, 2018 at 11:59 p.m. Eastern Time*.

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

5. Intergovernmental Review

The RWHAP Part C Capacity Development Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 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

You may request funding for a period of performance up to 1 year, at no more than \$150,000 (inclusive of direct **and** indirect costs).

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

- Charges that are billable to third party payors (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, Department of Housing and Urban Development funding for housing services, other RWHAP funding including the AIDS Drug Assistance Program)
- To directly provide health care services (e.g., HIV care, counseling and testing)

that duplicate existing services

- Clinical research
- Nursing home care
- Cash payments to intended recipients of RWHAP services
- Purchase or improvement of land
- Purchase, construction, or major alterations or renovations on any building or other facility (see [45 CFR part 75](#) – subpart A Definitions)
- Pre-Exposure Prophylaxis (PrEP) or non-occupational post-exposure prophylaxis (nPEP) medications or related medical services. As outlined in the [June 22, 2016 RWHAP and PrEP program letter](#), the RWHAP legislation provides grant funds to be used for the care and treatment of PLWH, thus prohibiting the use of RWHAP funds for PrEP medications or related medical services, such as physician visits and laboratory costs. However, RWHAP Part C recipients and subrecipients may provide prevention counseling and information, which should be part of a comprehensive PrEP program.
- Purchase of sterile needles or syringes for the purposes of hypodermic injection of any illegal drug. Some aspects of syringe services programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy (see: <https://www.aids.gov/federal-resources/policies/syringe-services-programs/>).
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual
- Research
- Foreign travel
- Long-term activities; instead, the activities should be of a short-term nature with a targeted completion by the end of the one-year project period.

You can find other non-allowable costs in [45 CFR part 75](#) – subpart E Cost Principles.

By law, no more than 10 percent of a RWHAP Part C award can be used for administrative expenses, including planning and evaluation, and excluding costs of a CQM program. Administrative costs are those direct and indirect costs associated with the administration of the RWHAP Part C grant. Please see [PCN 15-01](#) for additional information.

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) 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 2018, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds is considered additive and must be used for otherwise allowable costs to further the objectives of the RWHAP Part C Capacity Development Program. 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 HAB [PCN 15-03 Clarifications Regarding the RWHAP and Program Income](#) for additional information.

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The RWHAP Part C Capacity Development Program has six (6) review criteria:

Criterion 1: NEED (20 points) – Corresponds to Section IV's Introduction and Needs Assessment

- **HIV Care Innovation activities ONLY:**
 - The strength of the applicant's justification for the need for capacity development funds in the proposed service area and for the identified target population(s) based on the identified gap(s) in their HIV care continuum.
 - The completeness of the baseline data reported for each stage in the organization's HIV care continuum for the most recent three calendar years of available data with clear numerators and denominators that align with the HHS Common HIV Core Indicators.
- **Infrastructure Development activities ONLY:**
 - The strength of the applicant's justification for the need for capacity development funds to address gaps in organizational capacity that exist due to current limitations in system infrastructure.
 - The extent to which the applicant clearly describes how the system limitations are affecting the optimal provision of quality HIV primary care services.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's Introduction, Methodology, Work Plan, and Resolution of Challenges

- The extent to which the applicant provides a strong and clear description of how the proposed activity will increase the organization's ability to respond to the changing health care landscape and/or develop, enhance, or expand access to quality HIV primary care services.
- The strength of the proposed work plan (**Attachment 3**) as evidenced by measurable and appropriate objectives.

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

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

- The extent to which the applicant describes appropriate mechanisms and methods to monitor and evaluate progress towards meeting the goals and objectives of the proposed activity.
- The extent to which the proposed data collection and data management system, including staff, can support the applicant’s monitoring of the proposed project activity.
- The extent to which the proposed CQM program, evaluation results, and routine collection of data will be used to inform program and/or infrastructure development and improve service delivery.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV’s Methodology and Work Plan

- The extent to which the proposed goals, objectives, and work plan activities (**Attachment 3**) address the health outcome gaps in the HIV care continuum or respond to existing organizational and system capacity limitations.
- The extent to which the proposed plan for the dissemination of results illustrates how lessons learned will be shared to enhance the capacity of HIV care provision throughout the local community.
- The clarity and completeness of the sustainability plan for maintaining activities and systems after the period of federal funding ends.

