

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

HIV/AIDS Bureau
Office of Training and Capacity Development

***Integrating the National HIV Curriculum e-Learning Platform into Health Care
Provider Professional Education***

Funding Opportunity Number: HRSA-18-045

Funding Opportunity Type: Initial: New

Catalog of Federal Domestic Assistance (CFDA) Number: 93.145

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: April 23, 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: February 21, 2018

**4/2/2018 – update to incorporate new SAM.gov registration requirements (page 16) and
enactment of the Consolidated Appropriations Act, 2018 (pages 14 and 17).**

Sherrilyn Crooks
Chief, HIV Education Branch
Office of Training and Capacity Development
Telephone: (301) 443-7662
Fax: (301) 443-2697
Email: scrooks@hrsa.gov

Authority: Section 2692(a) (42 U.S.C. §300ff-111(a)) and section 2693 of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau is accepting applications for fiscal year (FY) 2018 to integrate the National HIV Curriculum e-Learning Platform (the “NHC”) into the education and training curricula of health professions programs with an emphasis on medical, nursing, and pharmacy programs, including graduate education/residency programs. The effort is designed to address national shortages in the HIV clinical workforce. Organizations, including associations in collaboration with health professions programs, and also including predominantly minority-serving institutions, will work to incorporate the NHC into their curricula to help educate and train clinicians on the delivery of HIV care.

The FY 2018 President’s Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. Applicants should note that this program may be cancelled prior to award recommendations.

Funding Opportunity Title:	Integrating the National HIV Curriculum e-Learning Platform into Health Care Provider Professional Education
Funding Opportunity Number:	HRSA-18-045
Due Date for Applications:	April 23, 2018
Anticipated Total Annual Available FY18 Funding:	\$1,200,000
Estimated Number and Type of Award(s):	Up to two cooperative agreement(s)
Estimated Award Amount:	\$600,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	September 1, 2018 through August 31, 2022 (4 years)
Eligible Applicants:	<p>Eligible applicants include public and nonprofit private entities, institutions of higher education, and academic health science centers. Faith-based and community-based organizations, AIDS service organizations, minority serving organizations, and tribes and tribal organizations are also eligible to apply.</p> <p>See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.</p>

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 all applicants 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 will hold the TA webinar on:

Day and Date: Wednesday, March 7, 2018

Time: 1:00 – 2:30 p.m. ET

Call-In Number: 1- 888-843-9211

Participant Code: 8804591

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

Replay playback: 800-677-7937

Passcode: 7662

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I. Program Funding Opportunity Description

1. Purpose

This Notice of Funding Opportunity (NOFO) solicits applications for the integration of the National HIV Curriculum (NHC) e-Learning Platform into the education and training curricula of multiple health professions institutions with an emphasis on medical, nursing, and pharmacy programs, including graduate education/residency programs. The project must include activities to help train and orient health professions faculty on how to integrate the NHC into their existing programs and curricula. This integration must result in training offered to health care professionals for credit towards a health care degree or certificate. The project will address national shortages in the HIV clinical workforce through integration of the NHC into the curricula of participating accredited health professions programs. Recipients will collaborate with health professions programs to incorporate the NHC to help educate and train clinicians on the delivery of HIV care.

Integration of the NHC into the curricula of a select group of accredited health professions academic and training programs will increase the knowledge, skills, and overall competence of health professionals to treat people living with HIV (PLWH). Documenting and disseminating practices for effective integration of the NHC into multiple health professions academic and training programs will assist other programs seeking to enhance student knowledge of HIV care. This will increase the number of competent HIV health care professionals in the workforce and advance the national goals to end the HIV epidemic.

This project will build upon best practices and lessons learned from a variety of curriculum integration efforts including those garnered from multiple AIDS Education and Training Center (AETC) programs such as the Nurse Practitioner/Physician Assistant (NP/PA), the Graduate Medical Education (GME), and the Interprofessional Education (IPE) programs. The ultimate goal of this initiative is to enhance the quality of HIV education and training at multiple health professions institutions and thereby increase the number of health care professionals who can competently care for PLWH. The NHC is an excellent tool to help provide the high quality, easily accessible, up-to-date training that is vital for addressing HIV educational needs of health professional trainees.

