

U.S. Department of Health and Human Services

HRSA

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

HIV/AIDS Bureau

Office of Program Support

Regional AIDS Education and Training Centers

Funding Opportunity Number: HRSA-24-059

Funding Opportunity Type(s): Competing Continuation and New

Assistance Listings Number: 93.145

Application Due Date: February 5, 2024

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

We will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: November 7, 2023

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See [Section VII](#) for a complete list of agency contacts.

Authority: 42 USC §§ 300ff-111(a) and 300ff-121 (§§ 2692(a) and 2693 of the Public Health Service (PHS) Act). Secretary's Minority AIDS Initiative and Ending the HIV Epidemic in the U.S. funds are authorized by Consolidated Appropriations Act, 2023, Pub. L. 117-328, Division H, title II. Funds for the Primary Care Prevention Program are authorized under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act (42 U.S.C. § 254b(e), (g), (h), and/or (i)), as appropriate.

508 COMPLIANCE DISCLAIMER

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SUMMARY

Funding Opportunity Title:	Regional AIDS Education and Training Centers
Funding Opportunity Number:	HRSA-24-059
Assistance Listing Number:	93.145
Due Date for Applications:	February 5, 2024
Purpose:	The AETC Program consists of a network of HIV experts who, collectively, work to increase and support a workforce capable of and who intend to provide care and treatment to people with or at-risk of HIV.
Program Objective(s):	<ol style="list-style-type: none"> 1) Goal 1: Expand the number of health care team members providing HIV care and prevention services, including providers with different backgrounds or experiences. 2) Goal 2: Expand the ability of health care team members to provide effective HIV care and prevention services. 3) Goal 3: Improve health equity by integrating HIV care and prevention in primary care and other health care settings that provide services to underserved populations. 4) Goal 4: Enhance the capacity of the RWHAP AETC Program to train health care team members to serve people at risk for or with HIV.
Eligible Applicants:	Eligible applicants include domestic public and nonprofit private entities, schools and academic health science centers. Community-based organizations are eligible to apply. Tribal organizations and tribal governments are also eligible to apply.

	See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2024 Total Available Funding:	Up to \$19,000,000 Base Funds Up to \$9,000,000 Minority AIDS Initiative (MAI) Up to \$9,000,000 Ending the HIV Epidemic (EHE) Award amount includes funds for Regional AETC base, MAI, EHE funds. <i>HRSA is issuing this notice to ensure that, should funds become available for this purpose, the Agency can process applications and award funds appropriately. HRSA may cancel this program notice before award if funds are not appropriated.</i>
Estimated Number and Type of Award(s):	Up to eight (8): competing continuation and new grants will be awarded.
Estimated Annual Award Amount:	Maximum award amounts for Ryan White HIV/AIDS Program (RWHAP) Part F Regional AETC Base, MAI, and EHE: Varies by region (see Appendix A) and are subject to the availability of appropriated funds.
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2024, through June 30, 2029 (5 years)
Agency Contacts:	Business, administrative, or fiscal issues: Nancy Gaines Grants Management Specialist Division of Grants Management Operations, Office of Federal Assistance Management Email: ngaines@hrsa.gov Program issues or technical assistance: Makeva Rhoden Deputy Director, Office of Program Support HIV/AIDS Bureau Email: AskAETCProgram@hrsa.gov

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA’s SF-424 Application Guide. Visit HRSA’s How to Prepare Your Application page for more information.

Technical Assistance

HRSA has scheduled the following webinar:

Thursday, November 16, 2023

Time: 1 – 3 p.m. ET

- Weblink: <https://hrsa-gov.zoomgov.com/j/1612669089?pwd=bHhaZnZrSEVxWk4xZmtuSnljakJPQT09>
- Meeting ID: 161 266 9089
- Passcode: uasmXj2u

Attendees without computer access or computer audio can use the dial-in information below.

- Dial by your location:
 - +1 669 254 5252 US (San Jose)
 - +1 646 964 1167 US (US Spanish Line)
 - +1 646 828 7666 US (New York)
 - +1 415 449 4000 US (US Spanish Line)
 - +1 551 285 1373 US (New Jersey)
 - +1 669 216 1590 US (San Jose)
 - 833 568 8864 US Toll-free
- Webinar ID: 161 266 9089
- Passcode: 17206479

HRSA will record the webinar. It will be available on the TargetHIV website at <https://targethiv.org/library/nofos>.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for the Ryan White HIV/AIDS Program (RWHAP) Part F *Regional AIDS Education and Training Centers (AETC) Program*. The AETC Program consists of a network of HIV experts who, collectively, work to increase and support a workforce capable of and who intend to provide care and treatment to people with or at-risk of HIV.

The aim of the program during the next five-year period of performance (July 1, 2024 – June 30, 2029) is to build on the previous work and successes of the AETC program and their local partners and implement a modernized and strengthened program framework based on industry standards. The foundational changes include:

- 1) The establishment of new and clearly defined goals, objectives, and data reporting requirements to promote quality improvement, and increase performance improvement across programs. The goals are ([Appendix C](#)):
 - **Goal 1:** Expand the number of health care team members providing HIV care and prevention services, including providers with different backgrounds or experiences.
 - **Goal 2:** Expand the ability of health care team members to provide effective HIV care and prevention services.
 - **Goal 3:** Improve health equity by integrating HIV care and prevention in primary care and other health care settings that provide services to underserved populations.
 - **Goal 4:** Enhance the capacity of the AETC Program to train health care team members to serve people at risk for or with HIV.
- 2) An increased emphasis on building and maintaining partnerships with RWHAP recipients and health care and health professional organizations.
- 3) The incorporation of evidenced-based strategies to inform regional programs and target training in areas of high need.
- 4) The use of structured MAI activities that increase the Regional AETCs ability to support minority-serving providers and organizations, and ensure the HIV workforce includes providers with different backgrounds or experiences.
- 5) Providing training programs using contemporary methods and modalities, and adult learning techniques to strengthen the HIV workforce.

Each regional AETC will provide training and technical assistance to the health care workforce, health care organizations, faculty responsible for training students enrolled at health professions programs, and instructors in health-related organizations that manage programs for health professions programs.

This competition is open to current RWHAP Part F Regional AETC Program recipients and new organizations proposing to provide RWHAP Part F Regional AETC funded services. To focus efforts on areas with the greatest prevalence of HIV and with relative shortages of HIV care and treatment professionals, HRSA uses eight (8) geographic regions in alignment with the HHS Regions as listed in [Appendix A](#).

In addition, you must be located in the region you intend to serve and agree to support the HIV training and education needs across the entire region selected. Your organization must be physically located in the region to which you are applying. You must select only one region to support in your application. Proof of physical presence of the applicant organization in the region is required.

The Regional AETC program is responsible for providing evidence-based, innovative HIV training and technical assistance to health care organizations and team members, faculty at health professions institutions, and other health care and health professional organizations that provide training for health professionals and students. There are three components to the RWHAP Part F Regional AETC Program – Base, MAI, and EHE.

1) Regional Base Program

The Regional AETCs are responsible for implementing activities to support the following four components:

- **Foundations of HIV (FH)** – The purpose of FH is to educate and train health care team members currently not involved in HIV care to increase their ability to prevent new HIV infections, identify people with HIV who are undiagnosed or out of care, and link patients not on antiretrovirals to care.
- **Practice Transformation (PT)** – The purpose of PT is to implement process improvement, training, and technical assistance to increase the capability of organizations to implement system-level changes and enhance clinical practice to improve the provision of care and treatment to people with HIV and prevention of HIV in priority populations at increased risk.
- **Interprofessional Education (IPE)** – The purpose of IPE is to assist faculty in health professions programs to create an interactive learning environment designed to increase the number of health professionals able to effectively work in a team-based approach to improve care and treatment of people with HIV.
- **Capability and Expertise Expansion (CEE)** – The purpose of CEE is to increase the ability of health care team members currently involved in HIV care to offer quality services based on current national treatment guidelines and standards and to increase the skills to offer comprehensive care to people with HIV.

2) Minority AIDS Initiative (MAI)

The AETCs are also required to conduct workforce training and capacity building activities as part of the MAI. The purposes of this multi-year funding are to:

- (1) increase the training capacity of minority-serving health care team members, and minority-serving health care facilities and health-related organizations;

- (2) expand the number of minority-serving health care professionals with treatment expertise and knowledge about current standards of HIV-related treatments and prevention techniques; and
- (3) increase access to medical care for adults, adolescents, and children with HIV from a variety of racial and ethnic backgrounds, including historically underserved individuals or groups.

Additional information on the MAI funding is provided in [Section II: Award Information](#) of this announcement.

3) Ending the HIV Epidemic in the US (EHE) Initiative

The AETCs must collaborate with other RWHAP recipients and conduct activities to support the EHE initiative by implementing strategies, interventions, and approaches to address the unique training needs of the health care workforce and organizations in the EHE-funded jurisdictions in the regions listed in [Appendix A](#).

All applicants must demonstrate that they have the organizational capacity to implement each of the program components.

[For more details, see Program Requirements and Expectations.](#)

2. Background

The AETC Program is authorized by 42 U.S.C. §§ 300ff-111(a) and 300ff-121 (§§ 2692(a) and 2693 of the Public Health Service (PHS) Act). The Secretary's Minority AIDS Initiative and Ending the HIV Epidemic in the U.S. funds are authorized by Consolidated Appropriations Act, 2023, Pub. L. 117-328, Division H, title II. Funds for Primary Care HIV Prevention Program are authorized under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act (42 U.S.C. § 254b(e), (g), (h), and/or (i)), as appropriate.

AETC Program Framework

As the workforce development component of the RWHAP, the AETC Program supports and enhances the delivery of comprehensive HIV prevention, care and treatment by providing training and technical assistance to health care organizations and members of the health care team. Since the inception of the program, the Regional AETCs have worked with local partners or organizations with a cadre of HIV and training experts to implement training and technical assistance across the regions.

In addition to the Regional AETCs, the AETC Program includes three components that utilize focused areas of expertise to develop and carry out specific, programmatic responsibilities. Collectively, these components provide a comprehensive approach to develop the HIV workforce and advance the mission of the program. The AETC Program consist of the Regional AETC Program, two (2) National Centers, the National

HIV Curriculum (NHC) program, and the Integrating the NHC into Health Care Professional Programs.

- **National AETC Program Support Center (NASC):** The NASC will provide support for the AETC Program by providing technical assistance and program coordination to all AETC recipients to improve program capacity, reach, and impact.
- **National Clinician Consultation Center (NCCC):** The NCCC offers warmlines and a hotline to provide one-on-one consultation with providers regarding prevention, screening, and the management of HIV, perinatal HIV transmission, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), substance use disorders, and viral hepatitis.
- **National HIV Curriculum (NHC):** The NHC is an on-demand, online learning platform that provides training on the most current information to increase competency in HIV prevention, screening, diagnosis, and ongoing treatment.
- **Integrating the NHC into Health Care Professional Programs:** These projects focus on incorporating the NHC into health professions curricula at institutions including medical, nursing and pharmacy programs, and graduate education/residency programs across the country.

