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-20-067
Funding Opportunity Type: New
Assistance Listings (CFDA) Number: 93.918

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: April 23, 2020

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: December 20, 2019

3/23/2020: NOFO modified to extend the application due date to April 23, 2020

Mindy Golatt, MPH, MA, RN, CPNP
CAPT, United States Public Health Service
Chief, Midwest Branch
Division of Community HIV/AIDS Programs
Telephone: (301) 443-0717
Fax: (301) 443-1839
Email: MGolatt@hrsa.gov

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) 2020 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 with HIV.

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part C Capacity Development Program
Funding Opportunity Number:	HRSA-20-067
Due Date for Applications:	April 23, 2020
Anticipated Total Annual Available FY 2020 Funding:	$8,000,000
Estimated Number and Type of Award(s):	Up to 60 grants
Estimated Award Amount:	Up to $150,000
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2020 through August 31, 2021 (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) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Day and Date: Thursday, January 23, 2020
Time: 2 – 4 p.m. ET
Call-In Number: 888-469-3086
Participant Code: 4350377
Weblink: Adobe Connect URL:
https://hrsa.connectsolutions.com/rwhap_part_c_capacity_hrsa-20-067/

The webinar will be recorded and should be available for viewing by February 7, 2020 at https://targethiv.org/library/nofos.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part C Capacity Development Program. The purpose of this program is to strengthen organizational capacity to respond to the changing health care landscape and increase access to high quality HIV primary health care services for low income, uninsured, and underserved people with HIV.

Funding under this program is intended to support one short-term activity that can be completed by the end of the 1-year funding opportunity period of performance. You may propose an expansion of activities currently supported with RWHAP Part C Capacity Development (HRSA-19-031) or Part D Supplemental funding (HRSA-19-026); however, **HRSA will not fund the same activity in FY 2020 as HRSA funded in FY 2019 through HRSA-19-026 or HRSA-19-031.** 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 a proposal 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.** These activities align with priority areas for the Department of Health and Human Services (HHS) and HRSA, including investing in mental health, addressing the opioid epidemic, and promoting collaboration.

HIV Care Innovation
HIV care innovation activities support progress along the HIV care continuum to improve the health and life span of people with HIV and prevent new infections. There are seven (7) activities from which to choose. **If applying under this category, select only one (1) activity to implement.**

- HIV Case Finding
- Patient-based Treatment Adherence
- Motivational Interviewing
- Chronic Disease Self-Management
- Transitioning Youth into Adult HIV Care
- Integration of HIV Primary Care with Oral Health and/or Behavioral Health
- Rapid Antiretroviral Therapy (ART)

Infrastructure Development
Infrastructure development activities support organizational development and will increase the capacity of organizations to respond to changes in the health care environment. There are five (5) activities from which to choose. **If applying under this category, select only one (1) activity to implement.**

- Electronic Health Records (EHR)
- Management Information System
- Dental Equipment for Expanding Dental Service Capacity
- Emergency Preparedness
- Telemedicine

Collectively, activities will allow applicants to better align with priority areas for HHS and HRSA, including investing in mental health, addressing the opioid crisis, and promoting collaboration. The selected activity should target populations disproportionately affected by the HIV epidemic and who have poor health outcomes. Furthermore, you must demonstrate that the proposed activity will strengthen organizational capacity to respond to the changing health care landscape and increase access to high quality HIV primary health care services for low income, uninsured, and underserved people with HIV.

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/.

Ending the HIV Epidemic: A Plan for America

In February 2019, the Administration announced a new initiative, Ending the HIV Epidemic: A Plan for America. This 10-year initiative beginning FY 2020 seeks to achieve the important goal of reducing new HIV infections in the United States to less than 3,000 per year by 2030. The first phase of the initiative will focus on 48 counties, Washington, D.C., San Juan, PR, and 7 states that have a substantial rural HIV burden. By focusing on these jurisdictions in the first phase of the initiative, HHS plans to reduce new HIV infections by 75 percent within five years. Across the United States, the initiative will promote and implement the four Pillars to substantially reduce HIV transmissions – Diagnose, Treat, Prevent, and Respond. The initiative is a collaborative effort among key HHS agencies, primarily HRSA, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

National HIV/AIDS Strategy: Updated to 2020

The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020) is a 5-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. The RWHAP promotes robust advances and innovations in HIV health care using the National HIV/AIDS Strategy to end the

epidemic as its framework. Therefore, to the extent possible, activities funded by RWHAP focus on addressing these four goals:

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

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

HIV Care Continuum

Diagnosing and linking people with HIV to HIV primary care, and ensuring people with HIV achieve 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 also demonstrates the proportion of individuals with HIV who are engaged at each stage. The HIV care continuum allows recipients and planning groups to measure progress and to direct HIV resources most effectively. RWHAP recipients are encouraged to assess the outcomes of their programs along this continuum of care. Recipients should work with their community and public health partners to improve outcomes across the HIV care continuum. HRSA encourages recipients to use the performance measures developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

According to recent data from the 2018 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2014 to 2018, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 81.4 percent to 87.1 percent; additionally, racial/ethnic, age-based, and regional disparities have decreased.[1] These improved outcomes mean more people with HIV in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.[2] Scientific advances have shown ART preserves the health of people with HIV and prevents sexual HIV transmission. This means that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually

[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018. http://hab.hrsa.gov/data/data-reports. Published December 2019. Accessed December 2, 2019.
[2] National Institute of Allergy and Infectious Diseases (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: https://clinicaltrials.gov/ NCT00074581 NLM Identifier: NCT00074581.

transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking people with HIV into care, retaining them in care, and helping them adhere to their ART.

Integrated Data Sharing and Use
HRSA and CDC's Division of HIV/AIDS Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, needs assessments, unmet need estimates, reporting, quality improvement, the development of your HIV care continuum, and public health action. HRSA strongly encourages RWHAP Part C and D recipients to:

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

Integrated HIV data sharing, analysis, and utilization approaches by state and territorial health departments can help further progress toward reaching the NHAS 2020 goals and improve outcomes on the HIV care continuum. HRSA strongly encourages complete CD4, viral load (VL) and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems to benefit fully from integrated data sharing, analysis, and utilization. State and health departments may use CD4, VL, and nucleotide sequence data to identify cases, stage of HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

Minority HIV/AIDS Fund from the HHS Secretary's Office (MHAF), HAB Technical Assistance, and Special Projects of National Significance (SPNS) Program
Through the MHAF and through HAB Technical Assistance Cooperative Agreements, HRSA has a number of projects that may be useful for RWHAP recipients to consider. Some select examples are:

- **Building Futures: Youth Living with HIV** at https://targethiv.org/library/hrsa-hab-building-futures-supporting-youth-living-hiv
- **The Center for Engaging Black MSM Across the Care Continuum (CEBACC)** at https://targethiv.org/cebacc
- **E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV** at https://targethiv.org/e2i

- **Using Community Health Workers to Improve Linkage and Retention in Care** at https://targethiv.org/chw

Below are additional examples for specific populations, co-morbidities, and program areas: https://targethiv.org/help/ta-directory

Through its SPNS Program, HRSA's HAB funds demonstration project initiatives focused on the development of effective interventions to respond quickly to emerging needs of people with HIV receiving assistance under the RWHAP. Through these demonstration projects, SPNS evaluates the design, implementation, utilization, cost, and health related outcomes of innovative treatment models, while promoting dissemination, replication, and uptake of successful interventions. SPNS findings have demonstrated promising new approaches to linking and retaining into care underserved and marginalized people with HIV. All RWHAP recipients are encouraged to review and integrate a variety of SPNS evidence-informed tools within their HIV system of care in accordance with the allowable service categories defined in PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds as resources permit. SPNS related tools may be found at the following locations:

- **Integrating HIV Innovative Practices (IHIP) (https://targethiv.org/ihip)**
  Resources on the IHIP website include easy-to-use training manuals, curricula, case studies, pocket guides, monographs, and handbooks, as well as informational handouts and infographics about SPNS generally. IHIP also hosts technical assistance (TA) training webinars designed to provide a more interactive experience with experts, and a TA help desk exists for you to submit additional questions and share your own lessons learned.

- **Replication Resources from the SPNS Systems Linkages and Access to Care (https://targethiv.org/library/replication-resources-spns-systems-linkages-and-access-care)**
  There are Intervention manuals for patient navigation, care coordination, state bridge counselors, data to care, and other interventions developed for use at the state and regional levels to address specific HIV care continuum outcomes among hard-to-reach people with HIV.

- **Dissemination of Evidence Informed Interventions (https://targethiv.org/library/dissemination-evidence-informed-interventions)**
  The Dissemination of Evidence-Informed Interventions initiative runs from 2015-2020 and disseminates four adapted linkage and retention interventions from prior SPNS and the Minority HIV/AIDS Funds (MHAF) from the HHS Secretary's Office initiatives to improve health outcomes along the HIV care continuum. The end goal of the initiative is to produce four evidence-informed care and treatment interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing healthcare environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

Clinical Quality Management

Section 2664(g)(5) of the Public Health Service Act requires RWHAP Part C recipients to establish a Clinical Quality Management (CQM) program 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, and to develop strategies for ensuring that such services are consistent with the HHS guidelines; and 2) ensure that improvementsimprovements in the access to and quality of HIV health services are addressed. Please see 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.