This NOFO will fund up to two organizations for a 4-year project period to address national shortages in the HIV clinical workforce through integration of the NHC into the curricula of participating accredited health professions programs and train faculty on the use of the new integrated curriculum. Successful applicants will collaborate with the University of Washington, the developer of the NHC, to update and enhance the NHC annually as a result of lessons learned throughout the period of performance and as required by the standard of HIV care. The AETC Program previously supported the development of the NHC through collaboration with the AETC National Coordinating Resource Center (NCRC) and the University of Washington. Successful applicants must be able to demonstrate the ability to collaborate with accredited health professions training programs to integrate the NHC into multiple curricula by year 2 of the project

with documentation of effective HIV care and treatment curriculum integration practices by year 4.

2. Background

This program is authorized by Section 2692(a) of the Public Health Service (PHS) Act (42 U.S.C. 300ff-111(a)) and section 2693 of the PHS Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87).

The mission of the AETCs, which are part of the Ryan White HIV/AIDS Program (RWHAP), is to increase the number of health care providers who are educated and motivated to counsel, diagnose, treat, and medically manage people with HIV and to help prevent high-risk behaviors that lead to HIV transmission. This mission is achieved through implementation of multidisciplinary education and training programs for health care providers in the prevention and treatment of HIV. Overall, the AETC Program is charged with increasing the knowledge, skills, and behaviors of providers and organizations to be able to provide quality care and increase access to care.

National Goals to End the HIV Epidemic

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

According to recent data from the [2016 Ryan White HIV/AIDS Program Service Report \(RSR\)](#), RWHAP has made tremendous progress toward ending the U.S. HIV epidemic. 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 U.S. will live near normal lifespans and have a reduced risk of transmitting HIV to others.² In a September 27, 2017 [Dear Colleague letter](#), the Centers for Disease Control and Prevention (CDC) notes that scientific advances have shown that antiretroviral therapy (ART) preserves the health of PLWH. There is also strong evidence of the prevention effectiveness of ART. When ART results in viral suppression, it prevents sexual HIV transmission. This means that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking PLWH into care, retaining them in care, and helping them adhere to their 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 the gaps along the HIV care continuum.

In alignment with the HIV care continuum, the AETC Program supported the development of the NHC through collaboration with the AETC NCRC and the University of Washington.

The NHC is a free educational website developed by the University of Washington with the goal of providing ongoing, up-to-date information to health care providers in the U.S. who need to meet the core competency knowledge for HIV prevention, screening, diagnosis, and ongoing treatment and care. The NHC includes six modules, each representing a different core competency identified as essential by HIV experts. The curriculum provides novice to expert health care professionals with updated training information and national guidelines/recommendations for HIV infection prevention and treatment. It is also ideal for health professions programs to use in order to prepare students to medically manage PLWH.

The U.S. currently has approximately 1.1 million PLWH, and each year about 40,000

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 2016. Accessed December 28, 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.

more are infected.³ As HIV care advances, more people are living longer with the disease, increasing the demand for HIV and primary care services.⁴ As a result, the need for highly trained HIV care providers has increased rapidly, creating significant new challenges for the health care system.

A recent study of the HIV workforce concluded that the current health workforce is not adequately equipped to effectively treat PLWH. In general, projections reflect a real and growing shortage of HIV clinicians as current providers reach retirement age and the number of people living with HIV continues to grow⁵. In addition, health care organizations face challenges attracting and retaining HIV providers. According to the HIV Medical Association's (HIVMA) workforce and capacity survey of RWHAP Part C funded clinics, 69 percent of RWHAP Part C clinics reported difficulty in recruiting HIV care providers.⁶

The shortage of well-trained HIV clinicians in the U.S. is attributed to several factors, and today, many first generation HIV clinicians are retiring from practice while young providers are choosing medical careers outside of HIV and primary health care. Young providers are not adequately exposed to HIV training during pre-professional education. Furthermore, HIV medicine is not taught in many health professions academic or training programs because it is generally not required by school accrediting agencies. In addition, the majority of HIV patients are seen in outpatient clinics, so fewer students are exposed to PLWH during residency programs. According to a survey of first year internal medicine residents, greater than 50 percent of students felt their residency program had not adequately prepared them to practice HIV medicine.⁷ As a result, many clinicians pursue medical careers outside of HIV.

In addition, as the prevalence of HIV continues to increase in the U.S., the more PLWH who are out of care, are successfully linked and retained, and the HIV population ages, the need for clinicians to provide HIV primary care will increase, particularly among clinicians with extensive experience in providing both HIV care and the management of multiple chronic conditions.