For the past three decades, the Regional AETCs focused on providing training, education, consultation, and clinical decision support to diverse health care providers, allied health professionals, and health care support staff through a variety of means, including: Core Training, MAI activities, PT, and IPE. Recipients determined the modalities they would use to design and implement their training programs. This resulted in differences in the scope of education, training and technical assistance delivered even when implementing the same core components. Today there is a need for greater consistency among the Regional AETCs, and the need to incorporate more evidence-based theories and best practices in the implementation of the program components.

THE RYAN WHITE HIV/AIDS PROGRAM

The [HRSA Ryan White HIV/AIDS Program](#) (RWHAP) provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among priority populations.

The RWHAP has five statutorily defined Parts (Parts A, B, C, D, and F) that provide funding for core medical, support services, and medications; technical assistance (TA); clinical training; and the development of innovative interventions and strategies for HIV care and treatment to respond to emerging needs of RWHAP clients.

An important framework in the RWHAP is the HIV care continuum, which is comprised of the series of stages a person with HIV engages in from initial diagnosis through their

successful treatment with HIV medication to achieve viral suppression. Supporting people with HIV to reach viral suppression not only increases their own quality of life and lifespan, it also prevents sexual transmission to an HIV-negative partner.

The HIV care continuum framework allows recipients and planning groups to measure progress and to direct HIV resources most effectively. RWHAP recipients are required to assess the outcomes of their programs and 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.

Strategic Frameworks and National Objectives

National objectives and strategic frameworks like [Healthy People 2030](#), the [National HIV/AIDS Strategy \(NHAS\) \(2022–2025\)](#); the [Sexually Transmitted Infections National Strategic Plan for the United States \(2021–2025\)](#); and the [Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination \(2021–2025\)](#) are crucial to addressing key public health challenges facing low-income people with HIV. These strategies detail the principles, priorities, and actions to guide the national public health response and provide a blueprint for collective action across the Federal Government and other sectors. The RWHAP supports the implementation of these strategies and recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to the extent possible.

Expanding the Effort: Ending the HIV Epidemic in the United States

As demonstrated by recent data from the [2021 Ryan White HIV/AIDS Program Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2017 to 2021, 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 85.9 percent to 89.7 percent. Additionally, racial and ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.^[1]

In February 2019, the [Ending the HIV Epidemic in the U.S](#) (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. For the RWHAP, the EHE initiative expands the program's ability to meet the needs of clients, specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed and in care but not yet virally suppressed, to the essential HIV care, treatment, and support services needed to help them reach viral suppression.

^[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2021. <https://ryanwhite.hrsa.gov/data/reports>. Published December 2022. Accessed December 13, 2022.

Using Data Effectively: Integrated Data Sharing and Use

HRSA and the Centers for Disease Control and Prevention's (CDC) Division of HIV Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, conducting needs assessments, determining unmet need estimates, reporting, quality improvement, enhancing the HIV care continuum, and public health action. HRSA strongly encourages RWHAP recipients to:

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

Integrated data sharing, analysis, and utilization of HIV data by state and territorial health departments can help further progress toward reaching the NHAS goals and improve outcomes on the HIV care continuum.

HRSA strongly encourages complete CD4, viral load (VL), and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems to benefit fully from secure integrated data sharing, analysis, and utilization. State 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 in the United States 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.

HRSA's [RWHAP Compass Dashboard](#) is an interactive data tool to allow users to visualize the reach, impact, and outcomes of the RWHAP and supports data utilization to understand outcomes and inform planning and decision making. The dashboard provides a look at national-, state-, and metro area-level data and allows users to explore RWHAP client characteristics and outcomes, including age, housing status, transmission category, and viral suppression. The RWHAP Compass Dashboard also visualizes information about RWHAP services received and the characteristics of those clients accessing the AIDS Drug Assistance Program (ADAP).

In addition, RWHAP recipients and subrecipients are encouraged to develop data sharing strategies with other RWHAP recipients and relevant entities to reduce administrative burden across programs. As outlined in Policy Clarification Notice 21-02, [Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS](#)

[Program](#), recipients and subrecipients should use electronic data sources (for example, Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces) to collect and verify client eligibility information, such as income and health care coverage (that includes income limitations), when possible. RWHAP recipients and subrecipients should first use available data sources to confirm client eligibility before requesting additional information from the client.

Program Resources and Innovative Models

HRSA has several projects and resources that may assist RWHAP recipients with program implementation. These include a variety of HRSA HIV/AIDS Bureau (HAB) projects focused on specific TA, evaluation, demonstration, and intervention activities. A full list is available on [TargetHIV](#). Recipients should be familiar with these resources and are encouraged to use them as needed to support their program implementation.

Examples of these resources include:

- [Access, Care, and Engagement Technical Assistance Center \(ACE TA\)](#)
- [Best Practices Compilation](#)
- [Center for Innovation and Engagement \(CIE\)](#)
- [Center for Quality Improvement and Innovation \(CQII\)](#)
- [Dissemination of Evidence-Informed Interventions \(DEII\)](#)
- [Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV \(E2i\)](#)
- [Ending Stigma through Collaboration and Lifting All to Empowerment \(ESCALATE\)](#)
- [Engage Leadership through Employment, Validation, and Advancing Transformation and Equity for persons with HIV \(ELEVATE\)](#)
- [Integrating HIV Innovative Practices \(IHIP\)](#)
- [AIDS Education and Training Center Program – National Coordinating Resource Center](#)

All regional HRSA/HAB funded AETC Programs are strongly encouraged to utilize the Special Projects of National Significance (SPNS) Program's wide array of materials such as implementation manuals, lessons learned, promising practices and other dissemination resources in the provision of training and technical assistance to RWHAP recipients and subrecipients.

II. Award Information

1. Type of Application and Award

Application type(s): Competing Continuation and New

HRSA will fund you via a grant.

2. Summary of Funding

Successful recipients are required to implement activities in support of the regional base program, the MAI Initiative, and Ending the HIV Epidemic in the U.S.

Regional AETC Base Program

HRSA estimates up to \$19,000,000 will be available each year to fund up to eight (8) recipients to implement the Regional Base Program four core components (FHC, PT, IPE, and CEE) for the RWHAP Part F Regional AETC program. You may apply up to the published ceiling amount in [Appendix A](#) annually (reflecting direct and indirect costs). Each regional AETC will cover a designated geographic area. Combined, the regions include all 50 states, the District of Columbia, the U.S. Virgin Islands, Puerto Rico and the six (6) U.S. Pacific Jurisdictions (Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, The Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands).

Minority AIDS Initiative (MAI)

HRSA estimates up to \$9,000,000 will be available each year to implement MAI activities as part of your RWHAP Part F Regional AETC Program. You may apply for up to the published ceiling amount in [Appendix A](#) for your selected region. The funding amounts for the MAI Initiative ranges from \$620,000 – \$1,810,000.

Ending the HIV Epidemic in the United States (EHE) Initiative

HRSA estimates that up to \$9,000,000 will be available each year to implement EHE activities as part of your RWHAP Part F Regional AETC Program. You may apply for up to the published ceiling amount in [Appendix A](#) for your selected region. The funding amounts for the EHE initiative ranges from \$179,390 to \$1,049,550.

Please review the [Program Requirements and Expectations](#) section for additional information.

Applicants must be geographically located in the region in which they are applying for consideration.

The period of performance is July 1, 2024, through June 30, 2029 (5 years).

RWHAP Part F Regional AETC Program Funding Methodologies

Regional AETC Base Funding

The AETC Program has historically used a data-driven funding methodology to determine the pool of funding available for competition in each region. HRSA determines the amounts awarded to each regional AETC using a methodology based on 10 weighted metrics. This methodology incorporates the following data points:

- New HIV Diagnoses (per 100,000), 2021;
- HIV/AIDS Prevalence (per 100,000), 2021;
- Percent of RW clients virally suppressed, 2021;
- Number of Federally Qualified Health Center delivery sites, 2023;
- Number of RWHAP Outpatient Ambulatory Health Service providers, 2022;
- Number of Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs); and
- Number of States.

Since the last competition, HRSA updated the data and the weights afforded to the components of the methodology to ensure funds are allocated based on the changing landscape of the HIV epidemic in each region. The funding ceiling amounts in [Appendix A](#) reflect the implementation of the updated data and updated data-driven methodology.

MAI Funding

The AETC MAI funding is a separately calculated component of the total pool of funding available for competition. The funding is currently awarded to the eight regional AETCs using the same methodology as the base awards which is a methodology based on 10 weighted metrics. The AETC Program received feedback from current recipients that it can be difficult to spend the MAI funds because of the relative lower amount of minority serving providers or populations in their region. HRSA has developed a new MAI funding methodology for this competition. The AETC MAI funding methodology incorporates the following:

- A base award amount that is consistent across each region;
- The Objective Review Committee scores of the recipients; and
- The number of minority HIV/AIDS cases in each region.

The new methodology better aligns MAI funding with need in each region. In addition, it more closely aligns MAI funding with the methodology used for RWHAP Part A and Part B MAI funding and will address concerns about funding amounts.

EHE Funding

As part of the Regional AETC Program application process, all applicants are required to implement training and technical assistance related to EHE-funded services. Funding is determined based on the number of EHE-funded jurisdictions in the regions and a base amount. The amount available is subject to the overall EHE annual appropriation. The total annual amount available over the five-year project period of performance may

increase for recipients of awards under this notice to provide additional training in the EHE-funded jurisdictions, as recipients work to achieve the goals of the EHE initiative.

This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, HRSA will proceed with the application and award process.

Support beyond the first budget year will depend on:

- Appropriation of funds
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the Federal government's best interest

[45 CFR part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#) applies to all HRSA awards.

If you've never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the *Application Guide*.

**Note:* One exception is a governmental department or agency unit that receives more than \$35 million in direct federal funding.

Limitations on Indirect Cost Rates for Training and Education Grants:

Training awards are budgeted and reimbursed at 8 percent of modified total direct costs (MTDC). To calculate the (MTDC), HRSA excludes from the direct cost base:

- Direct cost amounts for, equipment, tuition, fees and participant support costs
- Subawards and subcontracts exceeding \$25,000

State or local governments, and federally recognized Indian tribes, receive reimbursement based on their negotiated rate or state cost allocation plans. State universities or hospitals are not considered governmental agencies.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

This competition is open to current recipients and new eligible applicants proposing to provide RWHAP Part F Regional AETC services in the geographical regions listed in [Appendix A](#).

You can apply if your organization is in the United States the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau, and is:

- Public or private, nonprofit
- School or academic health science center
- Community-based
- Tribal (government, organizations)

To focus efforts on areas with the greatest prevalence of HIV and with relative shortages of HIV care and treatment professionals, for the AETC Regional Program HRSA has divided the United States into eight (8) geographic regions in alignment with the HHS Regions as listed in [Appendix A](#).

You must select only one region to support in your application and you must agree to support the HIV training and education needs across the entire region selected. In addition, your organization must be physically located in the region you intend to serve.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

We may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the funding ceiling amount
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#)

Multiple Applications

We will only review your **last** validated application before the Grants.gov [due date](#).

