U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

HIV/AIDS Bureau
Division of Metropolitan HIV/AIDS Programs

Ryan White HIV/AIDS Program Building Care and Prevention Capacity: Addressing the HIV Care Continuum in Southern Metropolitan Areas

Announcement Type: New
Funding Opportunity Number: HRSA-16-187

Catalog of Federal Domestic Assistance (CFDA) No. 93.145

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: July 12, 2016

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Release Date: ***May 11, 2016***

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Authority: The Consolidated Appropriations Act, 2016 (P.L. 114-113), Division H, Title II.

EXECUTIVE SUMMARY

Supported through the Department of Health and Human Services Secretary's Minority AIDS Initiative Fund, the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) is accepting applications for a fiscal year (FY) 2016 Secretary's Minority AIDS Initiative Funds (SMAIF) project entitled *Ryan White HIV/AIDS Program (RWHAP) Building Care and Prevention Capacity: Addressing the HIV Care Continuum in Southern Metropolitan Areas*. The purpose of this program is to support a single organization that will serve as the Coordination and Technical Assistance Center (CTAC) to provide technical assistance and capacity building/service delivery resources to four Part A jurisdictions located in southern metropolitan areas serving targeted minority populations to improve outcomes along the HIV care continuum.

Funding Opportunity Title:	*Ryan White HIV/AIDS Program (RWHAP) Building Care and Prevention Capacity: Addressing the HIV Care Continuum in Southern Metropolitan Areas*
Funding Opportunity Number:	HRSA-16-187
Due Date for Applications:	July 12, 2016
Anticipated Total Annual Available Funding:	$1,000,000
Estimated Number and Type of Award(s):	One (1) cooperative agreement
Estimated Award Amount:	$1,000,000
Cost Sharing/Match Required:	No
Project Period:	September 1, 2016 through August 31, 2019 (three (3) years)
Eligible Applicants:	Eligible organizations include public entities (including state, local, and Indian tribal governments); institutions of higher education; non-profit organizations (including faith-based, community-based, and tribal organizations); and academic health science centers involved in addressing HIV-related issues on a national level and within governmental public health structures. Applicants must have a minimum four year history of developing and disseminating technical assistance to RWHAP recipients and subrecipient providers. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide,* available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf, except where instructed in

this FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

All interested applicants are encouraged to participate in a technical assistance webinar for this funding opportunity. The technical assistance webinar is scheduled for May 18, 2016 at 1:00 – 3:00 P.M. Eastern Time.

The purpose of this webinar is to assist potential applicants in preparing applications that address the requirements of this funding announcement. Participation in a pre-application TA webinar is optional.

Dial-in Phone Number: 1-877-952-6578; Passcode: 2668381#
To access the webinar online, go to the Adobe Connect URL:
https://hrsa.connectsolutions.com/southernareas/

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for fiscal year (FY) 2016 to support a single organization that will serve as the Coordination and Technical Assistance Center (CTAC) for a new Secretary's Minority AIDS Initiative Fund (SMAIF) program entitled *Ryan White HIV/AIDS Program (RWHAP) Building Care and Prevention Capacity: Addressing the HIV Care Continuum in Southern Metropolitan Areas*. The purpose of this program is to implement innovative models of service delivery that result in improvements in RWHAP Part A jurisdictions' HIV care continuum for minority populations.

The CTAC will provide technical assistance (TA) and service delivery funding to one subrecipient in each of four different RWHAP Part A jurisdictions located in the Southern U.S. In order to broaden the impact, no more than two subrecipients shall be from Part A jurisdictions in a single state. The goal of the project is increasing capacity to serve minority populations with a focus on men who have sex with men (MSM), youth, cisgender and transgender women, and people who inject drugs (PWID), resulting in improved health outcomes along the HIV care continuum. The four subrecipients must be selected from the 18 RWHAP Part A jurisdictions located in the following states: Florida, Georgia, Louisiana, North Carolina, Tennessee, Texas, and Virginia. Please note that a subrecipient under this cooperative agreement does not have to be a current RWHAP provider. The project period is up to three (3) years. For more information and a list of RWHAP Part A jurisdictions, please visit http://hab.hrsa.gov/abouthab/parta.html.

Applicants must have a minimum four year history of developing and disseminating TA to RWHAP recipients and subrecipient providers, and are expected to collaborate with these partners in the development of this project.

In collaboration with HRSA's HAB, the CTAC will:

1) Provide start-up and ongoing TA (onsite and virtual) to subrecipients located in four of the 18 RWHAP Part A jurisdictions in Florida, Georgia, Louisiana, North Carolina, Tennessee, Texas and Virginia on a wide range of programmatic activities that have potential to positively impact the HIV care continuum in each jurisdiction by reducing disparities among minority populations.
2) Provide subawards to expand evidence-based/informed interventions, within a jurisdiction.
3) Provide ongoing consultation on the use of subaward funds to help with start-up of new programming.
4) Provide TA to increase the identification of newly diagnosed individuals and access points for entry into HIV care and prevention services among newly screened, newly identified and previously identified but out-of-care minority people living with HIV (PLWH).
5) In coordination with HRSA's HAB, collaborate with the HRSA Office of Regional Operations and the Centers for Disease Control and Prevention (CDC) on any regional activities, through virtual and face-to-face meetings to provide opportunities for learning collaborative discussions.

