

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

HIV/AIDS Bureau

***Ending the HIV Epidemic: A Plan for America –
Technical Assistance Provider***

**Funding Opportunity Number: HRSA-20-079
and**

***Ending the HIV Epidemic: A Plan for America –
Systems Coordination Provider***

Funding Opportunity Number: HRSA-20-089

**Funding Opportunity Type(s): New
Assistance Listings (CFDA) Number: 93.145**

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: October 15, 2019

***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: August 13, 2019

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Authority: Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff-11 et seq.)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 for *Ending the HIV Epidemic: A Plan for America – Technical Assistance Provider (HRSA-20-079)* and *Ending the HIV Epidemic: A Plan for America – Systems Coordination Provider (HRSA-20-089)*. The overall purpose of this notice of funding opportunity is to undertake a series of activities to support the recipients of *Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B (HRSA-20-078)* in meeting the goals of the *Ending the HIV Epidemic: A Plan for America (hereafter referred to as the “initiative”)*. The two announcements under this funding opportunity are as follows:

- The Technical Assistance Provider (HRSA-20-079) is responsible for providing technical assistance to the recipients of HRSA-20-078 on implementation of work plan activities, innovative approaches, and interventions.
- The Systems Coordination Provider (HRSA-20-089) is responsible for assisting HRSA-20-078 recipients in coordinating and integrating their initiative plans, funding sources, and programs with the existing HIV care delivery systems. In addition, the Systems Coordination Provider will assist in identifying existing and new stakeholders, as well as collate and disseminate best practices, innovative approaches, and interventions identified by the Technical Assistance Provider that will advance recipient’s progress in meeting the goals of the initiative.

HRSA will fund one organization under each announcement to ensure effectiveness and efficiency in the implementation of activities by HRSA-20-078 recipients to support Pillar Two (Treat) and Four (Respond) of the initiative. Ultimately, the intent of the funding opportunity is to maximize the success in developing, implementing, coordinating, and integrating strategies, interventions, approaches, and core medical and support services to achieve the goals of the initiative. HRSA expects that the recipient(s) of these awards will collaborate to support the recipients of HRSA-20-078. **You must apply to the correct announcement number (HRSA-20-079 or HRSA-20-089) that corresponds to the stated activities listed above. If you are applying for both announcement numbers, you must submit a separate application for each.**

Funding Opportunity Title and Number:	<i>Ending the HIV Epidemic: A Plan for America – Technical Assistance Provider (HRSA-20-079)</i>	
	and	
	<i>Ending the HIV Epidemic: A Plan for America – Systems Coordination Provider (HRSA-20-089)</i>	
Due Date for Applications:	October 15, 2019	
Anticipated Total Annual Available FY 2020 Funding:	HRSA-20-079 – up to \$3,750,000 HRSA-20-089 – up to \$1,250,000	
Estimated Number and Type of Award(s):	HRSA-20-079 – One (1) cooperative agreement HRSA-20-089 – One (1) cooperative agreement	
Estimated Award Amount:	HRSA-20-079 – up to \$3,750,000 in year one HRSA-20-089 – up to \$1,250,000 in year one All awards are subject to the availability of appropriated funds	
Cost Sharing/Match Required:	No	
Period of Performance:	HRSA-20-079	March 1, 2020 through February 28, 2025
	HRSA-20-089	March 1, 2020 through February 28, 2025
	Each period of performance is for five (5) years.	
Eligible Applicants:	Public and nonprofit private entities, including institutions of higher education and academic health science centers involved in addressing HIV related issues on a national scope. Faith-based and community-based organizations, Tribes, and tribal organizations also are eligible to apply 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 Webinar:

Day and Date: Thursday, August 29, 2019

Time: 2 p.m. – 4 p.m. ET

Call-In Number: 1-888-950-9561

Participant Code: 6408323

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

Playback: Webinar will be available on the [TargetHIV](#) website.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding for the *Ending the HIV Epidemic: A Plan for America – Technical Assistance Provider (TAP)* and/or *Ending the HIV Epidemic: A Plan for America – Systems Coordination Provider (SCP)*, as administered by the HRSA HIV/AIDS Bureau (HAB) in conjunction with the Ryan White HIV/AIDS Program (RWHAP) Parts A and B. The purpose of this program is to fund technical assistance and systems coordination for the 48 counties, Washington, D.C., San Juan, Puerto Rico (PR), and seven states (hereafter referred to as “jurisdictions”) identified in and funded through HRSA-20-078 (the funded entities hereafter referred to as “recipients”). HRSA will award one cooperative agreement for each of the following announcement numbers:

- The Technical Assistance Provider (TAP) funded under HRSA-20-079 is responsible for providing technical assistance to the recipients of HRSA-20-078 on implementation of work plan activities, innovative approaches, and interventions.
- The Systems Coordination Provider (SCP) funded under HRSA-20-089 is responsible for assisting HRSA-20-078 recipients in coordinating and integrating their initiative plans, funding sources, and programs with the existing HIV care delivery systems. In addition, the SCP will assist in identifying existing and new stakeholders, as well as collate and disseminate best practices, innovative approaches, and interventions identified by the TAP that will advance recipients’ progress in meeting the goals of the initiative.

HRSA HAB will award one cooperative agreement for each announcement number under this funding opportunity. Organizations may choose to submit applications for both announcement numbers and potentially receive both the TAP and SCP awards. **You must apply to the announcement number that corresponds to your selected activities as stated above. If you are applying for both announcement numbers, you must submit a separate application for each.** Collaborations via subcontracts or memoranda of understanding to secure specific expertise are encouraged. HRSA will review all applications utilizing the review criteria for each announcement number as described in Section V.1.

(1) The Technical Assistance Provider (TAP) funded under HRSA-20-079:

The initiative has four pillars, or key strategies: Diagnose, Treat, Prevent, and Respond. The role of HRSA HAB and its recipients under HRSA-20-078 focus on Pillar Two (Treat) and Pillar Four (Respond). The recipients of HRSA-20-078 will have a broader approach to addressing HIV in their communities than what exists in services authorized by the RWHAP legislation. These recipients are encouraged to be innovative and creative as they design ways to use initiative funds in conjunction with the current RWHAP Parts A and B systems of care and treatment to end the HIV epidemic in their jurisdictions. The funding directed to these initiative recipients under HRSA-20-078 will allow jurisdictions to implement evidence informed practices shown to increase linkage, engagement, and retention in care in addition to funding the additional

care and treatment needs of the newly identified and re-engaged individuals. The evidence informed interventions can include such linkage interventions as the "[Red Carpet](#)" program implemented by Washington, DC, New York City's use of surveillance data by clinics to track who is out of care, Seattle's high acuity clinic for the hardest to reach population, and the same day test and start instituted by several cities in Florida.