2. Summary of Funding

HRSA expects approximately $8,000,000 to be available to fund up to 60 recipients. You may apply for a ceiling amount of up to $150,000 total cost (includes both direct, indirect, and administrative costs). The actual amount available will not be determined until enactment of the final FY 2020 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 period of performance is **September 1, 2020 through August 31, 2021 (1 year).**

HRSA will only fund one activity per recipient. HRSA will not fund the same activity in FY 2020 that HRSA funded in FY 2019; however, applicants who were awarded supplemental funding for an activity in FY 2019 through either RWHAP Part D Supplemental or Part C Capacity Development funding (HRSA-19-026 or HRSA-19-031) may propose an expansion of these activities. Applicants must present a clear rationale for how the proposed activity builds upon and furthers the objectives of the previously funded activity.

If you apply for funding under this NOFO and should you also apply and are awarded funding under HRSA-20-068 (RWHAP Part D Supplemental) you must be able to demonstrate the ability to administer multiple federal awards (if successful), and 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. Foreign entities are not eligible for this award.

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 - Applicants applying for HIV Care Innovation activities 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. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

The NOFO is also known as "Instructions" on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

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

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are 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 you are 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), 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 2020 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 people with HIV).
- The funding amount requested for the one-year period of performance.
- Identification of the funding preference requested, if applicable.

You must ensure that 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, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project.

A description of the activities that you may select for this funding is stated below. You may submit a proposal for only one of the following two categories. You may select only one (1) activity under the selected category.

1) **HIV Care Innovation**

- **HIV Case Finding**
  Train designated staff to implement specific HIV outreach and collaborative case finding, and develop policies and procedures to link people with HIV into care after testing to address one or more stages of the HIV care continuum. Train designated staff in HIV case finding techniques through local health departments and/or through CDC-funded training centers (http://www.nnptc.org/). This activity would focus on increasing outreach and engagement with unconventional community partners to identify people with HIV who are currently not in care. Examples of potential partnerships would include coordinating with local emergency rooms for the identification and linkage of newly identified HIV clients to care or coordinating services with Area Agencies on Aging in areas where the epidemiologic data supports increased identification of newly diagnosed individuals in populations over 50. You can define community partners as long as data demonstrate or support the need.

- **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 co-occurring mental health and substance use disorders (including opioid use) 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.

- **Motivational Interviewing**
  This activity will focus on training staff to conduct motivational interviewing for people with HIV who are also dealing with co-occurring mental health, substance use, and opioid use disorders. Applicants must train direct care staff on how to assess clients for mental health and substance use disorders and for treatment readiness. Staff may receive training through the local AIDS Education and Training Centers (AETCs) or other resources. Policies and procedures in the clinical setting must address one or more stages of the HIV care continuum. For resources addressing this topic, access the HRSA Behavioral Health website at https://www.hrsa.gov/behavioral-health located on the HRSA 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 and 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.

- **Integration of HIV Primary Care with Oral Health and/or Behavioral Health**
  Develop strategies, policies, and procedures to improve care coordination and integration of HIV primary care with oral health care and/or behavioral health services (e.g., scheduling appointments, communication strategies). Develop policies and procedures to facilitate onsite provision of oral health care and/or behavioral health services. Organize primary care and oral health and/or behavioral health teams and train staff to understand workflow and processes. Develop policies and procedures for coordinating and tracking referrals for oral health care and/or behavioral health services. The activity must address one or more of the stages of the HIV care continuum.

- **Rapid Antiretroviral Therapy (ART)**
  Effective rapid ART models include programs which have linked individuals newly diagnosed with HIV to HIV treatment and care, sometimes within the same or next day.[3] These pilot projects demonstrated that as a result of rapid ART initiation, more participants were able to achieve viral suppression in a shorter time period compared with standard-of-care groups. Two other large, randomized controlled trials also demonstrated the optimal time to initiate ART, with a 50 percent reduction in morbidity and mortality among individuals with HIV who were randomized to receive ART immediately versus delaying initiation of ART.Through the administration of rapid ART, along with other effective innovative models of care for rapid linkage to and retention in care, HRSA anticipates timely improvements in health outcomes along the HIV care continuum.