The HIV workforce shortage has also been exacerbated by stigma and prejudice, which persists among providers, especially those in rural and remote areas of the country. Many rural clinicians are unwilling to treat PLWH due to stigma or prejudice, while others are overwhelmed by the complexity of treatment and staying up-to-date with treatment recommendations.⁸

The RWHAP AETC Program recognizes the importance of a well-trained HIV health workforce as a crucial step toward the elimination of HIV in the U.S. Collaboration with multiple health professions programs and the integration of the NHC will help future HIV

³ Centers for Disease Control and Prevention, HIV in the United States: At a Glance.
<https://www.cdc.gov/hiv/statistics/overview/ataglance.html>

⁴ The American Academy of HIV Medicine, HIV Specialist, Workforce Supply & Demand.
<https://aahivm.org/wp-content/uploads/2017/03/FINAL-August-2016.pdf>

⁵ Ibid.

⁶ NACO Annual Report Strategy to End AIDS in Fulton County. 2012-2013.
<https://www.scribd.com/document/199593589/NACO-Annual-Report-2012-13-English>

⁷ HIV Specialist, Workforce Supply & Demand

⁸ Ibid

specialists and primary care providers. It will assist them in obtaining the knowledge and skills necessary to ensure that HIV care is consistent with established guidelines and reflects current research. Adequately trained health care professionals are needed to ensure access to and adequate infrastructure for the delivery of high quality HIV care especially given the anticipated increase in numbers of PLWH due to improved linkage to care, retention in care, and survival rates.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where substantial programmatic involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA Program involvement will include:

- Participate in the design of models and tools as described in the project narrative;
- Review and provide recommendations (as required, and on an as-needed basis) on selected accredited educational programs, training curricula, publications, and other resources;
- Participate in the planning and coordination of meetings, including participation in the recipient's Executive/Steering Committee (if applicable) and recipient meeting(s), as appropriate;
- Assist in establishing linkages between this project, other health care organizations, and HRSA-supported projects to enhance collaboration across the programs;
- Ensure integration into HRSA programmatic and data reporting efforts;
- Review all project information prior to dissemination;
- Facilitate the dissemination of project information, and
- Review all conference presentations (oral, poster, roundtable, etc.) that share cooperative agreement data, activities, work products, practices and/or best lessons learned.

The cooperative agreement recipient's responsibilities will include:

- Collaborate with health professions academic and training programs to integrate the NHC into the training curricula of accredited health care professions academic and training programs, with an emphasis on medical, nursing, and pharmacy programs, including graduate education/residency programs;
- Train faculty on how to use the integrated NHC within a health care degree or certification program that includes HIV educational credit;
- Evaluate the impact of the integrated curricula on the knowledge, willingness, and ability of students to medically manage PLWH;

- Collaborate with HAB and various programs within the AETC network, including regional and national AETCs, to carry out programmatic activities, as appropriate;
- Identify activities to be planned jointly with health professions programs with HAB input and approval;
- Inform HAB of project activities and allow ample time to receive input and/or technical assistance;
- Attend the biennial AETC Program Administrative Reverse Site Visit meetings; and
- Attend the biennial National Ryan White Conference on HIV Care and Treatment held in the metropolitan Washington, D.C. area.

2. Summary of Funding

HRSA expects to have approximately \$1,200,000 available annually to fund up to two recipients. You may apply for a ceiling amount of up to \$600,000 total cost per year (includes both direct and indirect costs). 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 FY 2018 President's Budget does not request funding for this program. The project period is September 1, 2018 through August 31, 2022 (4 years). Funding beyond the first year is dependent on the availability of appropriated funds for this program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include public and nonprofit private entities, institutions of higher education, and academic health science centers. Faith-based and community-based organizations, AIDS service organizations, minority serving organizations, and tribes and tribal organizations are also 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 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 of HRSA's [SF-424 Application Guide](#) non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable. If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically 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. You are no longer 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 that you are responsible for reviewing all information relevant to desired opportunities on the <https://www.grants.gov/> page.*

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, and staffing plan, as well as 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 your application in the English language and it 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 **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives,

attachments, and letters of commitment and support required in the *Application Guide* and this 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 for HRSA to consider them under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376 and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in **Attachment 8: 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](#).

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 corresponding section headers for the narrative.