The CTAC will also collate and share information on a wide range of effective (evidence – based or informed) programmatic interventions. This will include interventions that emanate from the HRSA HAB Special Projects of National Significance (SPNS) dissemination efforts, the CDC Effective Interventions Compendium, other efforts such as the International Association of Providers of AIDS Care (IAPAC) guidelines, interventions published in the peer-reviewed literature, and the recently concluded SMAIF-funded Care and Prevention in the United States (CAPUS) projects, many of which occurred in southern States. It is also recommended that interventions considered include a "test and link" model (described in the methodology section), where individuals would move directly and almost immediately from their HIV test result to specific treatment or prevention interventions in a community or health setting. Overall, this project could thus include a number of potential domains for use of subawards in programmatic implementation such as:

1) Increasing HIV testing and linkage to care
2) Increased testing and linkage to care for HIV/Hepatitis C virus (HCV) co-infection
3) Increasing HIV treatment coverage
4) Increasing retention in care and antiretroviral therapy (ART) adherence and HCV curative treatment
5) Increasing viral suppression
6) Tailored approaches to certain minority populations of focus [MSM, youth, cisgender and transgender women, PWID]

2. Background

This program is funded by the Secretary's Minority AIDS Initiative, authorized by The Consolidated Appropriations Act, 2016 (P.L. 114-113), Division H, Title II. It is administered by HRSA, HAB, Division of Metropolitan HIV/AIDS Program (DMHAP).

This announcement addresses the Secretary's Minority AIDS Initiative priority, "Improving Health Outcomes for Racial and Ethnic Minority Populations Living with HIV/AIDS." It also builds upon a current HAB DMHAP initiative: *Strengthening and Improving the HIV Care Continuum in Part A Jurisdictions* cooperative agreement. The purpose is to expand the development of tools and TA through interventions, strategies, models and demonstration projects that provide incentives for comprehensive care improvements for racial/ethnic minorities along the HIV care continuum, particularly in support of engagement and retention strategies, treatment adherence, and viral suppression.

The Southern U.S. bears a disproportionate burden of newly diagnosed cases of HIV and rates of infection.[1] In addition, data from the 2014 Ryan White Services Reports (RSR) indicate that southern states have lower rates of viral suppression than others across the country.[2] RWHAP Part A jurisdictions in the Southern U.S. face a wide range of environmental, social, structural, financial and political challenges which impact their ability to fully implement the most effective clinical and behavioral programs to improve health outcomes for PLWH. Stigma is a significant issue in the South, and part of this proposal will include the potential for urban/rural partnerships

[1]Centers for Disease Control and Prevention. HIV Surveillance Report, 2014; vol. 26 (2015). Accessed on 3/25/2016: Retrieved from http://www.cdc.gov/hiv/library/reports/surveillance/.
[2]Ryan White HIV/AIDS Program, 2014 RSR Data. Accessed on 3/25/2016: Retrieved from http://hab.hrsa.gov/data/servicesdelivered/2014rwhapdatareport.pdf.

to provide consultation and to share staff and ideas for addressing stigma throughout the states in which the Part A programs reside. At present, there are 18 Part A jurisdictions (http://hab.hrsa.gov/abouthab/parta.html) in the Southern U.S. that are funded to support a system of HIV care and provide a wide range of core medical and supportive services to PLWH.

The importance of reducing stigma cannot be underestimated. HRSA, through the Office of Health Equity, has utilized a technical assistance tool for the HRSA workforce and grant recipients. This tool is an online learning collaborative and educational resource titled, *The Roots of Health Inequity.* This tool offers a starting point for those who want to address systemic differences in health and wellness that are unfair, unjust and actionable. Based on a social justice framework, *The Roots of Health Inequity* course introduces public health practitioners to concepts and strategies for taking action in every day practice. The National Association of County and City Health Officials created the course with funding from the National Institute for Minority Health and Health Disparities at the National Institutes of Health.
This technical assistance tool can be used by participating stakeholders on a local level to address stigma, health disparities and social determinants of health impacting communities and the root causes of these disparities to ultimately improve health outcomes.
In order to improve health outcomes for PLWH living in southern states, HRSA is providing funding through a cooperative agreement to support the implementation of a potential range of effective (evidence–based or informed) programmatic interventions directed toward minority high risk populations building on the resources and infrastructure provided by Part A of the RWHAP. This funding will provide start-up and ongoing TA, specifically to address identified implementation challenges and will allow providers within southern jurisdictions to implement innovative evidenced-based interventions along the HIV care continuum to address poor health outcomes among minority PLWH with a particular focus on MSM, youth, cisgender and transgender women, and PWID. The CTAC will provide subawards to entities within and with the support of select Part A jurisdictions, allowing them to implement innovative projects, while considering longer-term sustainability of successful projects/models within their jurisdictions.