Note: One application from a national organization for multiple regions is not allowable; multiple applications from a national organization for separate regions are not allowable unless the applicant provides proof of physical presence in each region.

IV. Application and Submission Information

1. Address to Request Application Package

We **require** you to apply online through [Grants.gov](#). Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: [How to Apply for Grants](#). If you choose to submit using an alternative online method, see [Applicant System-to-System](#).

Note: Grants.gov calls the NOFO “Instructions.”

Select “Subscribe” and enter your email address for HRSA-24-059 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that

may affect the NOFO and your application. *You're responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *Application Guide* and this program-specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There's an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **80 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using [Section III. Eligibility Information](#) of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project_Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that do not count toward the page limit, we'll make this clear in Section IV.2.vi [Attachments](#).

If you use an OMB-approved form that is not in the HRSA-24-059 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-059 before the [deadline](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals¹ (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in [45 CFR § 75.371](#). This includes suspending or debarring you.²

¹ See definitions at [eCFR :: 2 CFR 180.995 -- Principal](#), and [eCFR :: 2 CFR 376.995 -- Principal \(HHS supplement to government-wide definition at 2 CFR 180.995\)](#).

² See also 2 CFR parts [180](#) and [376](#), [31 U.S.C. § 3354](#), and [45 CFR § 75.113](#).

- If you cannot certify this, you must include an explanation in Attachment 11-15: Other Relevant Documents.

(See Section 4.1 viii “Certifications” of the *Application Guide*)

Program Requirements and Expectations

Successful award recipients will address all these elements in their application:

1. There are four (4) core components of the Regional Base Program – FH, PT, IPE, and CEE.

a) FH

FH activities are designed to train health care team members in primary care settings who currently do not provide HIV-related services. Training topics should include HIV prevention, routine HIV screening, and linkage to care for newly diagnosed or untreated people with HIV. Training of non-primary care team members who are likely to provide care for people with or at-risk of HIV must be included in the training plans. These non-primary care team members may include providers working in: Maternal Health, OB/Gyn, Urgent or Emergent Care, Sexually Transmitted Infection Treatment, and Substance Use Disorder Treatment. Minority-serving and health care facilities located in rural settings are included as prioritized areas to target the FH offerings.

Recipients must design FH activities that increase awareness of HIV and knowledge about cultural competency. In addition, FH activities must also increase awareness of the HIV epidemic, and HIV prevention, screening, and linkage to care. Recipients must use didactic and interactive presentations. Recipients can provide additional training to build the skills of the team members to best implement the information presented through more interactive training modalities.

Recipients must:

- (1)** Offer training in the following topics: HIV epidemiology, HIV prevention, routine HIV screening/HIV testing, linkage to care, initial evaluation of newly diagnosed people with HIV, and management with initial antiretroviral choices.
- (2)** Offer culturally appropriate training from available RWHAP recipient resources to create a welcoming environment and improve retention in care for people with HIV and priority populations at increased risk of HIV. Recipients are strongly encouraged to utilize the SPNS Program’s wide array of materials such as implementation manuals, lessons learned, promising practices and other dissemination resources in the provision of training and technical assistance to RWHAP recipients and subrecipients.
- (3)** Assist faculty of health professions programs to improve their ability to teach about HIV and incorporate HIV-related topics into their curriculum for students and trainees.

b) PT

It has become widely accepted that primary care practice transformation and delivery are essential to improving patient and provider experience, improving population health, and decreasing cost.³ PT is considered the key to helping practices move from traditional, provider-driven, disease-focused approaches towards health care systems that ensure patients—including their preferences, needs, desires and experiences—are fully integrated into every phase of health care.⁴ Key elements of transformation include patient-centered approach, expanded access to care, care coordination, continuous quality improvement, and health information technology.⁵

Through process improvement, training, and technical assistance, the AETCs increase the capability of organizations to implement system-level changes and enhance clinical practice to improve the provision of care and treatment to people with HIV. Several facility types are eligible to participate in PT. These organizations include RWHAP-funded health care delivery sites, Health Centers funded through the PHS Act section 330 authority, and Indian Health Service (IHS) and Tribal health care facilities. HRSA has also prioritized the implementation of PT services at minority-serving facilities that are uniquely positioned to reach, screen, and treat people who are most at risk for HIV.

Recipients must:

- (1) Use components of the Patient-Centered Medical Home (PCMH) model⁶ to conduct process improvement activities in organizations seeking to begin or enhance care and treatment services for people with HIV. Such activities must increase the capability of organizations to implement system-level changes and enhance clinical practice to improve the provision of care and treatment to people with HIV.
- (2) Increase the number of health care facilities participating in PT each year of the grant, above the baseline established for each region to meet the performance goals provided in your work plan (See [Appendix D](#) – Established Baseline for PT Sites By Region).
- (3) Dedicate 20% of base funds to support PT activities.
- (4) Utilize the following site-specific criteria for selecting a PT site for 1.) Health Centers funded through the PHS Act section 330 authority, 2.) RWHAP Parts

³ Jabbarpour Y. DeMarchis E. Bazemore A. and Grundy, P. The Impact of Primary Care Practice Transformation on Cost, Quality, and Utilization. Published July 2017; Prepared by Patient-Centered Primary Care Collaborative.

⁴ Bokhour BG. Fix GM. Lukas CV et al. How can healthcare organizations implement patient-centered care? Examining a large-scale cultural transformation [BMC Health Serv Res.](#) 2018; 18: 168. doi: [10.1186/s12913-018-2949-5](#)

⁵ Maryland Health Care Commission. Practice Transformation. (https://mhcc.maryland.gov/mhcc/Pages/apc/apc_icd/apc_icd_practice_transformation.aspx)

⁶ Agency for Healthcare Research and Quality. <https://www.ahrq.gov/ncepcr/research/care-coordination/pcmh/index.html>

A, B, C, or D funded health care delivery sites, and 3.) IHS and Tribal facilities:

4a. Health Centers funded through the PHS Act 330 authority (per each PT site);

Criteria 1: At least one of the following:

- Located in an EHE-funded jurisdiction OR
- Patient population served is at least 25% racial/ethnic minority OR
- Patient population served is at least 10% sexual minority (LGBTQIA+) OR
- Patient population served is at least 10% active substance users, AND

Criteria 2: At least one of the following Uniform Data System (UDS) performance measures for each PT site for the preceding year's data was below the recent median result for reporting organizations:

- **Measure:** Percentage of patients 15 through 65 years of age who were tested for HIV when within age range (Routine HIV Screening) OR
- **Measure:** Percentage of patients whose first-ever HIV diagnosis was made by health center personnel between December 1 of the prior year and November 30 of the measurement period and who were seen for follow-up treatment within 30 days of that first-ever diagnosis (Linkage to Care)

4b. RWHAP Parts A, B, C, or D funded health care delivery sites;

Criteria 1: At least one of the following:

- Located in an EHE-funded jurisdiction OR
- Patient population served is at least 25% racial/ethnic minority OR
- Patient population served is at least 10% sexual minority (LGBTQIA+) OR
- Patient population served is at least 10% active substance users, AND

Criteria 2: At least one of the following performance measures reported on the RWHAP Service Report (RSR) was less than the national average result:

- **Annual Retention in Care:** Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year (2021 RSR average 78.3%) OR
- **HIV Viral Load Suppression:** Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year (2021 RSR average 89.7%)

4c. IHS and Tribal Facilities;

- All IHS and Tribal health care facilities offering outpatient, ambulatory medical care services.

c) IPE

IPE is a teaching approach associated with promoting interdisciplinary collaboration and improving quality of patient care.⁷ Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. The goal of IPE in the AETC Program is to assist faculty of health profession programs (HPPs) to create an interactive learning process to increase the number of students and trainees who intend to practice as a team member in the field of HIV care. IPE programs are designed to foster an interest in HIV care earlier in the education or training of future health care team members, thus contributing to improved outcomes along the HIV care continuum.

In keeping with the statutory intent to increase the number of minority-serving providers, HRSA has prioritized the implementation of HIV IPE training with an emphasis on Minority-Serving Institutions (MSIs); Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities, Hispanic-Serving Institutions, and Asian American Pacific Islander-Serving Institutions.

Recipients must:

- (1) Work with the faculty at HPPs to establish and implement HIV IPE programs. The IPE program must be designed to affect change at the student as well as the institutional/health professional program level.
- (2) HIV IPE programs must include both medical and nursing students at a minimum, and at least two disciplines from the following training programs: pharmacy, behavioral health professional, dentistry, nurse practitioner, physician assistant, and community health workers. In addition to the above, involvement from other training programs for public health and allied health is strongly encouraged.
- (3) IPE programs should include the following components: interactive clinical and classroom-based activities supported by didactic, stand-alone teaching.
- (4) Incorporate the four IPE competencies as recommended by the Interprofessional Collaborative Practice, [Core Competencies for Interprofessional Collaborative Practice: 2016 Update](#) into all IPE programs:
 - Values/ethics for interprofessional practice
 - Roles/responsibilities
 - Interprofessional communication
 - Teams and teamwork
- (5) At least two new HIV IPE programs must be established during the five-year period or performance: one IPE program by the end of the third year of the period of performance and one by the end of the fifth year. Current recipients of HRSA-19-035 must establish new IPE programs during the five-year period

⁷ Hammick M, Freeth D, Koppel I, Reeves S, Barr H. A best evidence systematic review of interprofessional education: BEME Guide no. 9. *Med Teach*. 2007;29(8):735-751. doi:10.1080/01421590701682576

of performance. Recipients can incorporate an HIV IPE program into an existing non-HIV IPE program as a new component.

d) CEE

The CEE component is education and training effort designed for reinforcement and expansion of knowledge and skills of health care team members currently involved in HIV prevention, care, and treatment. This component must be designed to increase knowledge and application of aspects of HIV care beyond initial identification of infection and evaluation of the newly diagnosed patient.

Unlike for FH, education and training offerings for CEE must be based on interactive training modalities more than didactic presentations. Didactic presentations may be used to prepare participants for the more interactive trainings and reinforce or augment information the participant has previously learned but should not be the emphasis of CEE offerings.

Recipients must:

- (1) Collaborate with the recipient of the NASC (HRSA-24-099) to develop standardized levels of HIV competence for prescribing providers. These levels of expertise will be used by the Regional AETCs and NASC to help develop a specific training plan for participants interested in substantially increasing their current level of expertise.
- (2) Provide training on updates to federally approved [HIV Clinical Practice Guidelines for HIV/AIDS](#). At minimum, recipients must provide updates on guidelines for HIV Antiretroviral Therapy, Adult and Adolescent, Pediatric, Perinatal, Opportunistic Infections, Occupational Post-exposure Prophylaxis (oPEP), and PrEP.
- (3) Provide clinical preceptorships led by qualified clinicians to participants. Recipients can either offer these preceptorships through their academic institution, health center or clinic, or partner with another institution to facilitate these opportunities. You may host these preceptorships at a centralized location or at the participant's site to assist the participant in application of knowledge gained towards the care of people with or at risk for HIV.
- (4) Offer skills-building training for participants to improve ability to offer more comprehensive care to people with HIV, especially care for common co-morbidities of HIV, as described in the HIV Clinical Practice Guidelines for HIV/AIDS noted above.
- (5) Coordinate Communities of Practice with participants in your respective region to foster sharing of best practices with case presentations by the participants and discussions involving multiple disciplines from the health care teams.
- (6) Develop and provide trainings on emerging public health issues that have an impact on people with HIV.

