

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

HIV/AIDS Bureau  
Division of State HIV/AIDS Program

***Ryan White HIV/AIDS Program States/Territories  
Part B Supplemental Grant Program***

**Announcement Type:** New –  
Limited Competition

**Funding Opportunity Number:** HRSA-16-078

**Catalog of Federal Domestic Assistance (CFDA) No. 93.917**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2016

**Application Due Date: June 7, 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: March 17, 2016  
Issuance Date: March 17, 2016**

**Modified May 24, 2016**

- extended application due date to June 7, 2016
- provided information about a national conference call scheduled for May 26, 2016 at 3:30 pm EST (pages i and 25)

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Authority: Section 2620 of Title XXVI of the Public Health Service Act, (42 U.S.C. § 300ff-29a) as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87).

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of State HIV/AIDS Programs (DSHAP) is accepting applications for fiscal year (FY) 2016 Ryan White HIV/AIDS Program States/Territories Part B Supplemental Grant Program. The purpose of this program is to: supplement the HIV care and treatment services provided by the States/Territories. The amount of funding is determined by the applicant's ability to demonstrate the need in the State/Territory based on an objective and quantified basis.

Funding Opportunity Title:	Ryan White HIV/AIDS Program States/ Territories Part B Supplemental Grant Program
Funding Opportunity Number:	HRSA-16-078
Due Date for Applications:	June 7, 2016
Anticipated Total Annual Available Funding:	\$167,000,000; Approximately \$6,000,000 will be used for priority funding.
Estimated Number and Type of Award(s):	Up to 40 awards
Estimated Award Amount:	Up to \$30,000,000
Cost Sharing/Match Required:	No
Project Period:	September 30, 2016 through September 29, 2017 (One (1) year)
Eligible Applicants:	All 50 States and Nine (9) Territories except for Alabama, Arizona, Massachusetts, New Hampshire, Washington, the Northern Mariana Islands, and American Samoa.  [See <a href="#">Section III-1</a> 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/sf424\\_guide.pdf](http://www.hrsa.gov/grants/apply/applicationguide/sf424_guide.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**

A link to the FOA HRSA-16-078 Ryan White HIV/AIDS Program Part B Technical Assistance Webinar of March 30, 2016 can be found at <https://hrsa.connectsolutions.com/p3n5n6eqi06/>

There will be a national conference call on May 26, 2016 at 3:30 pm (EST). The purpose of the call is to address any additional questions pertaining to the extension of HRSA-16-078.

The call in information is: 888-324-6996; participant code is 6049206.

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# **I. Program Funding Opportunity Description**

## **1. Purpose**

This announcement solicits applications for the Ryan White HIV/AIDS Program (RWHAP) States/Territories Part B Supplemental Grant Program. The purpose of this program is to supplement the HIV care and treatment services provided by the States/Territories through RWHAP Part B and AIDS Drug Assistance Program (ADAP) Base funds. The amount of funding is determined by the applicant's ability to demonstrate the need in the State/Territory based on an objective and quantified basis.

Section 2620(c) of the Public Health Service (PHS) Act directs the Secretary to provide funds to States to address the decline or disruption of services related to the decline in the amount of formula funding. Such a decline in funding compares the amount of formula funding received in the current fiscal year (FY) to the amount received in FY 2006, and a State's assertion that such decline has had an impact on services available to all individuals with HIV/AIDS identified and eligible in the State. The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) awards priority funding based on this calculation to States for which a priority award is appropriate.

The RWHAP Part B Supplemental funding is used to assist States and Territories in developing and/or enhancing access to a comprehensive continuum of high quality care and treatment services for low-income individuals and families living with HIV. As such, it supports [The National HIV/AIDS Strategy \(NHAS\) for the United States: Updated to 2020 \(NHAS 2020\)](#) goals of: reducing HIV incidence, increasing access to care and optimizing health outcomes for people living with HIV (PLWH), reducing HIV-related health disparities and health inequities, and achieving a more coordinated national response to the HIV epidemic.