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

Briefly describe the purpose of your proposed project. You must articulate your planned approach to integrating the NHC into multiple curricula of accredited health professions academic and training programs, with an emphasis on medical, nursing, and pharmacy programs, including graduate education/residency programs. Briefly describe your planned collaboration with accredited health

professions programs to integrate the NHC, train faculty on its use and offer training to future health care professionals for credits toward a degree or certificate. You should demonstrate an understanding of the education and training needs of diverse health care professions training institutions.

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

Describe the need for an adequate HIV workforce in the U.S. in terms of current clinician shortages, including providers trained to deliver high-quality HIV care and treatment. Describe the need to prepare students in the delivery of HIV care. This section must describe gaps in capacity to integrate and deliver HIV care content in curricula of health professions programs (e.g., faculty recruitment/training, availability of preceptorships, existing course curricula). Describe the need for trained HIV providers by including data showing the number of trained HIV professionals, and health professions academic and training programs that lack HIV care content. Health Professional Shortage Areas (HPSA) designations indicating provider gaps, and HIV health disparity data must be used and cited to support the described need.

▪ *METHODOLOGY -- Corresponds to Section V's Review Criterion #2 Response*

Propose methods that you will use to address the stated needs, meet each of the program requirements, and address expectations in this NOFO. Include development of effective tools and strategies for integration of the NHC into health professions academic and training curricula. This section should help reviewers understand how you will select and collaborate with health professions programs to affect the ability of future health care providers to medically manage PLWH. Please connect your selection of programs to the HIV workforce and medical management needs of PLWH in the U.S. Clearly relate the project to the program expectations outlined in the NOFO. Describe the proposed approach to integrate the NHC curriculum into selected medical, nursing, pharmacy and graduate education/residency programs, as well as the estimated number of students and faculty to be trained.

The methodology must:

- Describe how you will identify selected health professions programs for the integration of the NHC within the curricula of medical, nursing, and pharmacy programs, including graduate education residency programs;
- Describe the approach to faculty training and orientation to the new curriculum;
- Describe how the proposed approach will successfully integrate the NHC into the selected health professions programs; and
- Include criteria used to determine the effectiveness of the applied integration method(s).

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

Provide a comprehensive work plan that is tied to the needs identified in the needs assessment and to the activities described in the project narrative. The work plan should be very detailed and specific for the first and second year of the project, and provide a higher level overview for the two subsequent years.

The work plan for the first and second year must:

- Describe the strategies, activities and action steps that will be used for all aspects of the project, including planning, implementation, and evaluation;
- Include goals, objectives, and outcomes that are SMART (specific, measureable, achievable, realistic, and time-measured);
- Include an evaluation of the overall project and its ability to enable graduates to medically manage PLWH;
- Identify for each activity the specific action steps, key staff responsible, and timeline for completion; and
- Include a plan to document and disseminate effective curriculum integration practices addressing HIV care and treatment.

The work plan and timeline must demonstrate the ability to reach stated program objectives within the required time of performance, including a plan for rapid launch of project activities that includes full implementation by year 2. Expected milestones for years 1 and 2 must include:

Development/Planning Phase: Year 1

- Identify the medical, nursing, and pharmacy programs, including graduate education/residency programs, selected for integration of the NHC;
- Define approaches to integrate the NHC within the curricula of medical, nursing, and pharmacy programs selected. Curriculum integration must be defined within the approach (e.g., integrate NHC within three or more courses or defined number of credits);
- Identify and finalize MOUs with health professions programs and other partners to implement a planned approach to integrate the NHC within curricula of medical, nursing, and pharmacy programs, including graduate education/residency programs;
- Within the MOUs, specify the anticipated number of students who will be reached for each year of the project;
- Develop the approaches to orient and train faculty on the new curriculum;
- Revise, confirm, and finalize work plans;
- Develop and pilot evaluation tool(s); and
- Develop and finalize evaluation plan.

Implementation Phase: Year 2

- Pilot curriculum integration and training strategies in health professions academic and training programs;
- Evaluate pilot training;
- Revise and refine as needed; and
- Begin full project implementation in selected programs to achieve training for the estimated number of students and faculty.

Implementation and Evaluation Phase: Year 3 and Year 4

- Continue full project implementation in all selected medical, nursing, and pharmacy programs;
- Evaluate the integration of the NHC within selected health professions academic and training programs;
- Evaluate the increase in knowledge, skills, and behaviors of providers to provide quality HIV care and increase access to HIV care; and
- Document effective curriculum integration practices addressing HIV care and treatment.