2. Implement activities to support the Ending the HIV Epidemic Initiative

In FY 2020, the RWHAP received funding through the EHE initiative to implement strategies, interventions, and approaches to reduce new HIV infections in the United States to less than 3,000 per year. Funding from EHE will support the Regional AETCs in addressing the unique training needs of the health care workforce and organizations in EHE -funded jurisdictions located in their region.

- (1) Provide training and technical assistance specifically tailored to meet the training needs of health care team members in the EHE-funded jurisdictions within the region for which you are applying. Training and technical assistance should strengthen the health care team member's ability to:
 - conduct HIV testing and establish linkages to care in the identified jurisdictions;
 - increase the number of providers capable of administering PrEP medication; and
 - increase the capacity of providers (individuals and team-based models) to deliver evidence-informed interventions and high-quality HIV care and treatment.
- (2) Coordinate with RWHAP Parts A and B recipients and the CDC to develop a localized training plan in response to identified clusters or outbreaks of HIV.

3. Implement workforce training and capacity building activities under the Minority AIDS Initiative

Awards will be made to support targeted and specific workforce training and capacity-building activities to support organizations and health care team members who have historically provided culturally and linguistically appropriate care, services, education, or training to racial and ethnic minorities. Please use [Attachment10](#) to submit your MAI proposal. Additional guidance provided in the [Approach](#) section.

MAI Supported Activities

There are five MAI categories under this opportunity: IPE, PT, Mentorship, Preceptorships, and HIV curriculum integration. You must choose a minimum of three categories:

- (1) Interprofessional Education at MSIs of higher education;
- (2) PT at minority-serving health care facilities;
- (3) Didactic and clinical training opportunities developed specifically to encourage minority-serving providers to incorporate HIV prevention, care and treatment into their practices;
- (4) HIV curriculum integration of clinical and didactic training at MSIs. If a recipient selects this as one of their MAI activities, the services must not overlap the work currently being done in the regions through the following NOFOs - [HRSA-21-124](#) and [HRSA-22-022](#)).

- (5) Partner with health professional organizations focused on or consisting of underrepresented populations to incorporate topics in HIV into programs focused on training and educating minority-serving health professional students.

4. Strengthen Partnership and Collaboration with other RWHAP Parts, Federal and non-Federal Entities

HRSA expects AETC Program recipients to build collaborative, bi-directional relationships with projects and organizations that have a clear interest in the expansion and training of the HIV care workforce. The purposes of collaboration are to lessen duplication of services and increase the region's ability to respond to changing needs. Program collaboration can be defined as "a mutually beneficial and well-defined relationship entered into by two or more programs, organizations, or organizational units to achieve common goals."⁸

Each Regional AETC is expected to collaborate with the following entities:

- (1) RWHAP Parts A, B, C, D & F: the recipient must work with RWHAP-funded recipients in their region to identify training needs within their states and jurisdictions and determine how best the AETC can address the identified needs. Recipients must ensure they collaborate with Parts A and B in the development of the Integrated HIV Prevention and Care Plans.
- (2) [AIDS Education and Training Center Program](#) National Centers and Programs: National Clinician Consultation Center (NCCC), National AETC Service Center (NASC) and National HIV Curriculum (NHC); and NHC Integration Projects to:
 - Use program data to determine training and technical assistance needs in your identified region (i.e., regional/state-level caller data provided by the NCCC to Regional AETCs).
 - Foster a culture and practice of information sharing and dissemination, including work with relevant subject matter experts, as supported by NASC.
 - Incorporate and promote, where possible, the NHC as a training and teaching tool to accompany provision of training and TA.
- (3) [RWHAP-funded](#) and other HHS-funded technical assistance centers outside of the AETC Program to offer collaborative training and technical assistance efforts for overlapping audiences and to inform participants and organizations of complementary resources outside the scope of the AETCs. Collaboration should include HRSA-funded programs and stakeholder organizations, such as local, county, and state public health programs, local AIDS service organizations; health professional organizations; State Primary Care

⁸ Centers for Disease Control and Prevention. Program Collaboration and Service Integration: Enhancing the Prevention and Control of HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis in the United States. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009.
https://www.cdc.gov/nchhstp/programintegration/docs/207181-c_nchhstp_pcsi-whitepaper-508c.pdf

Associations; State Primary Care Offices; and State Primary Care Associations.

- (4) Other federal training centers and resources, such as but not limited to: Substance Abuse and Mental Health Services Administration (SAMHSA) Addiction Technology Transfer Centers (ATTCs), HIV/STD Prevention Training Centers, Telehealth Resource Centers, Viral Hepatitis Education and Training Projects, Center for Rural Development, and Office of the National Coordinator for Health Information Technology (ONC).

5. Ensure qualified staff and expertise for each component of your program.

Regional AETCs should recruit and select staff with the appropriate education, experience, leadership in HIV care, treatment, and advocacy; federal grants administration and oversight; program management; data and reporting (as delineated in each position description) to fulfill the goals and objectives of the Regional AETC Program.

Below is an example of suggested key personnel titles and duties. You must determine your own staffing titles, roles, and responsibilities and include this information in Attachment 2:

- (1) **Principal Investigator:** This individual is ultimately responsible for the preparation, conduct, and administration of the AETC grant within the recipient institution. Requires skills in collaboration, analysis, communication, and innovation. This individual must have extensive knowledge of adult education, and instructional theory.
- (2) **Project Director:** This individual should have the experience and ability to manage a federal award, provide oversight and direction to the program's activities, and ensure that the day-to-day operations of the regional AETC are conducted in accordance with the NOFO requirements and Notice of Award terms. They should have prior experience with HIV prevention, care, and treatment programs. They should provide leadership and visibility for the program among clinical and public health colleagues and organizations. The level of effort should range between 0.5 and 1.0 full-time equivalent (FTE).
- (3) **Clinical Director:** This individual should have experience caring for people with HIV, including prescribing antiretroviral therapy, and experience with provider training. They should be able to develop and review training content. This individual should be a licensed provider (MD/DO, NP, or PA) with extensive-experience in HIV care and management. The level of effort should be at least 0.2 FTE.
- (4) **Oral Health Director:** This position should be held by a dentist who provides clinical and public health leadership in the promotion of oral health with training expertise and experience. The level of effort should be at least 0.1 FTE.

- (5) **Fiscal Manager:** This individual should have the capacity to fiscally manage a federally funded training program, including expertise in written agreements with outside entities such as subcontractors.
- (6) **Lead Evaluator:** This individual should have the knowledge, skills, and experience to oversee data collection to meet HRSA's data reporting requirements and report on the goals, objectives, and performance measures for the AETC program.
- (7) **Data Manager:** This individual should have the knowledge, skills, and experience to assist in data collection and reporting.
- (8) **Instructional Designer:** This individual must have extensive knowledge of adult education, instructional theory, and proficiency in learning management systems. They are responsible for creating compelling learning activities and course content, working with subject matter experts to identify training needs, applying instructional design theories and methods, and utilizing multimedia tools to enhance the learning process.

6. Evaluate Program Effectiveness using Defined Objectives and Performance Measures as defined by HRSA

- (1) Conduct a separate regional evaluation on an annual basis to determine the impact of the regional base program, MAI and EHE on your corresponding program objectives. Analyze process and outcome data to continuously improve the implementation of each AETC Program components. Please refer to the Regional AETC Program's data reporting requirements as noted in [Appendix D](#) of this NOFO.
- (2) Use a data platform that manages data, digitizes workflows, and automates data or research efforts. The platform should facilitate data submission to HRSA.
- (3) Attend virtual monthly evaluation meetings as organized by HRSA HAB.
- (4) Provide data when needed to assist HRSA HAB in responding to data requests from the HHS, federal-level, or Congressional offices.

7. Adhere to Content Development Guidelines for Training Materials

HRSA supports the use of communication platforms and current technology that allow recipients to provide training and technical assistance to health care team members and students on a broader scale. The impact from using these methods should be measurable. Platforms like YouTube and podcasts are examples of social platforms that prohibit the ability to identify users and evaluate the impact of the training.

- (1) The recipient must assure HRSA HAB the developed items can be used by HRSA HAB in accordance with 45 CFR 75.322(b). The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. HRSA reserves a royalty

free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for federal purposes, and to authorize others to do so.

- (2) Recipients must provide training and technical assistance that reflect current practices in instructional design and principles of adult learning.
- (3) Recipients must follow the policies and practices of their parent organization or institution as it relates to websites and social media.
- (4) Recipients must use the HRSA-provided logo on their website and training materials. For communication materials produced by grants or cooperative agreements, neither the HHS, nor the HRSA logo may be used because HRSA does not own these materials. We will provide the AETC program to the regional AETCs for use on their materials.
- (5) Recipients are responsible for reviewing and approving all presentations from their local partners.

8. Adhere to General Requirements

- (1) Develop a network of local partners to implement the AETC activities covering all states and territories in the region.
- (2) Utilize your regional needs assessments to identify organizations and personnel in need of training.
- (3) Assess the education and training needs of RWHAP Part A, B, C, D and F recipients for use in program planning.
- (4) Minimize the use of large-scale didactic conference as a primary training approach.
- (5) Develop training programs that supports providers participating in FH to pursue skills building training.
- (6) Promote the use of services provided by the National Centers (the NASC and NCCC) and the NHC to compliment your own offerings.

Expectations Post Award

- 1. RWHAP Part F Regional AETC Orientation** – To ensure that all recipients are aware of the programmatic requirements of the RWHAP Part F Regional AETC Program, HRSA will conduct a series of technical assistance sessions for new and continuing RWHAP Part F Regional AETC Program recipients whose period of performance begins on July 1, 2024. Up to three Regional AETC Program recipient staff are required to attend. The training will be conducted through various modalities (i.e., online module/platform and/or in person). The recipient of the National AETC Support Center (HRSA-24-099) will support these efforts.
- 2. Primary Care HIV Prevention (PCHP) Program** – As a recipient, HRSA expects you to implement services as part of the PCHP program. The purpose of PCHP is to enhance the knowledge and skills of medical providers in Community Health

Centers (CHCs) to diagnose, treat, and prevent HIV; improve knowledge and competency regarding pre-exposure prophylaxis (PrEP) screening, prescribing and management; increase collaboration and inter-organizational partnerships and address stigma. This program is administered in partnership with HRSA's Bureau of Primary Health Care. Additional information will be provided post award.

3. HRSA Supported Meetings, Conferences, and Trainings - As a recipient of RWHAP Part F Regional AETC Program, we expect you to attend several HRSA supported meetings and conferences. Members of your organization are expected to participate, and your organization should plan to support annual travel and training for the Principal Investigator, Project Director, and up to two additional staff members to the following meetings:

- (1) The biennial National Ryan White HIV/AIDS Conference (2024, 2026, 2028)
- (2) Up to one in-person, annual HAB- supported meetings or conferences,
- (3) Up to six annual (one- in-person and 5 virtual) technical assistance meetings sponsored by the NASC (HRSA-24-099) and,
- (4) Attendance at the annual RWHAP Clinical Conference by the Clinical Director and key MD/NP/PA training faculty.