A comprehensive system of HIV care includes the 13 core medical services specified in the PHS Act, Section 2612(b)(3) [42 U.S.C. 300ff-21(b)(3)], as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87). Comprehensive HIV care beyond these core services may include supportive services that meet the criteria of enabling individuals and families living with HIV to access and remain in primary medical care to improve their medical outcomes. These core medical and appropriate support services assist PLWH in accessing treatment for HIV infection that is consistent with the [Department of Health and Human Services \(HHS\) Treatment Guidelines](#).

Applicants must demonstrate the severity of the HIV/AIDS epidemic in the State/Territory, using quantifiable data on epidemiology, co-morbidities, cost of care, the service needs of emerging populations, unmet need for core medical services, and unique service delivery challenges. Applicants must explain why supplemental funding is necessary to provide HIV care and treatment services for PLWH in the State/Territory. Applicants must describe how supplemental funding will support viral suppression and achieve positive client level health outcomes.

As required in the Ryan White HIV/AIDS Program legislation, Section 2620(b) of the PHS Act, information to be used to demonstrate need for the FY 2016 application includes the following:

- 1) The current prevalence of HIV/AIDS;

- 2) The unmet need for HIV-related services as determined by Section 2617(b) of the PHS Act;
- 3) An increasing need for HIV/AIDS-related services based on increases in the number of living cases of HIV/AIDS;
- 4) Increases in the number of living cases of HIV/AIDS within new or emerging subpopulations;
- 5) Relevant factors related to the cost and complexity of delivering health care to individuals with HIV/AIDS in the eligible area;
- 6) The impact of co-morbid factors, including co-occurring conditions inclusive of high rates of sexually transmitted infections (STIs), Hepatitis, Tuberculosis, substance use, severe mental illness, and other co-morbid factors;
- 7) The prevalence of homelessness;
- 8) The prevalence of individuals who were released from Federal, State, or local prisons during the preceding three years, and had HIV/AIDS on the date of their release;
- 9) Relevant factors that limit access to health care including geographic variation, adequacy of health insurance coverage and language barriers; and
- 10) Impact of a decline in the amount of RWHAP Part B funding received on services available to all individuals with HIV/AIDS identified and eligible for RWHAP services.

Comprehensive HIV/AIDS care also includes access to the following support services: case management (non-medical), child care services, emergency financial assistance, food bank/home delivered meals, health education/risk reduction, housing services, legal services, linguistic services, medical transportation services, outreach services, psychosocial support services, referral for health care/supportive services, rehabilitation services, respite care, residential substance abuse services and treatment adherence counseling.

### **Important Notes:**

The following information will assist in understanding and completing this year's application:

- RWHAP Part B Supplemental funds are subject to Section 2612(b)(1) of the PHS Act, which requires that not less than 75 percent of the portion of the grant remaining after reserving amounts for administration, planning/evaluation and clinical quality management be used to provide core medical services that are needed in the State/Territory for PLWH who are identified and eligible under the RWHAP. Support services allowed under RWHAP Part B are limited to services that are needed for individuals with HIV to achieve their medical outcomes. The service definitions in effect for FY 2016 can be found in the latest version of the [National Monitoring Standards](#). The service definitions effective in FY 2017 can be found in [Policy Clarification Notice 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#).
- Applicants seeking a waiver to the core medical services requirement must submit a waiver request either with this application, at any time up to the application submission, or up to four (4) months after the FY 2016 project period start date. Submission should be in accordance with the [Federal Register Notice, Vol. 78, No. 101](#), dated Friday, May 24, 2013. The [Policy Clarification Notice 13-07 Uniform Standard for Waiver of Core Medical Services Requirement for Grantees Under Parts, A, B, and C](#), Federal Register Notice and Sample Letters can all be found on the [HRSA/HAB Policies & Program](#)

[Letters](#) page. If submitting with the application, a core medical services waiver request should be included as **Attachment 7**.