This project is aligned with the National HIV/AIDS Strategy (NHAS) 2020 goal 2: Increasing access to care and optimizing health outcomes for PLWH, *Step 2.A: Establish seamless systems to link people to care immediately after diagnosis and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk.*

National HIV/AIDS Strategy: Updated to 2020
The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020) is a five-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. To the extent possible, program activities should strive to support the four primary goals of NHAS 2020:

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

Updated in 2015, the NHAS 2020 has fully integrated the objectives and recommendations of the HIV Care Continuum Initiative (see below) and the Federal Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities. The Strategy also allows for opportunities to refresh the ongoing work in HIV prevention, care, and research.

Advances in four key areas are of critical focus for the next five years and recipients should take action to align their organization's efforts with the Strategy around these key areas:

- Widespread testing and linkage to care, enabling PLWH to access treatment early;
- Broad support for PLWH to remain engaged in comprehensive care, including support for treatment adherence;
- Universal viral suppression among PLWH; and
- Full access to comprehensive pre-exposure prophylaxis (PrEP) services for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.

More information on how recipients can support the NHAS 2020 can be found here: https://aids.gov/federal-resources/national-hiv-aids-strategy/overview/

HIV Care Continuum

Identifying people infected with HIV and linking them to HIV primary care with initiation and long-term maintenance of life-saving antiretroviral treatment (ART) are important public health steps toward the elimination of HIV in the United States. The continuum of interventions that begins with outreach and testing and concludes with HIV viral suppression is generally referred to as the HIV Care Continuum or the HIV Treatment Cascade. The HIV care continuum includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of ART, and ultimately HIV viral suppression.

The difficult challenge of executing these lifesaving steps is demonstrated by data compiled by the CDC, which estimate that only 30 percent of PLWH in the United States have complete HIV viral suppression. Data from the 2014 Ryan White Services Report (RSR) indicate that there are better outcomes in RWHAP funded agencies with approximately 79 percent of individuals who received RWHAP-funded HIV primary care being virally suppressed. Such findings underscore the importance of supporting effective interventions for linking PLWH into care, retaining them in care, and helping them adhere to their ART.

RWHAP recipients are encouraged to assess the outcomes of their programs along this continuum of care. Recipients should work with their community and public health partners to improve outcomes across the HIV care continuum, so that individuals diagnosed with HIV are linked and engaged in care and started on ART as early as possible. HAB 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.

The HIV care continuum measures also align with the HHS Common HIV Core Indicators approved by the Secretary. RWHAP recipients and providers are required to submit data through the RSR. Through the RSR submission, HAB currently collects the data elements to produce the Department of Health and Human Services (HHS) Common HIV Core Indicators. HAB will calculate the HHS Core Indicators for the entire RWHAP using the RSR data to report six of the

seven HHS Common HIV Core Indicators to the HHS, Office of the Assistant Secretary for Health.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project. The recipient is expected to collaborate with HAB and its RWHAP Part A jurisdictions to achieve the expectations described in this announcement. Certain activities must be planned jointly and include HAB's input. HAB must be aware of all project activities in sufficient time to provide input and/or assistance. This substantial involvement is in addition to the usual monitoring and technical assistance provided under the cooperative agreement.

As a cooperative agreement, **HRSA Program involvement will include**:

1) Making available experienced HAB personnel as participants in the planning and development of all phases of the activities related to the objectives;
2) Coordinating the partnership and communication with other federal agencies' personnel, Part A recipients, and other funded capacity building entities;
3) Participating in the design and direction of the strategies, interventions, tools, processes, TA , selection of subrecipients, and peer learning activities/collaborations;
4) Providing ongoing review of the establishment and implementation of activities, and measures for accomplishing the goals of the cooperative agreement;
5) Participating, as appropriate, in conference calls, meetings, and TA sessions that are conducted during the project period of the cooperative agreement;
6) Reviewing and providing input on written documents, including information and materials for the activities conducted through the cooperative agreement, prior to dissemination;
7) Making available HAB staff to support efforts of the targeted TA to improve health outcomes along the HIV care continuum; and
8) Participating in the dissemination (i.e., presentations to external and internal stakeholders, conferences, meetings, etc.) of project activities including best practices and lessons learned.