4. Participate in NASC-Led Activities (HRSA 24-099)

Regional AETCs must:

- (1) Participate in technical assistance activities sponsored by the NASC. For more information about the proposed activities of the NASC, see the notice of funding opportunity HRSA-24-099 on grants.gov.
- (2) Participate in the development of training tracks to inform customized training plans for health care providers.
- (3) Provide quarterly updates for newly enrolled and discontinued PT sites, active HIV IPE programs, and other information as requested.
- (4) Provide monthly training calendar for publication on the NASC website.

All other post-award activities will be included in the Notice of Award (NOA) should you be successfully awarded funding under this opportunity.

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form that you'll find in the workspace application package. Do not upload the abstract as an attachment or it may

count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide*.

In addition to the information required in the *Application Guide*, the abstract must include the following information:

- General demographics of the region to which you are applying.
- Brief description of the proposed project, the region covered, and an outline of the approach and implementation plan for the activities you plan to implement to address the HIV workforce training needs in the identified region.
- Brief description of all key components of the program (i.e., Regional Base Program, MAI, and EHE activities).
- Description of planned collaborations with RWHAP Parts A – D, and F Programs to identify training needs for their providers.

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you've addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	Review Criteria
Introduction	<i>Criterion 1: NEED</i>
Organizational Information	<i>Criteria 5: RESOURCES/CAPABILITIES</i> <i>Criterion 6: SUPPORT REQUESTED</i>
Need	<i>Criterion 1: NEED</i>
Approach	<i>Criterion 2: RESPONSE</i>
Work Plan	<i>Criterion 2: RESPONSE</i> <i>Criterion 4: IMPACT</i>
Resolution of Challenges	<i>Criterion 2: RESPONSE</i>
Evaluation and Technical Support Capacity	<i>Criterion 3: EVALUATIVE MEASURES</i>
Budget Narrative	<i>Criterion 6: SUPPORT REQUESTED</i>

ii. **Project Narrative**

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

▪ *Introduction -- Corresponds to Section V's Review [Criterion 1: Need](#)*

This introduction section should describe the geographic and demographic makeup of the region where HIV care training and technical assistance services will be provided.

Include a discussion of:

- Training needs and current state of the HIV epidemic, service delivery system;
- Composition and distribution of health care professionals included as priority disciplines in this NOFO;
- Description of the number of health professional programs for the priority disciplines in each state; and
- Demographics and geographic distribution of people with and at risk of HIV in the states covered by the Regional AETC service area for which the applicant is applying (see [Appendix A](#) for states in your region).

The description should include data that provides information regarding social determinants of health impacting the service area such as high rates of substance use disorder, poverty, housing challenges, etc.

Provide a demographic profile of the population of each state in the applicant region in terms of race, ethnicity, federally recognized tribe(s) (if applicable).

▪ *Organizational Information -- Corresponds to Section V's Review [Criterion 5: Resources/Capabilities](#) and [Criterion 6: Support Requested](#)*

In this section, describe your organization's capacity and expertise to provide workforce training and capacity building services under the RWHAP Part F Regional AETC Program. At a minimum, please describe:

1. Organizational Description

- Provide an organizational profile. The organizational profile should include significant collaborative partners, key personnel, budget, and other resources.
- Provide an organizational chart as [Attachment 5](#). 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 workforce training and technical assistance in which your organization is engaged.
- Describe the level of experience and number of years of experience in supporting workforce training and technical assistance.

- 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.
- Describe how your organization will allocate funding to local partners. Include information on how the process will account for the HIV epidemiology and gaps in access to care for the state in which the local partner is located.
- Describe the expertise and capacity of your organization to develop and implement an AETC Regional Program. Include partnerships that will assist you in implementing your proposed program.

2. Management and Staffing Expertise

- Describe the qualifications of key personnel (including any consultants and contractors, if applicable) for the your AETC. You can refer to the suggested list of key positions listed in the [Program Requirements and Expectations](#) section, and their necessary knowledge, experience, training, and skills. All key personnel should be located within the region for which you are applying to serve.
 - Describe who will be responsible for collecting and analyzing data and leading program evaluation efforts. Discuss staff experience, skills, and knowledge, including previous work on similar projects related to evaluation and data management activities and providing technical support.
 - 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](#). *Section 4.1. of HRSA's [SF-424 Application Guide](#)* for information on the content for the sketches.
 - For each Local Partner, include either a Memorandum(a) of Agreement/Understanding and a summary of the responsibilities of the Local Partner in [Attachment 4](#).
- *Need -- Corresponds to Section V's Review [Criterion 1: Need](#)*

The purpose of this section is to provide information demonstrating your organization's understanding of the geographic area, the health care landscape, the training and technical assistance needs for health care team members, and the challenges associated with increasing the HIV care workforce in the region in which you are applying to serve. This section should demonstrate an expert understanding of the HIV epidemic and HIV service delivery system in the region, and the resulting impact on the education and training needs of the region's health care professionals.

Use and cite demographic and other data and research publications whenever possible to support the information provided in your needs assessment.

- Describe the state of health care systems within the region (by state; see [Appendix A](#)) and the ability to provide quality HIV care, demonstrating a comprehensive understanding of the needs and expected changes in the health care landscape.
- Describe the incidence and prevalence of HIV and the extent of the problem by state for the applicant region. Provide data on current HIV infection and co-infection, viral suppression, and HIV mortality rates. The discussion should address areas within the region disproportionately affected by HIV and where people with or at the greatest risk for HIV reside within the region. Include a description of the EHE-funded jurisdictions within your selected region.
- In your description, include:
 - The number and type of facilities that currently provide care and treatment for people with HIV as well as facilities that serve people who are at risk for HIV (Federally Qualified Health Centers, RWHAP funded health care delivery sites, and IHS and Tribal health clinics).
 - The number and composition of the priority health professional disciplines in each state.

Map of Your Service Area

Provide a Service Area map(s) to describe the entire designated service area for the states in the application region (as listed in [Appendix A](#)). The map(s) should include but is(are) not limited to the following:

- Population and provider geographic and demographic data
- EHE-funded jurisdictions
- Current and potential health care delivery and service sites (by site type) capable of providing HIV diagnosis, care, and treatment
- Service area to be covered by local partners local within each state

Include the map(s) in your application as Attachment 9.

- *Approach -- Corresponds to Section V's Review [Criterion 2: Response](#)*

Based on the program components identified in this NOFO and the information stated in the [Program Expectations and Requirements](#) section, please respond to the following:

(1) Assessing Training Needs

- Describe your regional plan for conducting ongoing training needs assessments by local partners.

- Describe in detail how your organization will utilize the results of the training needs assessment to develop a plan to address the training and education needs of health care team members and health professional students.

(2) Identifying Novice and Non-Primary Care Providers

- Describe how you will identify, engage, and increase the number of low volume, novice, and non-primary care providers participating in HIV training.
- Discuss your strategy for building their skills and ability to provide HIV prevention, care, and treatment.

(3) Building Provider Skills and Capability

- Describe your plan to engage and maintain support for providers who currently provide HIV care and treatment as well as increase their skills.

(4) Establishing Your IPE Programs

- Describe your plan to establish/maintain HIV-specific interprofessional educational programs in your region including methods to identify health professional programs with required disciplines and a process to evaluate outcomes and impact. Discuss how you will track IPE participants to determine future involvement in HIV care.

(5) Practice Transformation

- Describe your plan to identify PT sites using criteria stated in this NOFO. Discuss how you will assess the needs and establish goals for the participating sites, develop a training plan to address the selected goals, and evaluate the effectiveness your plan(s).

(6) Minority AIDS Initiative

Submit the following MAI narrative using [Attachment 10](#).

- Describe your selected activities (up to three) and the need for these services in the community and among the population that you plan to serve. See the [Program Expectations and Requirements](#) section for a list of approved MAI activities.
- Provide a brief description to justify the need for MAI support to conduct workforce training and capacity building activities to address training needs of the minority-serving HIV workforce. Data submitted under the *Need* (Section IV.2.ii) can serve to support this justification.
- Include a concise narrative regarding the approach to addressing the targeted activity(s). You should include a description of each action step, person responsible, and the plan for the dissemination of information and/or products developed as a result of this MAI funding.

- Describe the evaluation activities, including continuous quality improvement activities that the program will use to assess the impact of the proposed activity.
- Clearly delineate related costs for the proposed activity within the RWHAP Part F Regional AETC base in year one of the program-specific line-item budget ([Attachment 6](#)).
- Clearly identify staff associated with the proposed activity in the staffing plan ([Attachment 2](#)) for RWHAP Part F Regional AETC. Also include job descriptions for key personnel associated with the proposed MAI activities in [Attachment 2](#).
- Describe your organization's plan to develop and foster relationships with minority-serving institutions and organizations, including Historically Black Colleges and Universities (HBCU), Hispanic-Serving Institutions (HSI), and Tribal Colleges and Universities (TCU).
- Describe how you will assess training needs and implement activities in each category you select in support of the MAI initiative.

(7) Ending the HIV Epidemic

- Describe how your organization will assess the training needs of the workforce in the EHE-funded jurisdictions located in the region for which you are applying to receive funding.
- Describe your proposed training and technical assistance plan for recipients in each jurisdiction in the region.

(8) Collaborations and Partnerships

- Describe your organization's partner collaboration and engagement plan and goals. Include how will you develop, implement, and maintain collaborative, mutually beneficial partnerships with other RWHAP Parts, AETC national programs, other HRSA-funded recipients, state, local, and community organizations in your region, and Federal partners. Discuss your contribution to the relationship(s) with partners.
- Describe how you will work with RWHAP Parts A and B in the development of the Integrated Plans and work to identify clinics and clinicians providing care to few or no people with HIV to increase workforce capacity.
- Describe how your organization will ensure the education and training needs of the entire region will be covered by local partners without duplication of effort, and how local partners' activities and expenditures will be monitored. The total number and nature of local partner relationships should be reasonable, realistic, based upon epidemiology and the training needs of health care teams and organizations.

- *Work Plan -- Corresponds to Section V's Review [Criterion 2: Response](#) and [4: Impact](#)*

Describe the activities or steps that you will use to achieve the goals for the Regional Base Program (i.e., IPE, PT, FH, and CEE), MAI, and EHE as described in the Approach and [Program Requirements and Expectations](#) sections.

The work plan must:

- Describe the activities or steps that you will use to achieve each of the proposed objectives as described in your Approach section, including planned training modalities primarily to be used, evaluation methodology, and collaborations with key partners in planning, designing, and implementing all activities.
- Include a timeline with all planned activities for the entire period of performance (July 1, 2024, through June 30, 2029; 5-years) and identify responsible staff.
- Illustrate how you will establish your project and begin operations (including implementation of training activities) during the initial project year. Include the project's work plan in Attachment 1. Please use a chart or table format to present and/or summarize the work plan.