- States/territories must delegate a lead state/territory agency that will be responsible for conducting a needs assessment and preparing a state/territory plan; preparing the application; administering all assistance received; receiving notices regarding programs; and collecting and submitting to the HRSA every two years all audits from RWHAP recipients within the state/ territory, including an audit regarding funds expended.

## **2. Background**

The RWHAP Part B Supplemental Program is authorized by the [Ryan White HIV/AIDS Program](#) legislation, Section 2620 of the PHS Act. The HHS administers the Ryan White HIV/AIDS Part B Program through the HRSA, HAB, Division of State HIV/AIDS Programs (DSHAP). Section 2612 of the PHS Act authorizes all 50 States and nine (9) Territories to receive RWHAP Part B Formula/Base and ADAP funding through this program.

### **National HIV AIDS Strategy**

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 optimizing health outcomes for people living with HIV;
- 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 people living with HIV to access treatment early;
- Broad support for people living with HIV to remain engaged in comprehensive care, including support for treatment adherence;
- Universal viral suppression among people living with HIV; 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 the data from the Centers for Disease Control and Prevention (CDC), which estimate that only 30 percent of individuals living with HIV in the United States have complete HIV viral suppression. Data from the 2013 Ryan White Service 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 HIV-positive individuals into care, retaining them in care, and helping them adhere to their combination ART.

RWHAP recipients are asked 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 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.

## **Clinical Quality Management**

Title XXVI of the PHS Act RWHAP Parts A – D requires recipients to establish a clinical quality management (CQM) program to:

- Assess the extent to which HIV health services provided to clients under the grant are consistent with the most recent PHS guidelines, (otherwise known as the HHS Guidelines) for the treatment of HIV disease and related opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services.

Please see [Clinical Quality Management Policy Clarification Notice](#) (PCN) for information regarding the statutory requirements of a CQM program.



## **Integrated Data Sharing and Utilization**

The HRSA, HAB and the CDC, Division of HIV/AIDS Prevention (DHAP), support integrated data sharing, analysis, and utilization for the purposes of program planning, needs assessments, unmet need estimates, reports, quality improvement, the development of HIV Care Continuum, and public health action. HRSA/HAB strongly encourages RWHAP Part B recipients to follow the principles and standards in the [Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action](#). HRSA/HAB strongly encourages establishing data sharing agreements between surveillance and program to ensure clarity about the process and purpose of the data sharing and utilization. Integrated HIV data sharing and utilization approaches by State and Territorial Health Departments can help further progress in reaching the goals of the NHAS and improving outcomes on the HIV Care Continuum.

In order to fully benefit from integrated data sharing and utilization, HRSA/HAB strongly encourages complete CD4/VL reporting to the State and Territorial Health Departments surveillance systems. CD4 and VL data can be used to identify cases, classify stage of disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into care and retention in care, measure viral suppression, and assess unmet health care needs. Analyses at the national level to monitor progress against HIV can only occur if all HIV-related CD4 and VL test results are reported by all jurisdictions. CDC recommends the reporting of all HIV-related CD4 results (counts and percentages) and all VL results (undetectable and specific values). Where laws, regulations, or policies are not aligned with these recommendations, States might consider strategies to best implement these recommendations within current parameters or consider steps to resolve conflicts with these recommendations. In addition, reporting of HIV-1 nucleotide sequences from genotypic resistance testing might also be considered to monitor prevalence of antiretroviral drug resistance, and HIV genetic diversity subtypes and transmission patterns.

## **II. Award Information**

### **1. Type of Application and Award**

Type of applications sought: New

Funding will be provided in the form of a grant.

### **2. Summary of Funding**

This program will provide funding during federal fiscal year 2016. Approximately \$167,000,000 is expected to be available annually to fund up to 40 recipients. Approximately \$6,000,000 will be used for priority funding. The project period is one (1) year.