In collaboration with HRSA HAB, the TAP will:

1. Provide start-up and ongoing TA (onsite and virtual) to recipients on implementing and supporting jurisdictional work plans to ensure the maximum impact of initiative activities while building upon the existing RWHAP infrastructure. The technical assistance process must be designed to prioritize TA to recipients with the greatest need in the first year.
2. Assess the effectiveness of initiative activities developed to identify individuals who are newly diagnosed and engage people with HIV who are not in care and/or not virally suppressed.
3. Monitor and evaluate the success and challenges of the initiative at the jurisdictional level, adjusting and prioritizing types of TA, as needed, to maximize the success of all funded recipients.
4. Collect the wide range of innovative practices and approaches identified as being successful and develop implementation manuals that will allow replication of these interventions in other jurisdictions to meet the goals of the initiative.
5. Collaborate closely with the SCP (HRSA-20-089) to disseminate implementation manuals, ensure clear communication and coordination of activities, and minimize duplication of efforts as it relates to support provided to HRSA-20-078 recipients.

(2) The Systems Coordination Provider (SCP) funded under HRSA-20-089:

The Ending the HIV Epidemic initiative is a collaborative effort among key Department of Health and Human Services (HHS) agencies. HRSA and the Centers for Disease Control and Prevention (CDC), along with the National Institutes of Health (NIH) Centers for AIDS Research (CFARs), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA) are collaborating on the implementation of the four Pillars – Diagnose, Treat, Prevent, and Respond – to substantially reduce HIV transmissions. There will be multiple streams of federal resources focused on jurisdictions to help them meet the goals of the initiative. These new and/or expanded resources are in addition to the existing federal HIV resources, particularly HRSA and CDC funding, creating the need for coordination to ensure the maximum impact of all of the available resources. The SCP will be responsible for assisting recipients of HRSA-20-078 with assembling a cross-sector group focused on addressing the four Pillars to end the HIV epidemic in their jurisdictions through information sharing, collaboration, and linkages. Community engagement is essential for building systems and achieving collective impact, which is the result of having organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success.¹

¹ Kramer, M. and Kania, J. (2011). Collective Impact. *Stanford Social Innovation Review*. Accessed on 4/19/19 from: https://ssir.org/articles/entry/collective_impact#

In collaboration with HRSA HAB, the SCP will focus on:

1. **Systems Coordination:**
 - a. Assist recipients with coordinating efforts related to the four Pillars to ensure maximum impact of all available resources while building upon the existing RWHAP infrastructure. The planning and coordination process must be designed to prioritize recipients with the greatest need in the first year.
 - b. Work with recipients to scan the environment within their jurisdiction to identify new and existing key stakeholders and facilitate their participation in the initiative planning. The SCP will be responsible for promoting synergy among recipients and identified stakeholders through meaningful collaborations as well as helping to achieve collective impact.
 - c. Collaborate closely with each funded jurisdiction and with the TAP to coordinate TA needs that are identified through planning and community engagement, maximize opportunities for communication, and minimize duplication of efforts.
2. **Logistics:** Provide logistical and technical assistance support (onsite and virtual) for collaboration meetings with jurisdictional stakeholders.
3. **Dissemination:** Collate and share a wide range of innovative practices and approaches that are successful in meeting the goals of the initiative, initially to the recipients, and, by the beginning of year three, nationally (including to all RWHAP Parts). This includes dissemination of the implementation manuals developed by the TAP.

2. Background

These programs are authorized by the Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff-11 et seq.). For more information about RWHAP and the different program parts, please visit the Health Resources and Services Administration (HRSA) website: <http://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 ten-year initiative beginning in FY 2020 seeks to achieve the important goal of reducing new HIV infections in the United States to fewer than 3,000 per year by 2030. The first phase of the initiative focuses on 48 counties, Washington, D.C., San Juan, PR, and seven 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 four Pillars to substantially reduce HIV transmissions – Diagnose, Treat, Prevent, and Respond. This NOFO focuses on providing technical assistance to the recipients funded to implement activities in Pillar Two (Treat) and Pillar Four (Respond) for this important initiative. The initiative is a collaborative effort among key HHS agencies, primarily HRSA, CDC, NIH, IHS, and 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 to ensure that people with HIV are linked to and retained in high quality HIV care, and have timely access to HIV treatment and the supports needed (e.g., mental health and substance use disorder services) to achieve HIV viral suppression.

HIV Care Continuum

Diagnosing people with HIV, linking people with HIV to HIV primary care, and people with HIV achieving viral suppression are important public health steps toward ending the HIV epidemic in the United States. The HIV care continuum has five main "steps" or stages that includes HIV diagnosis, linkage to care, retention in care, antiretroviral use, and viral suppression. The HIV care continuum provides a framework that depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication. It shows the proportion of individuals living with HIV or individuals diagnosed with HIV engaged at each stage. The HIV care continuum allows recipients and planning groups to measure progress and to direct HIV resources most effectively.

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 [2017 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2010 to 2017, 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 69.5 percent to 85.9 percent, and racial/ethnic, age-based, and regional disparities have decreased.² These improved outcomes mean more people with HIV in the United States will live near

² Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2017. <http://hab.hrsa.gov/data/data-reports>. Published December 2018. Accessed April 1, 2019.

normal lifespans and have a reduced risk of transmitting HIV to others.³ Scientific advances have shown that antiretroviral therapy (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 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 (e.g., Data-to-Care activities, cluster and outbreak investigation). HRSA strongly encourages RWHAP Part B 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](#); and
- Establish data sharing agreements between surveillance and other programs that include or provide services to people with HIV 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 improve the initiative by helping to ensure coordinated efforts to promote engagement in care, respond to HIV clusters, and by providing improved ability to monitor and evaluate interventions.

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.

³ 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.

The Minority HIV/AIDS Fund from the HHS Secretary's Office, HAB Technical Assistance, and Special Projects of National Significance (SPNS) Program

Through the Minority HIV/AIDS Fund from the HHS Secretary's Office and through HAB Technical Assistance Cooperative Agreement, HRSA HAB has a number of projects that may be useful to initiative-funded recipients to consider. Some select examples are:

- **Building Futures: Supporting 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 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 populations living with HIV. All recipients are encouraged to review and integrate a variety of SPNS evidence-informed tools within their initiative plans and identified needs/activities. 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 populations living with HIV.

- **Dissemination of Evidence Informed Interventions**
(<https://www.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 Fund 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.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New.

HRSA expects to provide funding in the form of two (2) cooperative agreements, one under HRSA-20-079 and one under HRSA-20-089. A cooperative agreement is a financial assistance mechanism where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

HRSA program involvement will include:

- Make available experienced HRSA HAB personnel to inform, support, or participate in the design, planning, development, and/or delivery of cooperative agreement activities and materials.
- Ensure cooperative agreement activities build upon progress, success, and lessons learned by providing access to materials and information from previous work in this area.
- Coordinate communication and develop partnerships with personnel from HRSA, CDC, other federal agencies, and other federally-funded programs.
- Participate in the design, development, direction, and/or delivery of procedures, strategies, tools, training, technical assistance, and peer learning activities, including the selection of initiative recipients to receive targeted systems coordination and technical assistance.
- Provide ongoing monitoring and review of the design, development, direction, and/or delivery of cooperative agreement activities, including procedures, evaluation measures, and quality improvement efforts for accomplishing the goals of the cooperative agreement.
- Review and provide substantive and stylistic input on cooperative agreement materials and activities.
- Make available HRSA HAB staff to support efforts of the targeted systems coordination and TA activities to meet the goals of the initiative.
- Participate in cooperative agreement trainings, technical assistance, or other meetings with initiative recipients, subrecipients, and other stakeholders.