In collaboration with HRSA, the cooperative agreement recipient's responsibilities, including the use of appropriate staff, partner organizations, and/or consultants, are:

1) Assembling evidence-based or informed programmatic information on a wide range of interventions, including a "test and link" model, that will impact positive outcomes along stages of the HIV care continuum and sharing that information with selected Part A jurisdictions and project subrecipients;

2) Developing and implementing a methodology to select, in four southern Part A jurisdictions, subrecipients for participation in the project. The selection process must be informed through engagement of HAB and RWHAP Part A recipients;
3) Ensuring proposed interventions are based on sound evidence of effectiveness, geographically targeted for maximum impact on HIV care continuum outcomes in the Southern U.S., and designed to reach the identified target population(s);
4) Providing both onsite and virtual TA directly or through identification of other resources to support implementation and success of proposed projects (e.g., cultural competency, treatment adherence best practices, health literacy, etc.);
5) Providing funding to support implementation of effective (evidence –based or informed) programmatic interventions/demonstration projects and ongoing funding for the duration of the project;
6) Providing TA to subrecipients to develop a sustainability plan to support successful interventions or service delivery models following conclusion of the cooperative agreement;
7) Modifying activities as necessary to ensure relevant outcomes for TA; and
8) Adherence to HRSA guidelines pertaining to acknowledgment and disclaimer on all products produced by HRSA award funds.

2. Summary of Funding

This program expects to provide funding during federal fiscal years (FYs) 2016 - 2018. Approximately $1,000,000 is expected to be available annually to fund up to one (1) recipient. Applicants may apply for a ceiling amount of up to $1,000,000 per year. Applicants should note that the award amount includes up to $500,000 to fund four (4) subrecipients in up to four Part A jurisdictions in the Southern U.S. in Year One (1) and up to $800,000 in Years Two (2) and Three (3) when the project is fully implemented. Please note that Year 1 of the project includes additional funds for start-up, solicitation and selection of subrecipients (in collaboration with HAB), issuance of subawards, and organizing TA tailored to each subrecipient. The project period is three (3) years. Funding beyond the first year is dependent on the availability of appropriated funds for *Ryan White HIV/AIDS Program Building Care and Prevention Capacity: Addressing the HIV Care Continuum in Southern Metropolitan Areas* in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75, which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

III. Eligibility Information

1. Eligible Applicants

Eligible organizations may include public entities (including state, local, and Indian tribal governments); institutions of higher education; non-profit organizations (including faith-based, community-based, and tribal organizations); and academic health science centers involved in addressing HIV-related issues on a national level and within governmental public health

structures. Applicants must have a minimum four year history of developing and disseminating TA to RWHAP recipients and subrecipient providers.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this FOA following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the FOA to do otherwise.

See Section 8.5 of the *SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be

counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on this and other certifications.

Program-Specific Instructions

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

i. Project Abstract

See Section 4.1.ix of HRSA's *SF-424 Application Guide*.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- *INTRODUCTION -- Corresponds to Section V's Review Criterion (Need) #1*
  This section should briefly describe the purpose of the proposed project. Include a discussion that exhibits an expert understanding of the issues related to the activities included in this funding opportunity announcement among the applicant's internal and consulting staff, as well as any partner organizations.

  This section should describe how the proposed project will address the goals of providing TA to four subrecipients in up to four RWHAP Part A jurisdictions to support activities and strategies to improve health outcomes along the HIV care continuum through the implementation of effective (evidence–based or informed) programmatic interventions directed toward minority populations with a focus on MSM, youth, cisgender and transgender women, and PWID in southern jurisdictions. Also, describe how the applicant will ensure project interventions align with goals of the NHAS 2020. Also include a discussion of how the current state of health care coverage outreach and enrollment activities in the Southern U.S. impact health outcomes among minority populations.

The applicant should include a discussion that exhibits their expert understanding of the RWHAP and the HIV epidemic in the Southern U.S., specifically, Florida, Georgia, Louisiana, North Carolina, Tennessee, Texas, and Virginia with particular emphasis on challenges in minority communities. Describe how the CTAC will assess the TA needs of jurisdictions, monitor performance, and develop and implement TA plans to build capacity within jurisdictions. The applicant should also include a discussion that exhibits expertise in developing and disseminating TA to RWHAP Parts A recipients and subrecipients.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (Need) #1*
  This section should describe the applicant's understanding of the need for this project, specifically the impact of HIV and the needs of minority populations located in the Southern U.S., including demographic data and potential barriers for MSM, youth, cisgender and transgender women, and PWID. Describe the applicant's understanding of and relevant work experience related to the implementation of effective (evidence –based or informed) programmatic interventions and how that experience will help address the environmental, social, cultural, structural, financial and political challenges faced by minority PLWH in the South.

- *METHODOLOGY –Corresponds to Section V's Review Criterion (Response) #2*
  Describe a plan for the selection of four (4) subrecipients within up to four (4) different Part A jurisdictions in Florida, Georgia, Louisiana, North Carolina, Tennessee, Texas, and Virginia and the methodology to guide this process. Selected subrecipients do not have to be current RWHAP providers; however letters of concurrence from the Part A jurisdictions in which the subrecipients reside should be included as **Attachment 4**. Epidemiological data as well as data from the RSR should be considered in making selections with a particular emphasis on MSM, youth, cisgender and transgender women, and PWID.