  Implement a rapid ART program that provides antiretroviral medication to eligible people with HIV within seven to ten days of identification (for those out of care) or diagnosis. Since rapid ART initiation may be resource-intensive, requiring a multi-disciplinary team to coordinate the multiple steps of a positive test result, counseling, patient transportation, clinical evaluation, intake, accelerated insurance coverage, and ART, and other clinic and system-wide

[3] The RAPID ART Program Initiative for HIV Diagnoses (RAPID) in San Francisco. Beacon et al. *Conference on Retroviruses and Opportunistic Infections.* Abstract 93. Boston, Massachusetts, March 4-7, 2018 http://www.croiconference.org/sessions/rapid-art-program-initiative-hiv-diagnoses-rapid-san-francisco

workflow changes are likely needed to assure rapid linkage to care and ART initiation.

2) Infrastructure Development

- **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 will expand the capacity of the organization to support increased quality of care for people with HIV.

- **Telemedicine**
  Telehealth technologies can help improve access to quality health care and may be especially critical in remote areas and settings that lack sufficient health care services, including specialty behavioral health care. HRSA's Federal Office of Rural Health Policy's definition oftelemedicine is the use of electronic communication and information technologies to provide or support clinical care at a distance. Included in this definition are patient counseling and case management. The term "telemedicine" also includes clinical activities such as mHealth, telehomecare, remote monitoring, e-health, and tele-ICUs. If you select this activity, you must develop and acquire, through lease or purchase, computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and other equipment that furthers the objectives of your proposed telemedicine activity. Describe technology requirements and each type of equipment employed along with its relevance to the project, how it contributes to cost-effective, timely, and accurate care, and ease of use. Discuss the availability of reimbursement for telemedicine-delivered services in your state(s) by Medicare, Medicaid, and/or private insurance carriers. For resources addressing this topic, access HRSA's Telehealth Resource Center Program (https://www.telehealthresourcecenter.org) or (https://www.hrsa.gov/rural-health/telehealth/index.html).

- **Management Information System**
  Identify, establish, and/or strenghthen administrative, managerial, and management information system (MIS) structures to offer, enhance, or expand comprehensive HIV primary health care. The funded MIS-related activity must include one of the following enhancements:

  - Interface with existing EHRs specifically to improve data collection, reporting, and quality improvement activities.
  - Database enabling for accounting operations and generation of financial reports to support budgetary, planning, and decision making processes including but not limited to time and effort reporting and cap on charges calculations.

  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 people with HIV.

- **Dental Equipment for Expanding Dental Service Capacity**
  Purchase dental equipment for the purpose of developing, enhancing, or expanding oral health care services for people with HIV (i.e., creating or expanding an HIV dental operatory or clinic).

- **Emergency Preparedness**
  The areas of focus for this activity are to address the development of organizational assessments of vulnerability, creation of an emergency preparedness plan, staff training and evaluation through drills and exercises, and identification of and collaboration with the local emergency management planners. The activity should result in the development of an implementation plan/toolkit and/or policies and procedures for effective preparation and response to natural disasters (e.g., hurricanes, tornadoes) and public health emergencies (e.g., disease outbreaks) resulting in minimal interruption to care and treatment for people with HIV. For resources addressing this topic, access the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) website; ASPR's 2017-2022 Health Care Preparedness and Response Capabilities Report and the ECRI Institute website.

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
  Clearly indicate the activity proposed. 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 develop, enhance, or expand access to quality HIV primary care services for low income, uninsured, and underserved people with HIV. 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 Criteria #1 Need*
  Outline the needs of the community and/or organization relative to the selected activity.

  For **HIV Care Innovation activities**, clearly describe and document the target population(s) and their unmet health care needs. More specifically, describe how this targeted population(s) is disproportionately affected by the HIV epidemic and has poor health outcomes. Additionally, describe the service needs based on your evaluation of the gaps in the HIV care continuum for your target population(s) with HIV your organization serves. Provide data on the five stages of the HIV care continuum for your target population(s) 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**, clearly 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 people with HIV involvement in the activity, collaboration and coordination efforts, and sustainability plans as follows:

  - **Consumer Involvement:** People with HIV 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 you will engage people with HIV and/or organizations that represent them in the implementation of this activity, including decision-making.

  - **Collaboration and Coordination:** In describing the methods by which you will 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. HRSA expects recipients to sustain key elements of their projects (e.g., strategies or services and interventions), which have been effective in improving practices and those that have led to improved outcomes for the target population. 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 with 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, 2020 – August 31, 2021. 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 the planning and implementation of your proposed HIV Care Innovation or Infrastructure Development project. Describe the specific activities or strategies you will use to mitigate or resolve anticipated 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 meetings the goals and objectives of the proposed activities. Explain how you will use data to 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. Describe how you will share evaluation results internally with program staff and externally with key stakeholders (including people with HIV) to improve program implementation and outcomes.