- Inform methods for evaluating the process and outcome of cooperative agreement activities, and use findings to inform future work.
- Participate in the dissemination of cooperative agreement activities, progress and results (e.g., formal or informal presentations to internal and external stakeholders, presentations at national or regional conferences), including best practices and lessons learned.

Under HRSA-20-079 and HRSA-20-089, the recipient's responsibilities will include:

- Establish measures and methods for obtaining feedback from recipients, evaluating the process and outcome of cooperative agreement activities, and using feedback and evaluation findings to improve future work.
- In response to feedback from HRSA HAB, and/or recipients, modify approaches to the content, design, and/or delivery of strategies, tools, systems coordination activities, and technical assistance to improve their quality, utility or effectiveness.
- Plan for sustainability of cooperative agreement activities or resources after the period of federal funding ends.
- Assist jurisdictions in analyzing barriers to accessing care and gaps that hinder successful model integration and collaboration.
- Provide HRSA HAB with a complete, updated, and accessible copy of all federally supported materials, including online content, prepared under this cooperative agreement in an electronic zip file format on an annual basis for the duration of the project.

Applicants applying for the TAP (HRSA-20-079) have the following additional responsibilities:

- Assess the technical assistance needs of recipients related to the overall goal of reducing new HIV infections by 75 percent within five years.
- Identify and describe common challenges and successes among recipients in their development and submission of initiative plans and in their attainment of proposed initiative goals. Use these findings to inform cooperative agreement activities and suggest opportunities for enhancing work in this area.
- Develop strategies, tools, and technical assistance to support recipients in developing and improving initiative methodologies that 1) align with prioritized populations, 2) support implementation of initiative plans with their jurisdictions, and 3) support attainment of proposed goals.
- Conduct content analyses of initiative work plans submitted by recipients to inform development of strategies, tools, and technical assistance; and to identify promising or best practices, tools, and tips.
- Based on HRSA HAB review of and feedback of the work plans submitted by recipients, deliver targeted technical assistance to select recipients in Year 1, expanding to all recipients in Years 2 through 5 to support improvement in initiative activities.
- Assess and evaluate promising or best practices, tools, and tips to inform and guide the work of recipients in their attainment of proposed goals.

- Assemble evidence-based or informed programmatic information on a wide range of innovative strategies, techniques and approaches, and share that information with the SCP to disseminate to the recipients and the larger RWHAP community.

Applicants applying for the SCP (HRSA-20-089) have the following additional responsibilities:

- Assess the systems coordination needs of recipients related to the overall goal of reducing new HIV infections by 75 percent within five years.
- Develop opportunities for meaningful engagement and learning among peers across recipients. These methods and models should utilize or build upon existing platforms and engagement opportunities (e.g., national meetings or conferences).
- Ensure meaningful support and collaboration with key stakeholders in initiative planning.
- Based on HRSA HAB review of and feedback on assessment of TA needs of recipients, support coordination of initiative activities prioritized to select recipients in Year 1, expanding to all recipients in Years 2 through 5.
- Disseminate promising or best practices, tools, and tips to inform and guide the work of HRSA-20-078 recipients in their attainment of proposed goals.
- Disseminate project accomplishments, results from project evaluation activities, and other pertinent information nationally, to include all RWHAP recipients.
- Identify key stakeholders and convene meetings to assist jurisdictions in leveraging new and existing partnerships and resources to help achieve initiative goals.

2. Summary of Funding

HRSA expects approximately \$5,000,000 to be available in FY2020 to fund one cooperative agreement for each of the following announcement numbers (HRSA-20-079 and HRSA-20-089). 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. In the event that the FY 2020 appropriation or other statute fails to authorize this activity, no awards will be made.

You may apply for ceiling amounts as follows:

Announcement Number	Year One
HRSA-20-079 (TAP)	\$3,750,000
HRSA-20-089 (SCP)	\$1,250,000

HRSA plans to award one cooperative agreement for each announcement number. If you are applying for both announcement numbers, you must submit a separate application for each.

The period of performance is March 1, 2020 through February 28, 2025 (5 years). Funding is subject to the availability of appropriated funds for *Ending the HIV Epidemic: A Plan for America – Technical Assistance Provider* and *Ending the HIV Epidemic: A Plan for America – Systems Coordination Provider*. Funding availability in subsequent fiscal years is dependent on the availability of appropriated funds for these programs, and will also be determined by satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. The amount available listed in the table above is based on current projections. It is anticipated that the total annual amount available over the five year period of performance could increase from \$5 million to an amount that allows the recipients of HRSA-20-079 and HRSA-20-089 to provide expanded technical assistance and systems coordination to the recipients of HRSA-20-078, as they work to achieve the initiative's 5-year goal of a 75 percent reduction in new HIV infections. Applicants should submit the Years 2-5 work plans and proposed budgets accordingly. Future year ceiling and award amounts may be adjusted to reflect any changes. In addition, the Notice of Award (NOA) will list funding amounts as they become available. HRSA requires the recipient to submit a revised budget and work plan to appropriately reflect the actual funding amounts provided in the NOA. In the event that additional funding is made available in the future, future year award amounts may be adjusted to reflect any changes.

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 organizations may include: Public and nonprofit private entities, including institutions of higher education and academic health science centers involved in addressing HIV related issues on a national scope. Faith-based and community-based organizations, Tribes, and tribal organizations also are eligible to apply.

Applicants have the option to submit proposals with collaborating organizations if the partnership enhances the approach, capability and reach of the cooperative agreement.

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](#) non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are allowable. If you are applying for both announcement numbers, you must submit a separate application for each.

Be sure to submit the application under the correct announcement number.

As a reminder:

Announcement Number	Title
HRSA-20-079	Technical Assistance Provider
HRSA-20-089	Systems Coordination Provider

If for any reason (including submitting to the wrong announcement number under this funding opportunity 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 announcement 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](http://www.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 clarification, modifications and/or republications of the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [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 **60 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 announcement number prior to the deadline to be considered under this notice. Be sure to submit the application under the correct announcement number. The two (2) announcement numbers included in this funding opportunity are stated in the table below:

Announcement Number	Title
HRSA-20-079	Technical Assistance Provider
HRSA-20-089	Systems Coordination Provider

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 **Attachment 9: 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 either “*Ending the HIV Epidemic: A Plan for America —Technical Assistance Provider*” or “*Ending the HIV Epidemic: A Plan for America —Systems Coordination Provider*” and include the following information:

- A summary of the proposed activities for the announcement number under which you are applying (TAP or SCP).