Each workplan section must provide:

- **Specific, Measurable, Attainable, Realistic and Time-Sensitive (SMART) Objectives:** SMART objectives are Specific—identifying priority population and activity, Measurable—indicating how much or how many, Attainable—must be realistically accomplished using resources provided, Realistic—addressing and establishing reasonable programmatic steps, and Time-sensitive—indicating a timeline during which you will accomplish the objective.
- Goals and objectives that support the need for the service, key action steps, targeted completion dates, responsible person(s), evaluation tools/relevant performance measures, and status (this column would be completed in the future).
- Include appropriate milestones, any materials/products to be developed, and projected number of trainings by topic and training modality and trainees by profession (Advance Practice Nurses/Nurse Practitioners, Medical Case Managers, Oral Health professionals, Nurses, Pharmacists, Physicians, Physician Assistants/Associates, and other health care team members). Action steps should be tied to the results of Needs Assessments.
- Indicate the target completion dates for major activities and specify the entity/group or person responsible for implementing and completing each

activity and the relevant performance measures and/or evaluation tools to show achievement of the goals and objectives.

- Relate to the needs previously identified in the statement of need and closely correspond to the activities described in the program narrative.

Note: Your organization must describe the activities of each local partner and include this information in your work plan. The action steps are those activities that you will undertake to implement the proposed project and provide a basis for evaluating the program.

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 local partner networks; establishing quality control mechanisms; development of the implementation plans; and engaging stakeholder and partner participation in Regional AETC activities. The workplan for Year 1 should include the following activities:

- By Month 6: Identified key personnel for Central Office and local partners with clearly defined roles/responsibilities.
- By Month 9: Establishment of all local partners, proposed project plan for each state within your region, and basis for evaluating the program.
- By Month 12: Final plan to assess program performance and development of a strategic plan for remaining four years of the program.

The work plan should also describe:

- How you will build and maintain strategic partnership networks with federal, regional, state, and local organizations to ensure relevancy and timeliness of education, training, and technical assistance provided.
 - How you will leverage and build upon existing work and programs to maximize planned partnerships and activities.
- *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 providing training and education identified among the targeted training audience(s).
- Describe any specific state and/or local legislation and regulations that may impact the implementation of activities outlined in the work plan.

- Describe anticipated technical assistance needs of the providers, and how this will be factored into the design, implementation, and evaluation of the project in response to anticipated challenges.
 - Describe how you will address barriers in reaching the intended provider population.
- *Evaluation and Technical Support Capacity -- Corresponds to Section V's Review [Criterion 3: Evaluative Measures](#)*

This section will help reviewers understand the performance evaluation plan and processes that will be used to monitor and assess your organization's performance in fulfilling the [Program Expectations and Requirements](#) of this NOFO and accomplishing program goals and objectives.

In your application please:

1. Evaluation

- Describe the evaluation plan and your organization's capacity to track, measure, and monitor program performance. The evaluation plan must track:
 - progress made with achieving the goals, objectives, and performance measures of the RWHAP Part F Regional AETC Program outlined in the [Purpose Section I](#) and [Appendix C](#) of this NOFO.
 - progress in completing the training and technical assistance activities outlined in your proposed work plan.
- Describe the anticipated outputs and outcomes of proposed HIV care training, professional development, and technical assistance activities.

Note: Both outcome and process measures may be used to evaluate the progress of the program.
- Describe other key inputs (such as organizational support, collaborative partners, budget, and other resources), key processes, and variables to be measured.
- In addition to the Regional AETC Program's performance measures noted in [Appendix D](#) of this NOFO, please identify any additional performance measures that you will use to assess program performance.

Note: The AETC Program's performance measures and data forms are subject to change.

2. Quality Management

- Describe the systems and processes for collecting, tracking, and analyzing performance measures. Your description must include information on how your organization will:
 - Manage and report timely and accurate data on FH, PT, IPE, CEE, MAI, and EHE training events and trainees using data collection instruments provided by HRSA-HAB;
 - Ensure that local partners can conduct data collection for each required component of the Regional AETC Program; and
 - Provide technical support to local partners to assist with reporting on performance measures.
- Describe data quality policies, including how you will ensure timely, complete, and valid submission of data. This should include a description around how you will ensure complete submission of data from local partners and research practices with participants.
- Describe the process for how you will track students after the completion of IPE training to determine employment and retention in the HIV care workforce.
- Describe how you will use the data to inform program development and improvements, and continuously enhance quality improvement. Include how trainings, events, and program components will be routinely assessed to meet the goals of the program.
- Describe potential obstacles to implementing your evaluation plan and a proposed strategy to address those obstacles.

iii. **Budget**

The *Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include MOE, if applicable).

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at [45 CFR § 75.307](#).

Specific Instructions:

The RWHAP Part F Regional AETC Program requires the following:

In addition to the information in the SF-424A, you must submit a program specific line-item budget as Attachment 6. The line-item budget must include, as separate columns, amounts for the Regional AETC base, EHE and, MAI for the first budget period from July 1, 2024 – June 30, 2025. The amounts for the Regional AETC base, MAI, and EHE, must not exceed the published funding ceiling amounts as stated in [Appendix A](#). For each column that lists the separate grant program activities, include subcategories for administrative and training costs. Include a final column with program totals for each row and column. Include in the budget as a line-item funding to be provided to each contracted education and training site (local partners). If a Local Partner is located in the same institution as the Central Office, ensure that the budget clearly delineates Central Office costs from local partner costs.

NOTE: We recommends that the budgets be converted or scanned into a PDF format for submission. Do not submit Excel spreadsheets. HRSA recommends that you submit the program-specific line-item budget in table format, as a single table in PDF format.

You should include the amount planned to support the participation of trainees in proposed projects. List the training to be accomplished, the number of trips involved, the destinations, and the number of individuals for whom funds are requested. The training budget should reflect all costs associated with the education and training activities performed by both the recipient and by contractors. This includes the portion of staff salaries dedicated to development and implementation of training events and activities.

The administrative budget should reflect all costs borne by your organization and your partners in your role as the administrator of the Regional AETC award. The administrative budget does not include the costs associated with the education and training function you may perform within the region. Examples of administrative costs may include:

- Personnel costs, fringe benefits, and proportion of full time equivalent of staff members responsible for the management of the project, such as the Project Director, or Project Coordinator. In-kind staff effort should be included.
- Portion of staff salaries spent on supervision activities, project management, technical assistance to contractors, or data collection.
- Secretarial or clerical support designated specifically for coordination/administrative tasks. NOTE: You must split and allocate between both budgets the salaries for staff that perform both administrative and direct training functions.
- Portion of rent, utilities, telephone, other facility support costs, supplies, and insurance that represent the proportion of administrative activities performed by the recipient.

- Indirect costs based on the listed direct costs for this activity (See below for instructions relating to indirect costs).
- Travel, meeting, mailing, and other costs associated with administration/coordination of the Regional AETC Program. You must include in your administration costs for following required travel:
 - Attendance at biennial National Ryan White Conference on HIV Care and Treatment in the Washington, D.C. area by the Principal Investigator, Project Director, and up to two additional staff members.
 - Attendance at biennial Regional AETC Program meeting in the Washington, D.C., area by the Principal Investigator, Project Director, and up to two additional staff members.
 - Attendance at the annual RWHAP Clinical Conference by the Clinical Director and key training faculty.
 - Attendance at NASC-led meetings and other HAB-sponsored meetings.

As required by the [Consolidated Appropriations Act, 2023 \(P.L. 117-328\)](#), Division H, § 202, “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.” Effective January 2023, the salary rate limitation is \$212,100. As required by law, salary rate limitations may apply in future years and will be updated.

iv. Budget Narrative

See Section 4.1.v. of the *Application Guide*.

In addition, the Regional AETC Program requires the following: Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. For subsequent budget years, the budget justification narrative should only include information which differs from year one or clearly indicate that there are no substantive budget changes during the period of performance. The budget justification must be concise. Do not use the justification to expand the project narrative.

State proposed and likely future sources of in-kind financial resources and identify what mechanisms you will use to track these resources as part of the overall program budget.

v. Attachments

Provide the following attachments in the order we list them.

Most attachments count toward the [application page limit](#). Indirect cost rate agreement, biographical sketches of key personnel, 5th-year budget, and proof of non-profit status (if it applies) are the only exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1: Work Plan (required)

Attach the project's work plan. Make sure it includes everything that [Section IV.2.ii. Project Narrative](#) details. If you'll make subawards or spend funds on contracts, describe how your organization will document funds.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of the Application Guide) (required)

Keep each job description to one page as much as possible. Include the role, responsibilities, and qualifications of proposed project staff. Describe your organization's timekeeping process. This ensures that you'll comply with federal standards related to recording personnel costs.

Attachment 3: Biographical Sketches of Key Personnel (required, Do not count towards the page limit)

Include biographical sketches for people who will hold the key positions you describe in *Attachment 2*. Keep it to two pages or less per person. Do **not** include personally identifiable information (PII). If you include someone you haven't hired yet, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding (project-specific) (required)

Provide letters of agreement for each Local Partner. Provide any documents that describe working relationships between your organization and other entities and programs you cite in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of the contractors and any deliverable. Make sure you sign and date any letters of agreement.

Attachment 5: Project Organizational Chart (required)

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

Attachment 6: Program Specific Line-Item Budget (required)

Submit as a PDF document a program-specific line-item budget for each year of the five-year period of performance.

Attachment 7: For Multi-Year Budgets-5th Year Budget (Do not count towards the page limit) (required)

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

Attachment 8: Request for Funding Preference (required)

Provide information to support your request to be considered for a funding preference. You must cite examples of proposed activities in your application as indicated in the instructions for the instructions for the [funding preference](#). Your organization must meet the three criteria below to receive the funding preference.

- Train, or result in the training of, health professionals who will provide treatment for minority individuals and Native Americans with HIV and individuals at increased risk;
- Train, or result in the training of, minority-serving health professionals and minority-serving allied health professionals to provide treatment for individuals with HIV; and
- Train, or result in the training of, health professionals and allied health professionals to provide treatment for Hepatitis B or C and HIV co-infected individuals.

HRSA will review the information to determine whether you qualify for a funding preference. See [Section V.2](#) for more information.

Attachment 9: Map of Service Area (required)

Provide a Service Area map(s) to describe the entire designated service area for the states in the application region. (see [Appendix A](#)).

Attachment 10: Minority AIDS Initiative Narrative (required)

Provide a description of your MAI project based on the questions outlined in the [Approach](#) section. A description of the types of the approved MAI activities to include in your proposal are listed in the [Program Requirements and Expectations](#) section.

Attachments 11 – 15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: [General Service Administration's UEI Update](#)

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.⁹

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

⁹ Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)).

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- [System for Award Management \(SAM\) \(SAM Knowledge Base\)](#)
- [Grants.gov](#)

Effective March 3, 2023, individuals assigned a SAM.gov [Entity Administrator](#) role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) [more about this change on the BUY.GSA.gov blog](#) to know what to expect.

For more details, see Section 3.1 of the *Application Guide*.

Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Date

Your application is due on *February 5, 2024 at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide, Section 8.2.5 – Summary of emails from Grants.gov*.

5. Intergovernmental Review

The RWHAP Part F Regional AETC Program must follow the terms of [Executive Order 12372](#) in 45 CFR part 100.

See Section 4.1 ii of the *Application Guide* for more information.

6. Funding Restrictions

The General Provisions in Division H of the [Consolidated Appropriations Act, 2023 \(P.L. 117-328\)](#) apply to this program. See Section 4.1 of the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

Program-specific Restrictions

You cannot use funds under this notice for the following:

- International HIV/AIDS training activities.
- Payment for any item or service to the extent that payment has been made (or reasonably can be expected to be made), with respect to that item or service, under any state compensation program, insurance policy, federal or state benefits program, or any entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Service).
- Cash payment to intended recipients of RWHAP services.
- Clinical quality management.
- International travel.
- Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval).
- HIV test kits.
- Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy.
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual. This does not restrict harm reduction training.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *Application Guide*. We may audit the effectiveness of these policies, procedures, and controls.

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We use six review criteria to review and rank Regional AETC Program applications. Here are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's [Introduction](#) and [Need](#)

The extent to which the applicant:

- Describes the state the HIV epidemic within the selected region, including the health care systems, incidence, and prevalence of HIV, and the EHE-funded jurisdictions, the composition and distribution of health care professionals, priority disciplines, and data regarding social determinants of health impacting the service (i.e., rates of substance use disorder, poverty, housing challenges, etc.).
- Describes the target population to be trained, including specifics for recruitment and training of minority-serving health care professionals.
- Describes the applicant's understanding of the health care landscape.
- Describes the training needs that incorporates input from the RWHAP Parts A, B, C, D and F program in the region, the training and technical assistance needs for health care team members, and the challenges associated with increasing the HIV care workforce in the region in which you are applying to serve.
- Identifies the number and type of facilities in the region that provide care and treatment for people with HIV.
- Provides a map of the designated service area including EHE-funded jurisdictions, local partner(s), health care delivery and service sites (by type), population and provider geographic and demographic data (see [Attachment 9](#)).
- Describes the geographic and demographic makeup of the region of the applicant's region.
- Demonstrates an understanding of the training needs and current state of the HIV epidemic, and priority disciplines in this NOFO,
- Describes the health professional programs for the priority disciplines in each state,
- Describe people with and at risk of HIV in the states covered by the Regional AETC service area.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV’s [Approach](#), [Work Plan](#), and [Resolution of Challenges](#)

Approach (20 pts)

The extent to which the applicant:

- Describes how the proposed project responds to the program’s “[Purpose](#) and [Program Expectations and Requirements](#). Describes the strength of the proposed goals and objectives and how well they relate to the project.
- Describes the process for conducting a needs assessment, and the process for using the results of the assessment to develop a plan that addresses the training and education needs of the health care team and health professional students.
- Describes how they will collaborate specifically with the RWHAP Parts A and B to develop the Integrated Plans and a process for identifying clinics and clinicians providing care to few or no people with HIV.
- Describes the process for engaging low-volume, novice, and non-primary care providers.
- Discusses a strategy for building the skills of low-volume, novice, and non-primary care providers.
- Discusses a strategy for maintaining the skills of providers who already provide HIV care.
- Provides an overall plan to identify PT sites, including assessing needs, establishing goals, developing training plans, and evaluating effectiveness.
- Clearly defines the MAI activities to be conducted in their selected region, and whether the proposed plan is likely to enhance the capacity of minority-serving HIV health care professionals (see [Attachment 10](#)).
- Describes a plan to assess needs and provide technical assistance to EHE-funded jurisdictions within the selected region.
- Strength and clarity of the applicant’s description of its plans for ongoing linkages and coordination with other RWHAP-funded HIV care sites, HRSA-funded clinics and other CHCs in the proposed geographic region.
- Adequacy of description, or plans to engage HBCUs, HSIs, TCUs and other minority training institutions for clinical care training, interprofessional education and collaboration, and AETC faculty development.
- Strength, clarity, and feasibility of the applicant’s description of its plans for linkages with local, county, and state public health programs; local AIDS service organizations; health professional organizations; State Primary Care

Associations; State Primary Care Offices; Telehealth Resource Centers; academic institutions; and Federal partners.

- Adequacy of description or plans for coordination with the several components of the AETC Network (e.g., other Regional AETCs, NCRC, NCCC, and AETC Evaluation Contractor).
- Strength, clarity, and feasibility of plans to establish/maintain HIV-specific interprofessional educational programs in your region including process for tracking IPE participants to determine future involvement in HIV care.

Work Plan (10 pts)

- The strength, clarity and feasibility of the applicant's work plan and its goals over the entire period of performance (see [Attachment 1](#)).
- Extent to which the applicant's work plan addresses the identified needs and program activities.
- Extent to which the work plan is realistic and contains objectives that are specific, measurable, achievable, relevant, and time-bound (SMART) to implement the proposed project.
- If applicant is establishing an AETC Program for the first time, extent to which the work plan adequately builds in time to develop the program.

Resolution of Challenges (10 pts)

How well the application:

- Described possible challenges that are likely to be encountered during the planning and implementation of the project described in the work plan.
- Described proposed solutions to be used to resolve those challenges.
- Described the anticipated technical assistance needs in the design, implementation, and evaluation of its project, to be used in resolution of challenges.
- Described any specific state and/or local legislation and regulations that may impact the implementation of activities outlined in the work plan.
- Described how you will address barriers in reaching the intended provider population.

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

- Evidence that the evaluation plan can track, measure, and monitor program performance including the programs progress in meeting the goals, objectives,

and performance measures of the RWHAP Part F Regional AETC Program outlined in the [Purpose Section I](#) and [Appendix C](#) of this NOFO.

- How strong and effective the method is to monitor and evaluate project results.
- Evidence that the measures will assess how well program objectives have been met and to what extent the results are attributed to the project.
- Evidence of the applicant's ability to evaluate whether and how the trainings offered are meeting the needs in the region.
- Evidence of the applicant's ability to evaluate how the PT projects are improving patient outcomes.
- Evidence of the applicant's ability to evaluate how participation in IPE activities changes institutional-level policies and practices related to building faculty and student core competencies in HIV IPE.
- Extent to which applicant's proposed data management/evaluation staff have demonstrated experience in:
 - Assessing the education and training needs of health care professionals and health care organizations and;
 - Assessing the impact of program training, education and technical assistance on the knowledge, skills, behaviors, and practices of health care professionals.
 - Adequacy of the organization's capacity to manage, collect, utilize, and report program data which captures educational and training program information and individual participant information from all project funded activities, including ability to track longitudinal training encounters per trainee.
- Evidence of applicant's electronic database to collect data and electronically transfer data.
- Strength and clarity of the applicant's description of the quality management (QM) plan, feasibility, and reasonableness of the QM process to ensure complete and accurate data, and extent to which the applicant identified performance measures/indicators to be used as part of the quality management plan.
- Extent to which the applicant demonstrates the ability to educate, train and provide technical assistance to health care professionals that is consistent with the most recent [Clinical Practice Guidelines for HIV/AIDS](#).
- Evidence that the applicant will be able to track, monitor, and evaluate the number of health professions students and trainees who intend to provide HIV care and treatment to people with HIV.

- Evidence that the applicant has a plan to track students who complete IPE training to evaluate employment and retention rates in the HIV care workforce.

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

- The extent to which the application demonstrates that the entire region is adequately covered and meets the needs of each state/territory within the region.
- The extent to which the proposed training will likely impact minority-serving HIV health care professionals, and their ability to increase access to high quality HIV care for high-risk minority and underserved patient populations.
- The extent to which the project will increase HIV clinical service capacity in the proposed geographic region, with special emphasis on EHE-funded jurisdictions.
- The extent to which training and education strengthens service delivery linkages for health care professionals and their patients.
- The extent to which planned partnerships/activities will most effectively build on existing work to maximize impact.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's [Organizational Information](#)

Organizational Description (8 pts)

- Strength and clarity of the organizational structure ([Attachment 5](#)) with respect to strategic partnerships between the Regional AETC Central Office and states, counties, and cities in the region.
- Extent to which the organization demonstrates that the education and training needs of the entire region are covered.
- Extent to which the number and nature of regional partners are practical with inclusion of regional partners in strategic planning, local needs assessments, marketing and outreach, training, evaluation, and quality improvement activities.
- Strength and clarity of the funding distribution process to regional partners.
- Strength of the applicant's experience in fiscal management of grants and contracts, including multiple federal awards, and their process for allocating funding to local partners.
- Strength of the organizational profile including significant collaborative partners, key personnel, budget, and other resources.
- Strength of the applicant's description the scope of current workforce training and technical assistance in which your organization is engaged.
- Description of the level of experience and number of years of experience in supporting workforce training and technical assistance.

Management and Staffing Expertise (7 pts)

- The strength and clarity of the proposed staffing plan ([Attachment 2](#)) and project organizational chart ([Attachment 5](#)) in relation to the project description and proposed activities; including evidence that the staffing plan includes sufficient personnel with adequate time to successfully implement all of the project activities throughout the project as described in the work plan.
- The extent to which key project personnel are qualified by training and/or experience to implement the project ([Attachment 3](#)).
- The extent to which the application clearly describes whether the applicant has agreements with local partners able to fulfill the needs of the proposed project.

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

- The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, activities, and the anticipated results.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable and appropriate to the proposed work plan and scope of work.
- The extent to which budget reflects a reasonable allocation of funds to administrative versus training/education costs.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- Evidence of adherence to the allocation guidelines provided in Section II and Section IV: 20 percent of the budget should reflect activities consistent with the PT.
- Strength and clarity of the presented budget narrative in justifying each line item in relation to the goals and objectives of the project.
- Strength and clarity of the presented budget narrative in justifying and providing defined deliverables with all written agreements between the Regional AETCs and the partners.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO
- Other factors (funding preference) described below in selecting applications for award.

Funding Preferences

This program provides a funding preference for some applicants, as authorized by Section 2692(a)(2) of the Public Health Service Act. If your application receives a funding preference, it will be placed in a more competitive position among fundable applications. If your application does not receive a funding preference, it will receive full and equitable consideration during the review process.

HRSA staff will determine the funding factor will apply it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as indicated below. Your organization must meet all three criteria to receive the funding preference.

- Train, or result in the training of, health professionals who will provide treatment for minority individuals and Native Americans with HIV and individuals at increased risk;
- Train, or result in the training of, minority-serving health professionals and minority-serving allied health professionals to provide treatment for individuals with HIV; and
- Train, or result in the training of, health professionals and allied health professionals to provide treatment for Hepatitis B or C co-infected individuals.

To evaluate your eligibility for the funding preference, please cite examples of proposed activities in your application that meet the three criteria noted above in [Attachment 8](#). Please limit your response to one page.

If your organization does not propose any activities related to the funding preference, you can indicate “Not applicable” on [Attachment 8](#).

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application ([45 CFR § 75.205](#)).