  Describe your organizational process for the management of subawards to be issued under this cooperative agreement. Include a description of your subaward process from initiation to approval, with the corresponding criteria for selection of jurisdictions, types of interventions/models to be supported and subrecipient sites to be provided subawards, and your timeline for procurements. Describe the methodology for monitoring the performance sites including, among other items, the submission of invoices and reimbursement for services in a timely manner.

  Describe a plan to conduct an assessment of the selected jurisdictions to identify critical challenges which impact their ability to fully implement the most effective clinical and behavioral programs to improve health outcomes along the HIV care continuum for minority populations with a particular focus on MSM, youth, cisgender and transgender women, and PWID.

  Describe the plan and methods for identifying, supporting (through funding to subrecipients) and disseminating best practice models and methodologies and project accomplishments and results. Describe how any tools and resources developed will be utilized to sustain programs after the project period has ended. It is recommended that applicants consider support for and implementation of a "test and link" model. While a full description is provided below, *given the limitations of service delivery funding, select components of this model* may be applicable to addressing local need.

Test and Link moves individuals seamlessly from an HIV test to either treatment or a prevention plan, including PrEP. The model begins with testing for HIV and HCV (per guidelines). Upon receiving a confirmed positive HIV test result, having a discussion of the benefits of treatment, and obtaining consent, treatment would be initiated on the spot, under direct observation, with same-day testing as required to tailor treatment down the line (e.g., genotype). A negative test for HIV would result in prevention counseling including evaluation for the initiation of PrEP. For individuals interested in and deemed suitable for PrEP (according to PHS guidelines), medication would be provided and initiated on the same day. In areas where HCV co-infection is a significant concern, testing would be offered at the same time as the HIV test; for those who are HIV/HCV co-infected, enrollment in curative treatment would be offered.

In each jurisdiction, the test and link services would be offered in a single community-based health care setting that performs a high volume of HIV testing and has the existing infrastructure or capability to provide HIV care services and PrEP. In addition to the health care setting, community-based organizations will be engaged to identify and direct populations in greatest need of these services to the selected health care setting.

Core Program Elements

- HIV testing using antigen/antibody combo assay
- On-the-spot PrEP meds and linkage to ongoing PrEP care for high-risk negatives
- On-the-spot treatment initiation and genotype testing for HIV+, with linkage to ongoing care
- HCV testing and for those who are antibody-positive, same-day initiation of assessment for treatment and health care coverage, with the expectation of starting curative treatment within 14 days for those who are HIV/HCV co-infected.

The CTAC, in collaboration with HAB, will utilize core indicators and performance measures selected from the following (as appropriate) or other measures specific to the program being implemented:

Title	**HIV Positivity**
Measure	Percentage of HIV positive tests
Numerator	Number of HIV positive tests in the 12-month measurement period.
Denominator	Number of HIV tests conducted in the 12-month measurement period.

Title	**Knowledge of HIV-Positive Status** *Note: this is an HP2020 indicator*
Measure	Proportion of PLWH who know their serostatus.
Numerator	Number of HIV infected persons aged 13 years or older who are aware of their HIV infection.
Denominator	Number of persons aged 13 and older living with HIV.

Title	Linkage to HIV Medical Care
Measure	Percentage of persons linked to routine HIV medical care within 3 months of HIV diagnosis.
Numerator	Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis.
Denominator	Number of persons with an HIV diagnosis in the 12-month measurement period.

Title	Retention in HIV Medical Care
Measure	Percentage of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits.
Numerator	Number of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between the first medical visit in the prior 6 month period and the last medical visit in the subsequent 6 month period.
Denominator	Number of persons with an HIV diagnosis with at least one HIV medical care visit in the first 6 months of the 24-month measurement period.

Title	Antiretroviral Therapy (ART) Among Persons in HIV Medical Care
Measure	Percentage of persons with an HIV diagnosis prescribed ART for the treatment of HIV infection in the 12-month measurement period.
Numerator	Number of persons with an HIV diagnosis who are prescribed ART in the 12-month measurement period.
Denominator	Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period.

Title	Viral Suppression Among Persons in HIV Medical Care
Measure	Percentage of persons with an HIV diagnosis with a viral load <200 copies/mL at the last test in the 12-month measurement period.
Numerator	Number of persons with an HIV diagnosis with a viral load <200 copies/mL at last test in the 12–month measurement period.
Denominator	Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period.

Other outcome measures may include, but are not limited to other client demographics; other biomedical and behavioral health indicators; barriers and facilitators to access of core HIV medical and support services; and medication adherence. Subrecipients selected for this project will be responsible for collecting data and reporting on selected performance measures.

Propose methods that will be used to address the stated needs and meet each of the previously described recipient responsibilities in Section II.1. of this FOA. Discuss why the methodology chosen is appropriate for this project. Include development of effective tools and strategies for collaboration, TA modalities and how the utilization of the tools, strategies and TA modalities will meet the goals of the cooperative agreement. Include a

plan to disseminate reports, products, and/or project outputs so project information is provided to relevant stakeholders (e.g., RWHAP recipients and subrecipients, PLWH, Planning Councils/Bodies, policy makers, providers, etc.).