- A description of the intended impact of the technical assistance or systems coordination activities (e.g., how the activities will support the recipients of HRSA-20-078 meet the goals of the initiative).
- The funding amount requested for the five-year period of performance.

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. Instructions for the Technical Assistance Provider (HRSA-20-079)

Please use the following section headers for the narrative for this announcement number:

- **INTRODUCTION** -- *Corresponds to Section V's Review Criterion #1 Need*
Briefly describe the purpose of the proposed project. Include a description of how the proposed technical assistance activities will impact the overarching goal of the initiative to significantly reduce new HIV infections in the focus jurisdictions by 75 percent within the five-year period of performance.
- **NEEDS ASSESSMENT** -- *Corresponds to Section V's Review Criterion #1 Need*
Describe your understanding of the factors driving incidence and prevalence rates of HIV in the targeted jurisdictions of the initiative. Discuss the system-level gaps affecting access, retention, and viral suppression in those jurisdictions. Discuss the need for change and innovation within existing treatment and referral networks to address disparities along the HIV care continuum and how these changes can prevent new HIV infections. Use and cite demographic and epidemiologic data inclusive of racial and ethnic minority populations within the focus jurisdictions whenever possible to support the information provided. Data sources may include surveillance and epidemiology reports, profiles of state and local public health departments, needs assessment surveys, risk behavioral surveys, and other programmatic data.

Provide a summary that demonstrates a comprehensive understanding of the types of TA needed to help jurisdictions be successful in implementing strategies, interventions, approaches, and core medical and support services to achieve the goals of the initiative, specifically focusing on Pillars Two (Treat) and Four (Respond). The TA should address key challenges and barriers, such as stigma, infrastructure, and the impact of social determinants of health. Also, provide a summary of the approaches needed to disseminate tools, best practices and lessons learned from the jurisdictions to other RWHAP jurisdictions, in order to increase their success in achieving the goals of the initiative.

- ***METHODOLOGY -- Corresponds to Section V's Review Criterion #2 Response***
Propose methods that you will use to address the stated needs and how you will meet each of the previously described program requirements and expectations in this NOFO.

Describe the proposed selection criteria that you will use to recommend a minimum of 12 recipients to provide focused TA during Year 1; final selection will be made in collaboration with HRSA. Describe how the selection criteria will ensure the identification and participation of jurisdictions as outlined in Section II, Recipient Responsibilities.

Describe your approach to assess TA needs for selected recipients in Year 1, as well as all recipients in Years 2 through Year 5, including a routine means of TA needs assessment. Describe your approach to develop a TA plan for guiding each jurisdiction through the implementation of their initiative work plan. Discuss your planned method to customize TA for each jurisdiction, and identify existing barriers that affect their ability to implement the activities in their work plans. Specifically describe the methods you will use to provide TA on the implementation of effective and innovative strategies, interventions, approaches, and services to achieve the goals of the initiative.

Describe your plan to monitor and evaluate the success and challenges of the initiative at the jurisdictional level and adjusting and prioritizing TA, as needed, to maximize the success of all funded recipients. Provide a detailed methodology for assessing the effectiveness of innovative strategies, interventions, approaches, and services. Describe the methodology and theoretical framework that will be used to assess and evaluate all jurisdictions funded by the initiative.

Describe your plan for the development of implementation manuals with successful tools and innovative practices and approaches for use by other jurisdictions to replicate. Describe how you will collaborate closely with the SCP to ensure timely dissemination of these manuals.

Define your plan for assisting the jurisdictions with developing sustainability plans, including budget projections for continued program integration and ongoing activities after the funding period ends. HRSA expects recipients to sustain key elements of their projects (e.g., strategies or services and interventions), which have been effective in addressing Pillars Two (Treat) and Four (Respond) of the initiative that have led to improved outcomes for the target populations. A summary of the jurisdictions' sustainability plans will be part of the reporting requirements for this project.

- ***WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact***
Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance discussed in the Methodology section. Include all aspects of planning and provision of TA, including: the selection and prioritization of Year 1 TA sites; monitoring and evaluating the successful design and implementation of the initiative at the jurisdictional level;

and gathering successful innovative practices and approaches. Be sure the work plan focuses on the three areas of TA identified in the Purpose section, that it is national in scope, and demonstrates collaboration with partner agencies as applicable. Use a timeline that includes each activity and identifies responsible staff positions. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all TA activities. The work plan is a tool to manage the initiative by measuring progress, identifying necessary changes, and quantifying accomplishments. The work plan should directly relate to your methodology and the program requirements of this announcement. The work plan should include clearly written (1) goals; (2) objectives that are specific, time-framed, and measurable; (3) action steps; (4) staff responsible for each action step (including consultants); and (5) anticipated dates of completion. Include goals in the work plan for the entire proposed five-year period; include objectives and action steps in the work plan only in relation to goals set for year one. First year objectives should describe key action steps or activities that will be undertaken to implement the project (e.g., hiring and training appropriate staff (if applicable); establishing resource and referral networks; establishing quality control mechanisms; development of the TA implementation plans; TA site visit protocols; and engaging stakeholder and partner participation in implementing TA activities).

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

Discuss the challenges that you are likely to encounter in monitoring, assessing, and evaluating activities described in the work plan, and approaches that you will use to resolve such challenges.

Specifically:

- Describe the challenges that are likely to be encountered in the development and implementation of effective technical assistance (TA) within varied HIV care and treatment systems, and propose strategies that you may employ to overcome these challenges;
 - Describe challenges to providing TA to HIV service delivery systems and organizations within a variety of settings, and techniques that you may use to address these challenges;
 - Describe any anticipated challenges to the coordination of technical assistance implementation and to managing stakeholder engagements, and techniques that you may use to mitigate these challenges; and
 - Describe the challenges that jurisdictions may face, such as stigma, policy, infrastructure, and the impact of social determinants of health and how you propose to address or overcome these barriers.
- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #5 Resource/Capabilities*
- Describe a clear vision and approach for effectively implementing the purpose and outcomes of this NOFO. Demonstrate that you have adequate and appropriate organizational structure and technical capacity to support the requirements for the TAP cooperative agreement.

1. Program Infrastructure

- Describe your capacity to provide start-up and ongoing TA to initiative recipients to implement and support jurisdictional work plans. Discuss any examples of previous projects that reflect the expertise of proposed staff in working collaboratively with RWHAP Part A and Part B recipients (i.e., Eligible Metropolitan Areas/Transitional Grant Areas and states).
- Describe your organization's experience in providing TA for innovative interventions models and systemic approaches to improve the delivery of HIV services to people with HIV, especially to RWHAP and other HIV providers nationwide.
- Describe your organization's experience in providing intensive TA and the scope and impact of such activities.
- Describe your experience in providing TA at a national level to recipients of RWHAP funding. Include your organization's experience in assisting with the development of sustainability plans. These plans will ensure recipients can continue best practices and innovative approaches used to address Pillar Two (Treat) and Four (Respond) of the initiative.
- Describe your organization's experience in tailoring intervention plans and strategies for specific organizations, and subsequent adaptations of established intervention plans. Include information on your organization's experience in supporting the diffusion and adaptation of effective innovations in new settings.