The work plan should include as much detail as possible with the understanding that you will finalize the plan after the cooperative agreement is awarded and after initial consultations with HRSA. Include the project's work plan in **Attachment 1**. Please use a chart or table format to present and/or summarize the work plan.

In addition to the work plan, you must submit a logic model for designing and managing the project in **Attachment 6**. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., health professions institutions/organizations, collaborative partners, key staff, budget, other resources);
- Activities (i.e., approach, key interventions, integration, student training, and faculty training);
- Outputs (i.e., the direct products or deliverables of program activities, # of programs introduced to curriculum, # of programs introduced and trained with curriculum, # of programs that will continue to use curriculum, # NHC modules integrated into each health professions curriculum); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems; program graduates who can medically manage PLWH).

You can find additional information on developing logic models at the following website: https://www.cdc.gov/eval/tools/logic_models/index.html

Although there are similarities, a logic model is not a work plan. A work plan is an action guide with a timeline used during program implementation; the work plan provides the "how to" steps. You can find information on how to distinguish between a logic model and work plan at the following website: <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>

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

Discuss challenges you are likely to encounter in designing and implementing the activities described in the work plan, including barriers in changing curricula within educational programs, integration of curricula, and training faculty to deliver HIV educational content. Describe specific approaches that you will use to resolve identified challenges. Describe the existing levels of experience, skills, and knowledge, (including that of individuals on staff), and relevant publications. Discuss relevant barriers to training faculty to deliver HIV educational content that includes credits toward a degree or certificate.

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

Describe your plan for the program performance evaluation. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizations, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities.

Describe the systems and processes that will support your organization's performance management activities through effective tracking of the number of institutions/training programs that integrate the NHC and the strategies you have used for successful integration. This section should include a description of how your organization will collect and manage data. Data collection should include:

- Change in competency of pre-professionals to medically manage PLWH;
- The numbers of students and faculty trained;
- How the proposed integration approach impacts the knowledge, skills, and overall competence of graduates of health professions programs to diagnose, manage, and treat PLWH;
- Students' desire to work with PLWH and/or vulnerable communities at high risk for HIV;
- Willingness of health professions programs to modify academic curricula; and
- All proposed outcomes, including methods and timelines for assessing these outcomes.

- **ORGANIZATIONAL INFORMATION** -- Corresponds to Section V's Review Criterion #5 Resources/Capabilities

You must demonstrate that your organizational capacity is sufficient to carry out the proposed project. Describe your organization's current mission and structure, including an organizational chart, and scope of current activities. Describe how these elements contribute to your organization's ability to conduct the program requirements and meet program expectations. Describe your organization's experience with curriculum development and integration, data management, and faculty training. Discuss how your organization will follow the approved plan as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Describe the role of key partners in the project's planned approach to integrate the NHC within curricula of medical, nursing, and pharmacy programs, including graduate education/residency programs. You must provide a memorandum of understanding (MOU) or letter of agreement for each identified partner (**Attachment 4**). You may submit one memorandum signed by multiple partners if the entities share the same arrangement with your organization.

NARRATIVE GUIDANCE <i>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.</i>	
<u>Narrative Section</u>	<u>Review Criteria</u>
<i>Introduction</i>	<i>(1) Need</i>
<i>Needs Assessment</i>	<i>(1) Need</i>
<i>Methodology</i>	<i>(2) Response</i>
<i>Work Plan</i>	<i>(2) Response and (4) Impact</i>
<i>Resolution of Challenges</i>	<i>(2) Response</i>
<i>Evaluation and Technical Support Capacity</i>	<i>(3) Evaluative Measures and (5) Resources/Capabilities</i>
<i>Organizational Information</i>	<i>(5) Resources/Capabilities</i>
<i>Budget and Budget Narrative</i>	<i>(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.</i>

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 HRSA selects the application for funding, you will have a well-organized plan. By carefully following the approved plan, you can avoid audit issues during the implementation phase.

You must provide subaward budgets for all partners to be supported under the award. Your budget must also include costs associated with attendance at the biennial AETC Program Administrative Reverse Site Visit meetings and the biennial National Ryan White Conference on HIV Care and Treatment in Washington, D.C.

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

The Consolidated Appropriations Act, 2018 (P.L. 115-141), Division H, § 202, states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” 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 2019, as required by law.

iv. Budget Narrative

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

v. Attachments

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. Describe how your organization will ensure that funds subawarded or expended on contracts are properly documented.