- *WORK PLAN -- Corresponds to Section V's Review Criteria (Response) #2 and (Impact) #4*
  Develop a work plan in table format that delineates the CTAC's goals for the three-year project period. The work plan should directly relate to the Methodology section and the program requirements of this announcement. Include each project activity, action steps, intended target population, measurable outcome, target end dates and the person(s) responsible for each step. The work plan must include goals, objectives, and outcomes that are SMART (specific, measureable, achievable, realistic, and time measurable). Include appropriate milestones (e.g., a significant or important event in the project period) and any products to be developed.

  The work plan must be broken out by year but must include three (3) years of work plans to cover goals, objectives and action steps proposed for the entire three (3)-year project period. Submit as **Attachment 2**.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion (Response) #2*
  Discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges. Also include a discussion of how demonstration projects will address unique challenges faced by minority PLWH in the South, particularly social determinants of health, including health inequities and disparities and how the demonstration projects intend to overcome these barriers.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria (Evaluative Measures) #3 and (Impact) #4*
  Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards improving health outcomes along the HIV care continuum for minority high risk populations in the Southern U.S. Discuss plans for monitoring and assessing performance, including methods to be employed by staff to ensure that proposed activities are being successfully documented and completed, based on the overall work plan.

  Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work around health outcomes for minority populations, particularly challenges for MSM, youth, cisgender and transgender women, and PWID in the Southern U.S.

  As appropriate, describe the data collection strategy to collect, analyze and track HIV care continuum data to measure impact/outcomes and explain how the data will be used for the development of TA tools, models, and interventions that will inform program development in the subsequent activities of the project.

Describe an evaluation methodology to assess the impact of the TA and capacity building provided to jurisdictions described in this announcement. Describe evaluation protocols or other tools to guide project development and evaluation. If appropriate, consider partnerships with NIH-funded Centers for AIDS Research (CFARs) to enhance the evaluation and implementation research component of the project.

Describe any potential obstacles for implementing the program performance evaluation, and how those obstacles will be addressed.

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

  Provide information on the applicant organization's current mission and structure, scope of current activities, and a project organizational chart as **Attachment 3.** The organizational chart should be a one-page figure that depicts the organizational structure of only the proposed TA activities to be funded through the cooperative agreement, not the entire organization, and it should include subrecipients and other significant partners/collaborators. Emphasize experience related to working with RWHAP recipients and subrecipients and key stakeholder organizations; an ability to understand and work within the unique challenges posed by the HIV epidemic in the South; providing TA and creating TA modules and materials; and supporting the implementation of new models of care directed to minorities and populations at high risk of HIV infection.

  Applications containing partnering organizations must provide information on how the applicant organization will monitor and assess performance and activities being completed by partner organizations, and how the individual efforts of the partner organization help to implement the activities in the cooperative agreement overall work plan.

  Briefly describe your ability, capacity and experience to:

  - Provide ongoing TA to RWHAP Part A recipients and subrecipients related to culturally and linguistically appropriate services, including the National Standards for Culturally and Linguistically Appropriate Services;
  - Work with HIV service provider organizations in the implementation of innovative models of care, especially "test and link";
  - Meet each of the previously described requirements and expectations as outlined in Section II.1. in this FOA;
  - Work with local, state, and territorial health departments and HIV service providers to implement system level changes; and
  - Expedite contracts required under this announcement within Year 1 of the project.

  Discuss expertise of staff as it relates to the program requirements delineated in Section II.1. Explain/substantiate organizational capacity and illustrate specific areas of organizational expertise not previously described in this application. Include as **Attachment 4** any relevant letters of agreement or contract documents exhibiting partner commitment to the project.

  Describe past performance managing collaborative federal grants and/or cooperative agreements at the national level, including examples of the extent to which deliverables were completed in full and on time. Applicants should be able to demonstrate a minimum four year history of developing and disseminating TA to RWHAP Part A recipients and

subrecipient providers nationwide.

NARRATIVE GUIDANCE In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
Narrative Section	**Review Criteria**
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/ Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide*. Please note: the directions offered in the SF-424 Application Guide differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and the additional budget instructions provided below.

Applicants must submit a separate program-specific line item budget with a separate budget for each year of the three (3) year project period as **Attachment 5**. Please note the differentiation of recipient/subrecipient budget proportions in year one versus years two and three to allow time for the distribution of funds and start-up of activities. The budget should include personnel name and title, fringe benefits, total personnel costs, consultant costs by individual consultant, supplies, staff travel, other expenses by individual expense, total direct costs, indirect costs, and total costs. Include annual salary and total project full-time equivalent (FTE).

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

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in subsequent fiscal years, as required by law.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's *SF-424 Application Guide*.

v. Attachments

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

Attachment 1: Staffing Plan and Job Descriptions, for Key Personnel (*see section 4.1. of the HRSA's SF-424 Application Guide)*

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

Attachment 2: Work Plan

Attach the Work Plan for the project that includes all information detailed in Section IV.ii. Project Narrative.