2. Dissemination and Information Sharing

- Explain your process for collecting and sharing a wide range of innovative practices and approaches that are successful in meeting the goals of the initiative.
- Describe your organization's experience in developing implementation manuals and working with other organizations to disseminate information.
- Demonstrate your organization's ability to collect guidance documents, technical assistance documents, case studies, and scientific publications and to summarize these documents and publications in a digestible, user-friendly form for dissemination by the SCP to relevant stakeholders.
- The TAP will have to collaborate with the SCP to ensure clear communication and coordination of TA needs for implementing the initiative jurisdictional work plans. Describe your organization's planned process for partnering with the SCP to minimize duplication of efforts within the selected jurisdictions (Years 1 and 2) and at the national level (Years 3-5).

3. Project Evaluation

- Describe your organization's capacity to monitor and evaluate the success and challenges of the initiative at the jurisdictional level, including adjusting and prioritizing TA as needed.
- Describe any obstacles to meeting the TA needs of the jurisdictions and plans to address those obstacles.

- Describe your organization’s experience in gathering data/information and performing timely assessment and evaluation of TA activities to determine the TA needs of jurisdictions participating in the initiative.
- Describe your organization’s plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards reaching the goals and objectives of this TA project.

NOTE: Organizations or agencies that are collaborating to submit an application must identify one organization to be the applicant and provide information on how they will monitor and assess performance of activities being completed by each partner organization.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V’s Review Criterion #5 Resource and Capabilities*

In this section, provide three major elements: 1) an organizational description, 2) management and staffing expertise, and 3) key partnerships.

1. Organizational Description

- Provide an organizational profile and project organizational chart, as **Attachment 5**. The organizational profile should include significant collaborative partners, key personnel, budget, and other resources. The organizational chart should be a one-page figure that depicts the primary organizational structure and identified subrecipients/significant collaborators for this initiative.
- Describe the scope of current TA activities in which your organization is engaged.
- Describe the level of experience and number of years of experience in supporting TA projects and developing best practices. Include information on your experience in the area of developing implementation manuals, specifically related to HIV service delivery organizations.
- Provide a description of your experience with fiscal management of grants and contracts including experience managing multiple federal grants and documenting all costs to avoid audit findings.

2. Management and Staffing Expertise

- Describe the proposed key personnel (including any consultants and contractors, if applicable) and how they have the necessary knowledge, experience, training, and skills to provide TA to jurisdictions described in HRSA-20-078 to implement activities for the initiative.
 - Describe staff expertise and experience in providing TA to systems and provider organizations serving people with HIV.
 - Describe staff expertise in best practices and other approaches needed to reduce HIV infections and increase viral suppression.
- Include a staffing plan for proposed project staff and brief job descriptions to include the roles and responsibilities, including who will manage/oversee the various project activities, and qualifications, and include as **Attachment 2**. See Section 4.1. of HRSA’s SF-424 Application Guide for additional information. Include short biographical sketches of

key project staff as **Attachment 3**. See Section 4.1. of HRSA's SF-424 Application Guide for information on the content for the sketches.

3. **Key Partnerships:** Current and proposed collaborating organizations and individuals must demonstrate their commitment to fulfill the goals and objectives of the project through signed and dated letters or memoranda of agreement/understanding. Include either a Memorandum(a) of Agreement/Understanding or a summary describing the roles and responsibilities of all parties in **Attachment 4**.

B. Instructions for the Systems Coordination Provider (HRSA-20-089)

Please use the following section headers for the narrative for this announcement number:

- **INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need**
Briefly describe the purpose of the proposed project. Include a description of how the proposed systems coordination activities will impact the goal of the initiative to significantly reduce new HIV infections in the focus jurisdictions by 75 percent within the five-year period of performance.
- **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need**
Describe your understanding of the HIV health care landscape in the targeted jurisdictions of the initiative, including any regional differences and challenges. Describe the need for, and barriers to, initiative recipient jurisdictions coordinating the initiative funding, programs, and initiatives with the existing HIV care delivery systems and with other relevant funders, partners, and systems (such as CDC, CMS, NIH CFARs, IHS, and SAMHSA) to meet the goals of the initiative. Describe the need to identify new partners (including traditional and non-traditional partners) to reach, engage, and retain the initiative target populations in HIV care and the potential challenges in engaging these new partners in the initiative. Use and cite demographic data or literature and publications whenever possible to support the information provided.
- **METHODOLOGY -- Corresponds to Section V's Review Criterion #2 Response**
Propose methods that you will use to address the stated needs and how you will meet each of the previously described program requirements and expectations in this NOFO, including the process to prioritize recipients with greatest need in the first year.

Describe the proposed methodology for implementing system-level coordination and planning activities to maximize the impact of available resources within jurisdictions to address the four Pillars of the initiative. Describe proposed methods, including the development of effective tools and strategies, to identify and engage new and existing key stakeholders, partners, and decision makers in collaborating, integrating, communicating, and sharing information to meet the goals of the initiative. Specifically, describe your approach to strengthen coordination and networks among and between the RWHAP and other federal, state, and local entities (i.e., CDC, CMS, NIH CFARs, IHS, SAMHSA, RWHAP

Part A Planning Councils/Bodies). Discuss how you will promote synergy among recipients and stakeholders through meaningful collaborations with the goal of achieving collective impact. Describe your plan to collaborate closely with recipients as well as the TAP to maximize communication and coordination and minimize duplication of efforts. In addition, describe your proposed methodology for prioritizing recipients with the greatest need in the first year of the project.

Describe proposed methods to provide logistical and technical assistance support (onsite and virtual) to recipients for collaboration meetings with identified stakeholders. Describe how you will facilitate both onsite and virtual meetings with these stakeholders and ensure a high level of participation throughout the duration of the technical assistance.

Describe your plan to coordinate the dissemination of implementation manuals identifying successful tools and innovative practices and approaches developed by the TAP throughout the five-year period of performance. Discuss your approach to coordinating the publication and dissemination of the initiative's findings and lessons learned in conjunction with the designated HRSA staff. Define your plan to disseminate information to recipients during Year 2 and to expand dissemination nationally to jurisdictions not funded under this project in Year 3 to promote replication and implementation of intervention activities. Provide your plan for promoting materials/webinars using the [TargetHIV website](#).

Define your plan for assisting the jurisdictions with developing sustainability plans as it relates to collaboration and systems coordination activities after the funding period ends. HRSA expects recipients to sustain key elements of their projects (e.g., strategies or planning activities), which have been effective in addressing Pillars Two (Treat) and Four (Respond) of the initiative that have led to improved outcomes for the target populations.