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*
  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 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 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. Any attachments referenced in a narrative section may be considered during the objective review.	
Narrative Section	**Review Criteria**
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	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

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

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

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 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 Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, Title II § 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 the following FY, 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.2.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 SF424 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 (MOE) 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

FY Prior to Application (Actual)	Current FY of Application (Estimated)
Actual prior FY non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	Estimated current FY non-federal funds, including in-kind, designated for 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 EIS 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) *(see Funding Restrictions section)* and include a statement, accompanied by supporting documentation, justifying 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*.

SAM.GOV ALERT: For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

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 *April 23, 2020 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

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 one year, at no more than $150,000 (inclusive of direct **and** indirect costs). 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 General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), pursuant to the Continuing Appropriations Act, 2020, and Health Extenders Act of 2019 (P.L. 116-59), Div. A, § 101(8), are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply, as required by law in subsequent appropriations acts for FY 2020. HRSA will issue an NOA that references the final FY 2020 appropriations act.

In addition to the general funding restrictions included in Section 4.1.iv of the *SF-424 Application Guide*, you cannot 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), 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 people with HIV, 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.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds 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 procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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

Review criteria are used to review and rank applications. The RWHAP Part C Capacity Development program has six (6) review criteria. See the review criterion outlined below with specific detail and scoring points.

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

- The extent to which the application demonstrates the problem and associated contributing factors to the problem.
- **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 proposed project responds to the "Purpose" included in the program description.
- The strength of the proposed goals and objectives and their relationship to the identified project.
- The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.
- 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 people with HIV 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 and a plan to address the challenges is provided.

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

- The strength and effectiveness of the method proposed to monitor and evaluate the project results.
- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

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

- The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include: the impact on the community or target population, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding, including how the applicant intends to disseminate relevant information and/or products developed through the funded activity and lessons learned.
- 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 activities outlined in the work plan can be reasonably completed in the 12-month period.

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

- The extent to which project personnel are qualified by training and/or experience to implement and carry out the project.
- The extent to which the applicant organization's capabilities and the quality and availability of facilities and personnel will fulfill the needs and requirements of the proposed project.
- The extent to which the staffing plan (**Attachment 4**) is consistent with the proposed activity.
- The strength of the applicant's experience with the administration of federal funds and multiple grant awards.

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

- The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- 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 objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award.

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

For this program, HRSA will use funding preferences.

Funding Preference

This program includes a funding preference, 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 may 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 the Office of Management and Budget 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 https://www.hrsa.gov/rural-health/about-us/definition/index.html. For a list of those areas, refer to https://datawarehouse.hrsa.gov/tools/analyzers/geo/Rural.aspx.

Qualification 2: Underserved Populations
You may 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 include the narrative justification in Attachment 7, we will not consider you for a funding preference.

3. Assessment of Risk

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.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 1, 2020. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity;

the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See 45 CFR § 75.101 Applicability for more details.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

Progress Report(s). The recipient must submit a progress report to HRSA on a **semi-annual** basis. The first progress report is due six 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 work plan since the first progress report OR in the last six months;
- 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 one-year project period. Recipients will be expected to provide outcome data at the end of the period of performance that demonstrates the impact of the project's activity. HRSA will provide additional information in the award notice.

Please Note: Recipients currently funded under the RWHAP Part C and/or Part D program who are successfully awarded through this funding opportunity announcement will be required to provide updated progress on the impact of capacity funded activities. Recipients will provide updates through routine monitoring and progress reports (non-competing continuation applications). HRSA will request these updates for up to one year following the completion of the funded project period.

VII. Agency Contacts

You may request additional information and/or technical assistance 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) 443-9810

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, CPNP
CAPT, United States Public Health Service
Chief, Midwest Branch
Division of Community HIV/AIDS Programs
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

HRSA has scheduled the following technical assistance:

Day and Date: Thursday, January 23, 2020
Time: 2 – 4 p.m. ET
Call-In Number: 888-469-3086
Participant Code: 4350377
Weblink: Adobe Connect URL:
https://hrsa.connectsolutions.com/rwhap_part_c_capacity_hrsa-20-067/

The webinar will be recorded and should be available for viewing by February 7, 2020 at https://targethiv.org/library/nofos.

Tips for Writing a Strong Application

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