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

- The extent to which the staffing plan (**Attachment 4**) is consistent with the proposed activity.
- The extent to which the proposed personnel are qualified by training and/or experience to implement and carry out the proposed activity (**Attachment 5**).
- The strength of the applicant’s experience with the administration and management of federal funds and multiple grant awards.
- The extent to which the applicant describes the organizational capabilities and resources that will contribute to their ability to successfully implement, manage, and monitor the proposed activity.

Criterion 6: SUPPORT REQUESTED (20 points) – Corresponds to Section IV’s Budget and Budget Narrative

- The extent to which costs, as outlined in the budget (SF-424A and **Attachment**

1) are clearly delineated, allowable, and in alignment with the scope of work and proposed work plan.

- The extent to which the budget justification narrative fully explains each line item and justifies the resources requested, including proposed staff.
- The applicant's program-specific line item budget, budget justification narrative, and SF-424A are aligned with each other.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

For this program, HRSA will use funding preferences.

Funding Preferences

This program provides a funding preference for some applicants, as authorized by section 2654(c)(3) of title XXVI of the PHS Act, (42 USC 300ff-54(c)(3)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87). Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. The funding preference request is considered and reviewed as part of the objective review process. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. Funding preference will be granted to any qualified applicant that justifies their qualification for the funding preference by demonstrating that they meet the criteria for preference(s) as follows:

Qualification 1: Rural Areas

You can request funding preference if you provide primary care services in a rural community. Rural communities are those that are NOT designated a metropolitan statistical area (MSA). An MSA, as defined by OMB, must include one city with 50,000 or more inhabitants. MSAs are also urbanized areas (defined by the Bureau of the Census) with at least 50,000 or more inhabitants and a total MSA population of at least 100,000 (75,000 in New England). Rural communities may exist within the broad geographic boundaries of MSAs. For more information, see <http://www.hrsa.gov/ruralhealth/aboutus/definition.html>. For a list of those areas, refer to <http://datawarehouse.hrsa.gov/RuralAdvisor>.

Qualification 2: Underserved Populations

You can request funding preference if you provide primary care services to an underserved population. Underserved populations include communities and affected subpopulations that are underserved with respect to HIV-related health services. These gaps in HIV related health services must be defined and documented in the application

and may include inadequate and/or unavailable services.

If requesting a funding preference, include a narrative justification as Attachment 7. If you do not submit Attachment 7, HRSA will not consider you for a funding preference.

3. Assessment of Risk and Other Pre-Award Activities

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

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

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

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2018. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's [SF-424 Application Guide](#).

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

Progress Report(s). The recipient must submit a progress report to HRSA on a **semi-annual** basis. The first progress report is due 6 months after the period of performance start date. A final report is due within 90 days after the period of performance ends.

The final report collects

- information relevant to program-specific goals and progress on strategies.
- performance measurement data.
- impact of the overall project; the degree to which the recipient achieved the mission, goal and objectives outlined in the program.
- recipient accomplishments.
- barriers encountered; and
- responses to summary questions regarding the recipient's overall experiences during the 1-year project period. Recipients will be expected to provide end-of-the-period of performance outcome data and demonstrate the impact of the project's activity. Additional information will be provided in the award notice.

VII. Agency Contacts

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

Potie Pettway
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-1014
Fax: (301) 594-6096
Email: PPettway@hrsa.gov

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

Mindy Golatt, MPH, MA, RN, CPN
CDR, United States Public Health Service
Chief, Midwest Branch
Division of Community HIV/AIDS Programs
Attn: RWHAP Part C Capacity Development Program
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09N44
Rockville, MD 20857
Telephone: (301) 443-0717
Fax: (301) 443-1839
Email: MGolatt@hrsa.gov

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

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

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

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

VIII. Other Information

Technical Assistance

All applicants are strongly encouraged to participate in a technical assistance (TA) webinar for this funding opportunity. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the NOFO. Participation in the pre-application TA webinar is strongly encouraged to ensure the successful submission of the application.

HRSA has scheduled the following technical assistance webinar:

Day and Date: Thursday, January 18, 2018
Time: 2 p.m. – 4 p.m. ET
Call-In Number: 1-888-324-8127
Participant Code: 9377692
Weblink: https://hrsa.connectsolutions.com/nofo_technical_assistance/

The webinar will be recorded and should be available for viewing by January 29, 2018 at <https://careacttarget.org/library/hrsa-hab-notice-funding-opportunity-nofo-announcements>.

IX. Tips for Writing a Strong Application

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