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

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance discussed in the Methodology section. Include all aspects of planning and coordination, including: the selection and prioritization of Year 1 TA sites; identification of new and existing key stakeholders; and collaboration with jurisdictions and the TAP. Delineate the steps that you will use to establish collaboration and coordination of the various initiative funding streams and programs, and integration with the existing RWHAP systems of care and treatment to end the HIV epidemic in jurisdictions. Be sure the work plan focuses on the three areas identified in the Purpose section (systems coordination, logistics, and dissemination), that it is national in scope, and demonstrates collaboration with partner agencies to address the four Pillars of the initiative.

Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support of and collaboration with key stakeholders in planning, designing, and implementing all activities. The work plan should include clearly written (1) goals for the entire proposed five-year period of

performance; (2) objectives that are specific, time-framed, and measurable; (3) activities or action steps to achieve the stated objectives; (4) staff responsible for each action step; and (5) anticipated completion dates. Goals should be included in the work plan for the entire proposed five-year period; objectives and action steps are required in the work plan only in relation to goals set for year one. First year objectives should describe key action steps or activities that will be undertaken to implement the project, including, but not limited to hiring and training appropriate staff (if applicable); establishing resource and stakeholder networks; establishing quality control mechanisms; development of onsite and virtual meeting processes; and coordinating and facilitating stakeholder and partner engagement in planning meetings.

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

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges. Describe the barriers you may face in developing comprehensive coordination activities in the jurisdictions and how you propose to address or overcome these barriers.

Specifically:

- Describe the challenges that are likely to be encountered in the development and implementation of effective coordination activities within varied jurisdictions and propose strategies that may be employed to overcome these challenges;
 - Describe any anticipated challenges to coordinating technical assistance implementation and to managing stakeholder engagement, and techniques that you will use to mitigate these challenges;
 - Describe any obstacles to engaging current HIV partners and identifying new/key partners and plans to address those obstacles.
 - Describe the challenges that may arise when disseminating innovative tools and strategies to the jurisdictions as well as nationally; and
 - Describe the challenges that jurisdictions may face with coordination activities, communicating with collaborators, and demonstrating sustainable coordination activities, and how you propose to address or overcome these barriers.
- ***EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #5 Resources/Capabilities***
The applicant should describe a clear vision and approach for effectively implementing the purpose and outcomes of this NOFO. Demonstrate that you have adequate and appropriate organizational structure and technical capacity to support the SCP requirements of this cooperative agreement.

1. Program Infrastructure

- Describe your organization's capacity to assist recipients with coordinating efforts with key stakeholders to ensure maximum impact of the initiative while building on current RWHAP infrastructure.

- Describe your organization's experience in working with recipients to conduct environmental scans to identify new and existing key stakeholders in order to facilitate participation in initiative planning.
- Describe your experience promoting synergy among various stakeholders leading to effective collaboration. Include details on the specific process(es) used to achieve impactful outcomes as a result of such collaborations.

2. Project Coordination

- Describe your experience in providing logistical and meeting facilitation at a national level, highlighting any work with recipients of RWHAP funding.
- Describe any experience in logistical planning and facilitation for large meetings aimed at sharing information and expertise to build knowledge and capacity of participants. Describe your organization's capacity to host webinars and webcasts, including platforms to be utilized.
- Describe your organization's experience in identifying various stakeholders to enhance their capacity to support the implementation of the initiative within the selected jurisdictions.
- Describe your organization's experience in engaging partners, developing priorities, creating a shared vision, and establishing measurable goals and objectives.
- Describe your organization's experience with convening and leading cross-sector, collaborative partnerships, and contributing to a shared measurement approach.
- Describe your organization's ability to conduct face-to-face consultations/meetings including your experience in engaging participants and producing meaningful results.

3. Dissemination and Information Sharing

- Explain your process for sharing/disseminating a wide range of innovative practices and approaches that are successful in meeting the goals of the initiative.
- Provide a summary of the approaches you will use to disseminate tools, best practices and lessons learned from the funded jurisdictions and nationally, including to other RWHAP recipients, in order to increase their success in achieving the goals of the initiative.
- Describe any experience in sharing information and expertise to build knowledge and capacity of participants and key stakeholders.
- Demonstrate your organization's ability to provide platforms for disseminating best practices, implementation manuals, and relevant information to key stakeholders, as well as platforms to facilitate sharing of information among stakeholders.
- Describe your organization's planned process for partnering with the TAP to ensure clear communication and coordination of TA needs for implementing the initiative jurisdictional work plans, and to minimize duplication of efforts within the selected jurisdictions (Years 1 and 2) and at the national level (Years 3-5).

4. Project Evaluation

- Describe your organization's capacity to monitor and evaluate the successes and challenges of partner engagement for the initiative at the jurisdictional level.
- Describe your organization's experience in gathering data/information and performing timely evaluation of coordination activities to determine the coordination needs of jurisdictions participating in the initiative.
- Describe your organization's plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards reaching the goals and objectives of the project.

NOTE: Organizations or agencies that are collaborating to submit a joint application must identify one organization to be the applicant and provide information on how they will monitor and assess performance of methods and activities being completed by each partner organization.

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

1. Organizational Description

- Provide an organizational profile and project organizational chart as **Attachment 5**. The organizational profile should include significant collaborative partners, key personnel, budget, and other resources. The organizational chart should be a one-page figure that depicts the primary organizational structure and identified subrecipients/significant collaborators for this initiative.
- Describe the scope of current coordination, meeting planning, and facilitation activities in which your organization is engaged.
- Describe the level and number of years of experience in providing logistical support, identifying key stakeholders, facilitating meaningful engagement, and creating an environment for collective impact.
- Describe your organization's experience disseminating best practices, including implementation manuals, highlighting any to HIV service delivery organizations.
- Provide a description of your experience with fiscal management of grants and contracts including experience managing multiple federal grants and documenting all costs to avoid audit findings.

2. Management and Staffing Expertise

- Describe the proposed key personnel (including any consultants and contractors, if applicable) and how they have the necessary knowledge, experience, training, and skills to provide logistical support and facilitate collaborative meetings with the jurisdictions described in HRSA-20-078 to implement activities for the initiative.
- Include a staffing plan for proposed project staff and brief job descriptions to include the roles, responsibilities, and qualifications, including who will manage/oversee the various project activities. Include as **Attachment 2**. See Section 4.1. of HRSA's SF-424 Application Guide for additional

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

3. Key Partnerships

- Describe collaborative efforts with other pertinent agencies that enhance your ability to accomplish the proposed project. Discuss any examples of previous projects that reflect the experience of proposed staff in working collaboratively with RWHAP-funded organizations.
- Current and proposed collaborating organizations and individuals must demonstrate their commitment to fulfill the goals and objectives of the project through signed and dated letters or memoranda of agreement/understanding. Include either a Memorandum(a) of Agreement/Understanding or a summary describing the roles and responsibilities of all parties in **Attachment 4**.