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

Keep each job description to one page in length. Include the role, responsibilities, and qualifications of proposed project staff in the staffing plan.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length 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 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

Provide any documents that describe working relationships between your organization and other entities and programs cited in the application. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. You must provide documents confirming an actual or pending contractual relationship with partners, including the entity that originated the NHC. Ensure that letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project.

Attachment 6: Tables, Charts, etc.

To give further details about the application (e.g., Gantt chart, PERT chart, flow charts). Include logic model.

Attachment 7: Request for Funding Preference (required, if applicable)

To receive a funding preference, you must provide the following information:

- 1) Describe service population. Please include 2012 - 2017 data demonstrating:
 - Prevalence of minority and Native Americans with HIV/AIDS in service population.
 - Prevalence of hepatitis B or C co-infected individuals.
- 2) Describe how proposed project will address training health professionals to provide treatment for minority individuals, Native Americans, and hepatitis B or C co-infected individuals.
- 3) Describe recent performance in recruiting and graduating minority health professions trainees and/or students. Please provide supporting data from 2012 - 2017. Describe how proposed project will train minority health professional trainees and/or students.

See [Section V.2 for additional information](#).

Attachments 8 – 10: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (e.g., in-kind services, dollars, staff, space, equipment).

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). You must maintain active SAM registration with current information at all times that you have an active federal award or an application or plan under consideration by an agency. If you are 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), you may be exempt.

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements. 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](#).

ALERT from SAM.gov: If you are registering a new entity in [SAM.gov](#), you must now provide an original, signed [notarized letter](#) stating that you are the authorized Entity Administrator before your registration will be activated by SAM.gov. Please read [these FAQs](#) to learn more about this process change. Applicants registering as a new entity in SAM.gov should plan for additional time associated with submission and review of the notarized letter. This change is effective March 23, 2018. Entities already registered in SAM.gov are advised to log into SAM.gov and review their registration information, particularly their financial information.

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, 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

This program is 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 project period of up to 4 years, at no more than \$600,000

per year (inclusive of direct **and** indirect costs). The FY 2018 President's Budget does not request funding for this program. 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.

Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

You may not use funds under this notice for international HIV/AIDS activities.

The General Provisions in Division H of the Consolidated Appropriations Act, 2018 (P.L. 115-141) 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 2019, 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 legal requirements and restrictions applicable to the receipt of federal funding, including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative(s) applied to the award(s) under the program will be additive. 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. 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. This program has six review

criteria:

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

- The extent to which the applicant demonstrates the problem and associated contributing factors to the problem
- Reviewers will also consider:
 - The degree to which the applicant demonstrates a thorough understanding of the HIV-related education and training needs of health professions academic and training programs, especially medical, nursing, and pharmacy programs, including graduate education/residency programs.
 - The extent to which the applicant demonstrates a thorough understanding of provider capacity gaps that may impact proposed activities to integrate and deliver HIV care content in curricula of health professions programs.
 - The extent to which the applicant demonstrates a thorough understanding of faculty gaps that may impact proposed activities to integrate and deliver HIV care content in curricula of health professions programs.

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

- The strength and feasibility of the proposed approach to integrate the NHC e-Learning Platform into multiple curricula of accredited health professions programs, targeting medical, nursing, and pharmacy programs, including graduate education/residency programs.
- The strength and feasibility of the overall strategy in relation to the program objectives, goals, and expectations as outlined in the NOFO.
- The strength and feasibility of the proposed comprehensive work plan with specific, measurable, realistic, and achievable objectives, and information regarding how program objectives will be achieved.
- The extent to which the methods address each objective and are feasible, evidence based, and clearly described in the logic model.
- The extent to which the applicant describes how participating health professions programs will be identified.
- The strength and clarity of the applicant's definition of successful integration of the NHC into selected accredited health professions academic and training programs.
- The strength and feasibility of the proposed approach to orientation and training of faculty.
- The extent to which the applicant articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges.

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

- The strength of the proposed strategy to collect, analyze, and track data to measure process and impact/outcomes.
- The strength of the applicant's proposed baseline data and measures, and the

extent to which the proposed evaluative measures will be able to assess the extent to which the NHC curriculum has been successfully integrated within accredited health professions academic and training programs to train students and faculty.