Attachment 3: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the proposed TA activities to be funded through the cooperative agreement including any subrecipients and other significant partners/collaborators.

Attachment 4: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific)

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be dated.

Attachment 5: Project Specific Line Item Budget

Applicants must submit a separate project-specific line item budget with a separate budget for each year of the three (3) year project period. NOTE: It is recommended that the budget be converted or scanned into PDF format for submission. Do not submit Excel spreadsheets. Please submit the line item budget in table format. The budget should include personnel name and title, fringe benefits, total personnel costs, consultant costs by individual consultant, supplies, staff travel, other expenses by individual expense, total direct costs, indirect costs, and total costs. Include annual salary and total project full-time equivalent (FTE).

Attachment 6: Tables, Charts, etc. (optional)

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts, etc.)

Attachment 7: Indirect Cost Rate Agreement, if applicable

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

Attachments 8-15: Other Relevant Documents (optional)

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

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Each applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

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

- Dun and Bradstreet (http://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this FOA is *July 12, 2016 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

This program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the HHS Grants Policy Statement.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period up to three (3) years, at no more than $1,000,000 per year. Awards to support projects beyond this first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

In addition to the general Funding Restrictions included in section 4.1.iv of the *SF-424 Application Guide*, funds under this announcement may not be used for the following purposes:

- Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, HUD, other RWHAP funding including ADAP);
- To directly provide housing or health care services (e.g., HIV care, counseling and testing) that duplicate existing services;
- International travel;
- Pre-Exposure (PrEP) or Post-Exposure Prophylaxis (PEP);
- Cash payments to intended recipients of RWHAP services;
- Syringe services programs;
- Purchase or improvement of land;
- Purchase, construction, or permanent improvement, of any building or other facility.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

All program income generated as a result of awarded funds is considered additive and must be used for approved project-related activities. Recipients are responsible for ensuring that subrecipients have systems in place to account for program income, and for monitoring to ensure that subrecipients are tracking and using program income consistent with RWHAP requirements. Please see 45 CFR §75.307 and PCN #15-03 Clarifications Regarding the RWHAP and Program Income for additional information.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against

which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

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

Review criteria are used to review and rank applications. The *Ryan White HIV/AIDS Program (RWHAP) Building Care and Prevention Capacity: Addressing the HIV Care Continuum in Southern Metropolitan Areas* Program has six *(6)* review criteria:

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

- The extent to which the applicant demonstrates an understanding of the HIV epidemic in southern jurisdictions as well as issues related to identifying, engaging, and retaining minority populations in HIV care, specifically minority populations in the Southern U.S. including MSM, youth, cisgender and transgender women, and PWID.
- The extent to which the applicant exhibits expertise in assessing TA needs, and developing, implementing and monitoring TA plans intended to build capacity through the development and implementation of new models of care.
- The extent to which the applicant demonstrates a thorough understanding of the HIV care continuum, the goals of the NHAS, and how the current state of health care coverage outreach and enrollment activities in the Southern U.S. impact health outcomes among minority populations.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV Methodology, Work Plan, Resolution of Challenges, and associated attachments.

Methodology (20)

- The strength of the proposed project in relation to the overall goal of providing TA, tools to guide program implementation and evaluation, and service delivery funding to RWHAP recipients and subrecipients, which will increase their capacity to enroll and engage PLWH in HIV care.
- The extent to which proposed programmatic interventions incorporate elements of the "test and link" model.
- The strength of the proposed methods that will be used to address the stated needs and meet each of the previously described program requirements and expectations in Section II.1.
- The strength of the proposed process of developing effective tools and strategies for collaboration, TA modalities, and how the utilization of the tools, strategies and TA modalities will meet the goals of the cooperative agreement.
- The strength of the applicant's assessment of the challenges and strategies that may impact the TA and developmental work.

Work Plan (10)

- The extent to which the work plan includes clear and realistic goals and objectives for each year of the three (3) year project period that will meet the requirements of the program and corresponds to the described methodology.

- The strength of the proposed goals, objectives, and outcomes for selecting subrecipients; monitoring subrecipient performance; assessing the selected jurisdictions; identifying, supporting, and disseminating best practice models, including the "test and link" model; selecting performance measures; and disseminating project information to relevant stakeholders; and other key activities described in the Methodology section.
- The extent to which the work plan incorporates core indicators, performance measures and/or other outcome measures selected specific to the minority populations targeted by the project. The extent to which the work plan includes goals, objectives, and outcomes that are SMART (specific, measureable, achievable, realistic, and time measurable), and includes appropriate milestones and any products to be developed.

Resolution of Challenges (5)

- The extent to which the applicant demonstrates an understanding of the challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges.
- The extent to which the applicant demonstrates an understanding of the challenges faced by minority PLWH in the South, particularly social determinants of health, including health inequities and disparities and how the demonstration project intends to overcome these challenges.

Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV, Evaluation and Technical Support Capacity

- The strength of the proposed plan for program performance evaluation and continuous quality improvement that demonstrate positive impact on targeted minority populations in the Southern U.S.
- The extent that the evaluation plan monitors ongoing processes and the progress towards improving health outcomes along the HIV care continuum for minority high risk populations in the Southern U.S.
- The strength and feasibility of the proposed methods to be employed by staff to ensure that proposed activities are being successfully documented and completed, based on the overall work plan.
- The strength of the proposed data collection strategy to collect, analyze and track HIV care continuum data to measure impact/outcomes and explain how the data will be used for the development of TA tools.
- The extent that the applicant demonstrates an understanding of any potential obstacles for implementing the program performance evaluation and how those obstacles will be addressed.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV, Work Plan and Evaluation and Technical Support Capacity.

- The strength of the proposed method for disseminating best practice models, reports, products, and/or project outputs to other relevant stakeholders (e.g., RWHAP recipients and subrecipients, PLWH, Planning Councils/Bodies, policy makers, providers, etc.).
- The extent to which the applicant demonstrates how any tools and resources developed and approaches utilized will provide continuing TA to project subrecipients and allow for sustainability within the existing programs.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV, Organizational Information

1) Project Organization and Structure (10 points)

- The strength of the applicant organization's current mission and structure, and scope of current activities in relation to the proposed project, with a particular focus on the applicant's ability to understand and work within the unique challenges posed by the HIV epidemic in the South.
- The strength and clarity of the applicant organizational chart (Attachment 3) depicting only those components of the organizational structure supported through the cooperative agreement as well as subrecipients and other significant partners/collaborators
- The strength of the organizational capacity of any partner organizations, and specific areas of organizational expertise.

2) Staff Experience (10 points)

- The extent that the applicant demonstrates experience related to working with RWHAP Part A recipients and subrecipients, and key stakeholder organizations, and serving as a coordinating body for the implementation of local projects.
- The extent that the applicant demonstrates a minimum of four years of experience developing and disseminating TA modules and materials particularly related to the delivery of culturally and linguistically appropriate HIV care and treatment and knowledge of CLAS standards.
- The extent to which the applicant describes the expertise of staff as it relates to the program requirements as delineated in Section II.1.
- The extent that the applicant clearly demonstrates that the applicant and any partners bring past experience and existing expertise in the development and implementation of new models of care directed to minority populations at high risk of HIV infection.
- The extent that the applicant demonstrates expertise in nationwide collaborations with federal agencies and national organizations.
- The extent that the applicant demonstrates the ability, capacity and past experience to work with health departments and HIV service providers to implement system level changes.

3) Experience Managing Federal Awards and Subawards (5 points)

- The strength of proposed methods to monitor and assess performance and activities completed by partner organizations, and how the individual efforts of the partner organization(s) help to implement the activities in the cooperative agreement overall work plan.
- The extent that the applicant describes prior experience procuring and managing subawards.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV, Budget/Budget Justification

This includes the reasonableness of the proposed budget for each year of the three (3)year project period in relation to the objectives and the anticipated results. The extent to which the application:

- Demonstrates a realistic, adequately justified budget that is associated with the activities to be completed given the scope of work during each of the three years of the project period,
- Provides budget line items that are adequate and appropriate for proposed project activities,
- Clearly identifies key personnel who have adequate time devoted to the project to achieve project objectives, and provides a clear justification of proposed staff, contracts and other resources.

2. Review and Selection Process

Please see Section 5.3 of HRSA's *SF-424 Application Guide*.

This program does not have any funding priorities, preferences or special considerations.

3. Assessment of Risk

The Health Resources and Services Administration may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205).

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

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

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2016. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 Application Guide*.

3. Reporting

The successful applicant under this FOA must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report**(s). The recipient must submit quarterly and annual progress report to HRSA. Further information will be provided in the award notice.

2) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 2 CFR 200 Appendix XII.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Karen Mayo
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10NWH04
Rockville, MD 20857
Telephone: (301) 443-3555
Fax: (301) 594-4073
E-mail: KMayo@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Steven R. Young, MSPH
Director, Division of Metropolitan HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09W12
Rockville, MD 20857
Telephone: (301) 443-9091

Fax: (301) 443-5271
E-mail: SYoung@hrsa.gov

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

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

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

VIII. Other Information

Technical Assistance:
All applicants are encouraged to participate in a technical assistance webinar for this funding opportunity. The technical assistance webinar is scheduled for May 18, 2016 from 1:00 – 3:00 P.M. Eastern Time. The purpose of this webinar is to assist potential applicants in preparing applications that address the requirements of this funding announcement. Participation in a pre-application technical assistance webinar is optional.

Dial–in information for the webinar includes:
Dial-in Phone Number: 1-877-952-6578; **Passcode:** 2668381#
To access the webinar online, go to the Adobe Connect URL:
https://hrsa.connectsolutions.com/southernareas/

IX. Tips for Writing a Strong Application

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