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

iii. Budget

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide 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.

In addition, *Ending the HIV Epidemic: A Plan for America – Technical Assistance Provider* and *Ending the HIV Epidemic: A Plan for America – Systems Coordination Provider* require the following:

Program Specific Line Budget. Applicants must submit a separate program-specific line item budget for each year of the five-year project period. Upload the budget as an attachment to the application as **Attachment 7**. HRSA HAB recommends that you convert or scan the budget into a PDF format for submission. Do not submit Excel spreadsheets. HRSA HAB recommends that you submit a line item budget in table format, listing the program category costs. The budget should include personnel name and title, fringe benefits, total personnel costs, consultant costs by individual consultant, supplies, staff travel, other expenses by individual expense, total direct costs, indirect costs, and total costs. Include annual salary and total project FTE, as well as all costs by major activity. Note: If you include indirect costs in the budget, please attach a copy of the organization’s indirect cost rate agreement as **Attachment 8**. Indirect cost rate agreements will not count toward the page limit.

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, § 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.” 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.

iv. Budget Narrative

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

In addition, *Ending the HIV Epidemic: A Plan for America – Technical Assistance Provider* and *Ending the HIV Epidemic: A Plan for America – Systems Coordination Provider* require the following:

Provide a narrative that clearly explains the amounts requested for each line in the budget. For subsequent budget years, the budget justification narrative should highlight only the changes from year one. The budget narrative must be clear and concise. Do not repeat the same information across years in the budget narrative.

v. Attachments

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.2.ii. Project Narrative](#). If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

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

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

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 not yet hired, 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 proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any 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: 5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit; however, any related budget narrative does count. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

Attachment 7: Program Specific Line Item Budget

Include the program specific line item budget for each year of the period of performance. Submit as a PDF document, not as an Excel spreadsheet.

Attachment 8: Indirect Cost Rate Agreement (if applicable)

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

Attachments 9 – 15: Other Relevant Documents

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

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

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.

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 *October 15, 2019 at 11:59 p.m. ET*. **HRSA suggests submitting applications to Grants.gov at least three (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

Ending the HIV Epidemic: A Plan for America – Technical Assistance Provider and *Ending the HIV Epidemic: A Plan for America – Systems Coordination Provider* are not programs subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to five (5) years. **If you are applying for both announcement numbers, you must submit a separate application for each.** Each announcement number has a specific ceiling amount:

Announcement Number	Year One
HRSA-20-079 (TAP)	\$3,750,000
HRSA-20-089 (SCP)	\$1,250,000

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.

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) 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. Awards will be made subsequent to enactment of the FY2020 appropriation. The NOA will reference the FY2020 appropriation act and any restrictions that may apply. Note that these or other restrictions may be updated, as required by law, upon enactment of a FY 2020 appropriations act.

You cannot use funds under this notice for the following purposes:

- Provision of direct health care or support services;
- Clinical research;
- International travel;
- Purchase or improvement of land;

- Construction; however, minor alterations and renovations to an existing facility to make to more suitable for the purposes of the award program are allowable with prior HRSA approval; and
- Supplant funds for any other federal award or state funds.

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.

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. HRSA-20-079 and HRSA-20-089 will be reviewed and scored separately.

Review criteria are used to review and rank applications. *Ending the HIV Epidemic: A Plan for America – Technical Assistance Provider* and *Ending the HIV Epidemic: A Plan for America – Systems Coordination Provider* each has six review criteria. See the review criteria outlined below with specific detail and scoring points.

A. Review Criteria for the Technical Assistance Provider (HRSA-20-079)

Criterion 1: NEED (10 points) – Corresponds to Section IV’s Introduction and Needs Assessment

- The extent to which the applicant provides a clear description of the proposed project and demonstrates how activities support the initiative goal of significantly reducing new HIV infections in the focus jurisdictions.
- The clarity and completeness of the description of the factors driving incidence and prevalence rates of HIV in the targeted jurisdictions of the initiative, and of the gaps and disparities along the HIV care continuum that prevent HIV viral suppression and contribute to new HIV infections.
- The clarity and completeness of the description of the types of TA needed to make initiative-funded jurisdictions successful in implementing strategies, interventions, approaches, and core medical and support services to achieve the goals of the initiative.

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

- The extent to which the applicant provides a detailed discussion of the proposed methods they will use to address the stated needs in the needs assessment and meet the program requirements and expectations in this NOFO, including a detailed discussion of the selection criteria that will be used to provide focused TA to a minimum of 12 recipients in Year 1.
- The clarity and strength of the applicant’s approach to assess TA needs, develop a TA plan, and customize TA for each jurisdiction on the implementation of effective and innovative strategies, interventions, approaches, and services to achieve the goals of the initiative.
- The extent to which the applicant provides a clear description of how they will monitor and evaluate success and challenges of the initiative at the jurisdictional level, and develop implementation manuals with the successful tools and innovative practices and approaches for others to replicate.
- The strength of the proposed work plan (**Attachment 1**) as evidenced by measurable and appropriate objectives.
- The clarity and strength of the solution-oriented approaches for addressing identified potential challenges as they relate to the effective implementation/provision of TA to various HIV care and treatment systems.

Criterion 3: EVALUATIVE MEASURES (15 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.

- The extent to which the applicant has provided evidence that it has the appropriate resources to provide start-up and ongoing TA including TA on innovative intervention models and systematic approaches to improve the delivery of HIV services to people with HIV.
- The extent to which the applicant has provided evidence that it can provide TA at a national level, and has experience assisting with the development of sustainability plans, and tailoring intervention plans for specific organizations.
- The extent to which the applicant describes a process for collecting and sharing innovative practices to meet the goals of the initiative.
- The extent to which the applicant discusses a how they will collaborate with the SCP to coordinate TA needs for implementing jurisdictional work plans.
- The extent to which the applicant has proposed effective methods to monitor and evaluate the progress and the results of the program.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV’s Methodology and Work Plan

- The extent to which the proposed goals, objectives, and work plan activities (**Attachment 1**) address: the planning and provision of TA; monitoring and evaluating the successful design and implementation of the initiative at the jurisdictional level; and gathering successful innovative practices and approaches.

- The extent to which the work plan includes meaningful support and collaboration with key stakeholders in planning, designing, and implementing all TA activities.
- The extent to which the work plan includes key action steps or activities such as the establishment of resource and referral networks; quality control mechanisms; development of TA plans; TA site visit protocols; and engaging stakeholder and partner participation in implementing TA activities
- The detailed description of the plan to assist jurisdictions with developing sustainability plans, including budget projections for continued program integration and ongoing activities after the period of federal funding ends.