First, your application must get a favorable merit review. Then we:

- Review past performance (if it applies)

- Analyze the cost of the project/program budget
- Assess your management systems
- Ensure you continue to be eligible
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

We review information about your organization in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may comment on anything that a federal awarding agency previously entered about your organization. We'll consider your comments, and other information in [FAPIIS](#). We'll use this to judge your organization's integrity, business ethics, and record of performance under federal awards when we complete the review of risk. We'll report to FAPIIS if we decide not to make an award because we have determined you do not meet the minimum qualification standards for an award ([45 CFR § 75.212](#)).

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the [start date](#) listed in the NOFO. See Section 5.4 of the *Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the *Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of [45 CFR part 75](#), currently in effect.
- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: [2 CFR § 200.301 Performance measurement](#).
- Any statutory provisions that apply.

- The [Assurances](#) (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [HHS Office for Civil Rights website](#).

Please contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subawards Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. [45 CFR § 75.101 Applicability](#) gives details.

Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or

otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

3. Reporting

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

- 1) **Federal Financial Report (FFR)** -The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit [Reporting Requirements | HRSA](#). More specific information will be included in the NOA.
- 2) **Progress Report(s)** - The recipient must submit both a non-competitive continuation report mid-year and an annual progress report to HRSA. Further information will be available in the award notice. Report must include an assessment of all four components of the Base grant and MAI. The EHE report is a separate, stand-alone report on the same schedule.
- 3) **Allocation Report** - Recipients must submit an allocation report to HRSA on an annual basis. The report must include a detailed description of how the award funds were allocated for project implementation. Additional information will be available in the NOA.
- 4) **Expenditure Report** - Recipients must submit an expenditure report to HRSA on an annual basis. The report must include a detailed description of funds expended for project implementation. Additional information will be available in the NOA.
- 5) **RWHAP AETC Annual Data Report** - AETCs must use and submit to HRSA the standard AETC data collection instruments, the Event Record (ER), Participant Information Form (PIF), and Participant List (PL), on an annual basis. Recipients must submit the Data Report online in the Electronic Handbooks (EHBs) system at <https://grants.hrsa.gov/webexternal/home.asp>.
- 6) **Ending the HIV Epidemic Biannual Report** - Recipients will be expected to submit a twice-yearly report on activities related to the EHE. HRSA will provide further details in the award notice.
- 7) **Final Report** - A final report is due within 90 days after the period of performance ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goals and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences over the entire period of performance. Recipients must submit the final report online in the EHBs system at <https://grants.hrsa.gov/webexternal/home.asp>.
- 8) **Integrity and Performance Reporting**. The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as [45 CFR part 75 Appendix I, F.3.](#) and [45 CFR part 75 Appendix XII](#) require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

Nancy Gaines
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Call: 301-346-8654
Email: ngaines@hrsa.gov

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

Makeva M. Rhoden
Deputy Director, Office of Program Support
Attn: Regional AIDS Education and Training Centers Program
HIV/AIDS Bureau
Health Resources and Services Administration
Call: (240) 461-6176
Email: AskAETCProgram@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
[Search the Grants.gov Knowledge Base](#)

Once you apply or become an award recipient, you may need help submitting information and reports through [HRSA's Electronic Handbooks \(EHBs\)](#). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910
[Electronic Handbooks Contact Center](#)

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the [EHBs Wiki Help page](#).

VIII. Other Information

Technical Assistance

See [TA details](#) in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

Appendix A: Funding Table

The Regional AETCs and corresponding geographical areas (e.g., states and U.S. territories) have periods of performance ending June 30, 2024, and are up for competition for periods of performance beginning July 1, 2024. New applicants submitting proposals to in an existing Regional AETC must identify the entire corresponding geographical service area to be served. Each geographical service area is listed separately.

The total funding available for each Regional AETC and corresponding geographical service area is identified in the “Funding Ceiling” column.

Regional AETC Name	Alignment with U.S. Department of Health and Human Services	Geographical Area (i.e., states and U.S. Territories) covered by the Regional AETC	Funding Ceiling		
			Base AETC	MAI	EHE
New England AETC	Region 1	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	\$1,840,000	\$620,000	\$400,000
Northeast/ Caribbean AETC	Region 2	New York, New Jersey, Puerto Rico, U.S. Virgin Islands	\$2,400,000	\$1,420,000	\$1,000,000
MidAtlantic AETC	Region 3	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	\$2,200,000	\$1,000,000	\$800,000
Southeast AETC	Region 4	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	\$3,040,000	\$1,810,000	\$2,000,000
Midwest AETC	Region 5 and Region 7	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin	\$2,410,000	\$960,000	\$1,000,000
South Central AETC	Region 6	Arkansas, Louisiana, New Mexico, Oklahoma, Texas	\$2,430,000	\$1,110,000	\$1,200,000

Mountain West AETC	Region 8 and Region 10	Alaska, Colorado, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	\$1,950,000	\$860,000	\$400,000
Pacific AETC	Region 9	Arizona, California, Hawai'i, Nevada, and the 6 U.S.-affiliated Pacific Jurisdictions (Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Republic of the Marshall Islands, Republic of Palau)	\$2,570,000	\$1,150,000	\$1,300,000

Appendix B: Established Baseline for Practice Transformation (PT) Sites by Region

HRSA recommends that 20% of Base AETC funds be used to establish PT sites. The minimum number of PT sites per Region are based on a cost of \$50,000 per site. The total number of PT may be adjusted based on the actual base AETC funding amount awarded to recipients. Successful applicants will receive additional instructions in the NOA.

Regional AETC Name	PT Allocation (20% of Regional Base)	Minimum Number of PT Sites (one site per \$50,000)
New England AETC	\$368,000	7
Northeast/Caribbean AETC	\$480,000	9
MidAtlantic AETC	\$440,000	8
Southeast AETC	\$608,000	12
Midwest AETC	\$482,000	9
South Central AETC	\$486,000	9
Mountain West AETC	\$390,000	7
Pacific AETC	\$514,000	10

Appendix C: AETC Program Goals and Objectives

HRSA has established four overarching program goals and supporting objectives informed by the goal of the program and three program areas.

Goal Theme	Building HIV Care and Prevention Capacity		Promoting Health Equity	Building Program Capacity
Goals	Goal 1: Expand the number and diversity of health care team members providing HIV care and prevention services	Goal 2: Expand the ability of health care team members to provide effective HIV care and prevention services	Goal 3: Improve health equity by integrating HIV care and prevention in primary care and other health care settings that provide services to underserved populations	Goal 4: Enhance the capacity of the RWHAP AETC Program to train health care team members to serve people at risk for or with HIV
Objectives	<p>1.1 Increase the number of health care team members providing HIV care and treatment in both clinical and support roles</p> <p>1.2 Increase the number of health care team members that reflect characteristics of the communities served</p> <p>1.3 Increase the number of health care professionals providing HIV care and prevention services to at-risk or underserved populations</p> <p>1.4 Increase the number of health professional trainees specializing in HIV care and prevention</p> <p>1.5 Increase the number of faculty able to develop and implement training in HIV-related content for students in health</p>	<p>2.1 Increase the number of health care professionals able to implement federal HIV-related care/treatment/prevention guidelines and evidenced-based approaches to HIV diagnosis, prevention, and care</p> <p>2.2 Increase the number of training offerings that incorporate different delivery modes of learning</p> <p>2.3 Increase the number of prescribing health care professionals participating in training tracks designed to develop specific levels of knowledge and skills in HIV care and prevention</p> <p>2.4 Increase cultural competence and health equity integration into clinical curriculum and training</p>	<p>3.1 Increase the number of health care providers working in geographically underserved regions trained to provide HIV care and prevention services</p> <p>3.2 Expand the number of minority-serving health care facilities providing routine HIV testing, prevention, and care</p> <p>3.3. Increase the number of facilities that provide care to populations most at risk for HIV participating in practice transformation activities designed to enhance the delivery of HIV care and prevention</p>	4.1 Increase engagement and partnerships with all RWHAP-funded programs

professional programs			
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Appendix D: Regional AETC Program Data Reporting Requirements

Data Collection Forms

The three forms used by all the RWHAP AETCs to report activities include the following:

- Participant Information Form (PIF) – captures information from the individuals who attend an event — including their demographic characteristics (e.g., profession, employment setting, race, and ethnicity) and characteristics of people with HIV they serve. Should be completed by all training participants and updated at least once every 12 months.
- List of Participant IDs (PL) – compiles participant identifiers and the event attended. Should be completed on an annual basis.
- Event Record (ER) – gathers information on each activity including topics covered, number and identification of people trained, type of training conducted, training modes used, length of training, and collaborations with other organizations. Each trainer or RWHAP AETC completes an ER form at the end of an event.

Reporting Period

Reporting for the RWHAP AETC activities is conducted annually and covers the period July 1 through June 30.

- RWHAP AETC System opens annually on July 12th
- RWHAP AETC System closes annually on September 15th

Data File Format Standards

Each RWHAP AETC will submit data once per year. Data files should be uploaded in a CSV format to HRSA's Electronic Handbooks (EHBs) system.

Data that do not conform to the standards and quality set forth in this document will be returned by the system to the RWHAP AETC for revision and resubmission.

Where to Submit Data

Data files must be uploaded to HRSA's server via the EHBs. Please contact the designated HRSA HAB project officer for additional programmatic assistance.

Appendix E: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified [page limit. \(Do not submit this worksheet as part of your application.\)](#)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	My attachment = ___ pages
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	My attachment = ___ pages
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	My attachment = ___ pages
Attachments Form	Attachment 1: <i>Work Plan</i>	My attachment = ___ pages
Attachments Form	Attachment 2: : <i>Staffing Plan and Job Descriptions for Key Personnel</i>	My attachment = ___ pages
Attachments Form	Attachment 3: <i>Biographical Sketches of Key Personnel</i>	<i>(Does not count against the page limit)</i>
Attachments Form	Attachment 4: <i>Letters of Agreement, Memoranda of Understanding</i>	My attachment = ___ pages
Attachments Form	Attachment 5: <i>Project Organizational Chart</i>	My attachment = ___ pages
Attachments Form	Attachment 6: <i>Program Specific Line-Item Budget</i>	My attachment = ___ pages
Attachments Form	Attachment 7: <i>For Multi-Year Budgets-5th Year Budget</i>	<i>(Does not count against the page limit)</i>

Standard Form Name (Forms themselves do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	# of Pages Applicant Instruction – enter the number of pages of the attachment to the Standard Form
Attachments Form	Attachment 8: <i>Request for Funding Preference</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 9: <i>Map of Service Area</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 10: <i>Minority AIDS Initiative Narrative</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 11: <i>Other Relevant Documents</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 12: <i>Other Relevant Documents</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 13: <i>Other Relevant Documents</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 14: <i>Other Relevant Documents</i>	<i>My attachment = ___ pages</i>
Attachments Form	Attachment 15: <i>Other Relevant Documents</i>	<i>My attachment = ___ pages</i>
Project Narrative Attachment Form	Project Narrative	<i>My attachment = ___ pages</i>
Budget Narrative Attachment Form	Budget Narrative	<i>My attachment = ___ pages</i>
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-22-059 is 80 pages		My total = ___ pages