- The strength of the applicant's proposed methods and measures that will be used to evaluate the system-level impacts of the overall project and demonstrate the effectiveness of project activities in relation to improvements in HIV care and treatment.
- The extent to which the applicant demonstrates a thorough understanding of any potential obstacles for implementing the program performance evaluation, and the strength of the proposed plans to address those obstacles.
- The extent to which the applicant clearly articulates the role of key program partners in the evaluation and performance measurement planning processes.
- The extent to which the applicant demonstrates strength and effectiveness to monitor and evaluate project objectives, activities, and results through the proposed evaluation strategy.
- The extent to which the program will effectively track performance outcomes, including how the output data will be collected and managed (e.g., number of trained students and faculty, number of health professions programs introduced to the curriculum, number of health professions programs utilizing and successfully integrating the NHC e-Learning Platform in order to train students,) in a way that allows for accurate and timely reporting to HRSA.

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

- The feasibility and effectiveness of plans for dissemination of project results.
- The extent to which the proposed plan will strengthen the HIV workforce.
- Extent to which project results may be national in scope.
- Degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity, Organizational Information, and Attachments 2 - 5

- The strength and clarity of the proposed staffing plan (**Attachment 2**) and project organizational chart (**Attachment 5**) in relation to the project description and proposed activities; including evidence that the staffing plan includes sufficient personnel with adequate time to successfully implement all of the project activities throughout the project as described in the work plan.
- The strength and clarity of the current organizational structure, proposed staff, and scope of current activities that contributes to the applicant's ability to conduct the proposed program and meet the expectations of the program requirements.
- The extent to which key project personnel are qualified by training and/or experience to implement the project.
- The extent to which the capabilities and the quality and availability of facilities and personnel will support the needs and requirements of the proposed project.

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

- The extent to which the costs in the proposed budget and budget narrative align with the proposed project work plan, and are justified as adequate, cost-effective, and reasonable for the resources requested.
- The reasonableness of the proposed budget for each year of the project period, in relation to the objectives and the anticipated results.
- Evidence that key personnel have adequate time devoted to the project to achieve project objectives.
- The strength and clarity of the budget narrative that fully explains each line item and any significant changes from one budget period to the next.

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 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.

Funding Preference

HRSA provides a funding preference for applicants whose projects qualify for the preference as authorized by Section 2692(a)(2) of the Public Health Service Act. A funding preference is defined as the funding of a specific category or group of approved applications ahead of other categories or groups of applications. HRSA will place applications receiving the preference in a more competitive position among applications that can be funded. HRSA will give full and equitable consideration during the review process to applications that do not receive a funding preference. HRSA will grant the funding preference to any qualified applicant that specifically demonstrates that they meet the criteria for preference (**Attachment 7**) as follows:

HRSA shall give preference to qualified projects that:

- train, or result in the training of, health professionals, who will provide treatment for minority individuals and Native Americans with HIV/AIDS and other individuals who are at high risk of contracting such disease;
- train, or result in the training of, minority health professionals and minority allied health professionals to provide treatment for individuals with such disease; and
- train, or result in the training of, health professionals and allied health professionals to provide treatment for hepatitis B or C co-infected individuals.

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](#)).

Applications receiving a favorable objective review are reviewed 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.

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

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

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 bi-annual basis. Among other items, the report will ask for progress against program activities and outcomes proposed in the application. HRSA will provide further information in the award notice.

Integrity and Performance Reporting. The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

VII. Agency Contacts

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

Ardena N. Githara, MNM
Grants Management Specialist
HAB/HIV and Rural Health Branch
Division of Grants Management Operations
Office of Federal Assistance Management
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 301-443-4903
Fax: (301) 301-443-6343
Email: AGithara@hrsa.gov

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

Sherrilyn Crooks
Chief, HIV Education Branch
Office of Training and Capacity Development
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 9N110
Rockville, MD 20857
Telephone: (301) 443-7662
Fax: (301) 443-2697
Email: scrooks@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:

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:

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Logic Models

You may find additional information on developing logic models at the following website: <http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf>.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the work plan provides the "how to" steps. You may find information on how to distinguish between a logic model and work plan at the following website: <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance

HRSA strongly encourages all applicants 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 will hold the TA webinar on:

Day and Date: Wednesday, March 7, 2018

Time: 1:00 – 2:30 p.m. ET

Call-In Number: 1- 888-843-9211

Participant Code: 8804591

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

Replay playback: 800-677-7937

Passcode: 7662

IX. Tips for Writing a Strong Application

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