Criterion 5: RESOURCES/CAPABILITIES (20 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 capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

- The extent to which the applicant describes the organizational capabilities and resources that will contribute to their ability to successfully implement, manage, and monitor the proposed project, including a project organizational chart (**Attachment 5**).
- The extent to which the staffing plan (**Attachment 2**) demonstrates the needed expertise for the project and is consistent with the proposed project and highlights key staff, partners, and collaborators with relevant expertise and experience with similar work, including a detailed description of the expertise of the partners and collaborators.
- The extent to which the applicant provides evidence of performing the tasks of this NOFO in prior similar national level activities.
- The extent to which the applicant demonstrates adequate infrastructure and capacity to implement the project and achieve the project outcomes.
- The extent to which the applicant describes how collaborative efforts with other agencies/organizations will enhance the proposed project and whether such partnerships are they feasible as described.

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

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results.

- The extent to which costs, as outlined in the budget, are reasonable given the scope of work and in alignment with the proposed work plan.
- The extent to which the budget narrative fully explains each line item and justifies the resources requested, including proposed staff.

B. Review Criteria for the Systems Coordination Provider (HRSA-20-089)

Criterion 1: NEED (10 points) – Corresponds to Section IV’s Introduction and Needs Assessment

- The extent to which the applicant provides a clear description of the proposed project and demonstrates how coordination activities support the initiative goal of significantly reducing new HIV infections in the focus jurisdictions.
- The clarity and completeness of the description of the HIV health care landscape in the targeted jurisdictions of the initiative, including any regional differences and challenges.
- The clarity and completeness of the description of the need for, and barriers to, initiative recipient jurisdictions coordinating the initiative funding, programs, and initiatives with the existing HIV care delivery systems and with other relevant funders, partners, and systems (such as CDC, CMS, CFAR, IHS, and SAMHSA) to meet to the goals of the initiative.
- The extent to which the applicant describes the need to identify new partners (including traditional and non-traditional partners) to reach, engage, and retain the initiative target populations in HIV care.

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

- The extent to which the applicant provides a detailed discussion of the proposed methods they will use to address the stated needs in the needs assessment and meet the program requirements and expectations in this NOFO, including a detailed discussion of the process to prioritize recipients with the greatest need in Year 1.
- The clarity and strength of the applicant’s approach to implementing system-level coordination and planning activities, developing effective tools and strategies to identify new and existing key stakeholders, ensuring effective communication and collaboration with the TAP, and strengthening coordination and networks between the RWHAP and other federal, state, and local entities to address the four Pillars of the initiative.
- The clarity and strength of the proposed methods the applicant will use to provide logistical and technical assistance support (onsite and virtual) to recipients for collaboration meetings.
- The strength of the proposed work plan (**Attachment 1**) as evidenced by measurable and appropriate objectives.
- The clarity and strength of the solution-oriented approaches for addressing identified potential challenges as they relate to the effective implementation of comprehensive coordination and stakeholder engagement activities in the jurisdictions.

Criterion 3: EVALUATIVE MEASURES (15 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.

- The extent to which the applicant has provided evidence that it has the appropriate resources to assist recipients in conducting environmental scans, and coordinate efforts with new and existing key stakeholders to create meaningful collaborations.
- The extent to which the applicant has provided evidence that it has experience providing logistical support and meeting facilitation, convening large groups, and leading cross-sector collaboration to fulfill the requirements of this NOFO.
- The extent to which the applicant has provided evidence of a proposed process for sharing and disseminating innovative practices that is adequate and can show whether the project has met its objectives.
- The extent to which the applicant discusses a how they will partner with the TAP to coordinate TA needs for each jurisdiction.
- The extent to which the applicant has proposed effective methods to monitor and evaluate whether they are meeting the goals and objectives of the project including the successes and challenges of partner engagement, coordination activities within the jurisdictions, and quality improvement efforts.

Criterion 4: IMPACT (20 points) – Corresponds to Section IV’s Methodology and Work Plan

- The extent to which the work plan proposes goals, objectives, and activities (**Attachment 1**) that address successful: planning and systems coordination; identification of new and existing key stakeholders; and meaningful collaboration with jurisdictions and the TAP.
- The extent to which the work plan includes meaningful support of and collaboration with key stakeholders in planning, designing, and implementing all activities to ensure success in meeting the project goals across the four Pillars.
- The extent to which the work plan reflects the establishment of resources and stakeholder networks; quality control mechanisms; development of onsite and virtual meeting processes; and coordinating and facilitating stakeholder and partner engagement in planning meetings.
- The extent to which the applicant provides a detailed description of the plan to assist jurisdictions with developing sustainability plans as it relates to collaboration and coordination activities after the period of federal funding ends.
- The extent to which the applicant describes how they will disseminate strategies or services and interventions that have been effective and that have led to improved outcomes.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity and Organizational Information

- The extent to which the applicant describes the organizational capabilities and resources that will contribute to their ability to successfully implement, manage, and monitor the proposed project, including a project organizational chart (**Attachment 5**).
- The extent to which the staffing plan (**Attachment 2**) demonstrates the needed expertise for the project and is consistent with the proposed project and highlights key staff, partners, and collaborators with relevant expertise and experience with similar work, including a detailed description of the expertise of the partners and collaborators.
- The extent to which the applicant provides evidence of performing the tasks of this NOFO in prior similar national level activities, highlighting any to HIV service delivery organizations.
- The extent to which the applicant demonstrates adequate infrastructure and capacity to implement the project and achieve the project outcomes.
- The extent to which the applicant describes how collaborative efforts with other agencies/organizations will enhance the proposed project and whether such partnerships are feasible as described.

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

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results.

- The extent to which costs, as outlined in the budget, are reasonable given the scope of work and in alignment with the proposed work plan.
- The extent to which the budget narrative fully explains each line item and justifies the resources requested, including proposed staff.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked application under each announcement number receives 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. See Section 5.3 of HRSA’s [SF-424 Application Guide](#) for more details.

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.

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 \(FAPIS\)](#). 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 [FAPIS](#) 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.

HRSA will report to FAPIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of March 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.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal

purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular federally supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's data rights.

3. Reporting

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

- 1) **Progress Report(s)**. The recipient must submit a progress report to HRSA on a **tri-annual** basis (i.e., every four months). Further information will be available in the NOA.
- 2) **Final Report**. The recipient must submit a Final Report to HRSA for this program. Further information will be available in the NOA.
- 3) **Integrity and Performance Reporting**. The NOA 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 and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Olusada Dada
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-0195
Email: Odada@hrsa.gov

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

Heather Hauck, MSW, LICSW
Deputy Associate Administrator
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Mail Stop 09W29
Rockville, MD 20857
Telephone: (301) 443-3613
Email: hhauck@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 following technical assistance webinar:

Day and Date: Thursday, August 29, 2019

Time: 2 p.m. – 4 p.m. ET

Call-In Number: 1-888-950-9561

Participant Code: 6408323

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

Playback: Webinar will be available on the [TargetHIV](#) website.

Tips for Writing a Strong Application

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