Applicants may apply for a ceiling amount of up to \$30,000,000. The amount of each award will be based on the applicant's ability to demonstrate the severity of the HIV epidemic in the State/Territory, using quantifiable data on epidemiology, co-morbidities, cost of care, the service needs of emerging populations, unmet need for core medical services, and unique service



delivery challenges. This determination will be made by an external Objective Review Committee (ORC). Funding will be based on the ORC review and scoring of the criteria published in Section V.1 of this announcement. The applications will be evaluated as follows:

- The ORC scores will be used to establish the rank order for the awarding of funds.
- All applicants that request Part B Supplemental funding to develop and/or enhance access to a comprehensive continuum of high quality care and treatment services for low-income individuals and families living with HIV, and are recommended for an award by the ORC will receive awards based on their ORC scores.
- Applicants with the highest scores will be funded at the full amount requested as long as the amount requested is for allowable services under this FOA, the application was recommended for funding by the ORC, the amount requested falls within the maximum amount available, and there are still funds available to distribute.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern Federal monies associated with this award will be subject to the Uniform Guidance [2 CFR 200](#) as codified by HHS at [45 CFR 75](#), which supersedes the previous administrative and audit requirements and cost principles that govern Federal monies.

Please see [PCN 15-01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D](#) for information regarding the statutory 10 percent limitation on administrative costs.

### III. Eligibility Information

#### 1. Eligible Applicants

Under Sections 2620 and 2689(11) of the PHS Act, all 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, 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 are eligible for Part B Supplemental funds. **However, any State or Territory that had more than (five) 5 percent of their FY 2014 formula funds cancelled under Sections 2622(e) for FY 2014, are not eligible to apply for the FY 2016 Part B Supplemental Funding.**

Based on the criteria listed above, the following entities **are not** eligible to apply to this FOA:

- Alabama
- Arizona
- New Hampshire
- Massachusetts
- Washington
- The Northern Mariana Islands
- American Samoa

#### 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

### 3. Other

Applications that exceed the ceiling amount of \$30,000,000 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 *Application Guide* for the Application Completeness Checklist.

#### **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of **40 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 the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

## **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](#).

In addition to the information addressing the elements for the project abstract in the SF-424, provide a brief paragraph addressing the information below, not to exceed the one page limit:

- a) General demographics of the State/Territory;
- b) Demographics of HIV/AIDS populations in the State/Territory;
- c) Geography of the State/Territory with regard to communities affected by HIV/AIDS and the location of HIV/AIDS services in relation to those communities;
- d) Description of the continuum of care offered in the State/Territory, including relevant information about ADAP, primary medical care services, how HIV primary care services are delivered, and how clients are supported in accessing and remaining in care;
- e) Description of any ADAP restrictions (such as waiting lists, capitations on medications or expenditures, cost shares, or co-pays, etc.).

If there are no changes to the information above, applicants may use the Project Abstract from the most recent RWHAP Part B FOA (HRSA-16-079) application.

### ***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 Review Criterion 1**

This section must briefly describe how the State/Territory will utilize RWHAP Part B Supplemental award funds in support of a comprehensive continuum of high-quality care and treatment for PLWH.

#### **▪ NEEDS ASSESSMENT -- Corresponds to Section V Review Criteria 1 and 6**

The RWHAP legislation, Section 2620(b) of the PHS Act, requires RWHAP Part B Supplemental funding applicants to demonstrate need in certain categories. Please respond

to the needs assessment sections below that are relevant to your request for RWHAP Part B Supplemental funding. The needs assessment narrative and data must support the service categories chosen to respond to the demonstrated need, the implementation plan, and the request for funds.

**1) HIV/AIDS Epidemiologic Data from the most recent RWHAP Part B FOA (HRSA-16-079)**

Applicants are not required to submit this information in this application. The HIV/AIDS epidemiologic data from the most recent RWHAP Part B FOA (HRSA-16-079) application will be provided to the FY 2016 RWHAP Part B Supplemental ORC. In that application, State/Territories were asked to summarize in a table format the HIV (non-AIDS) and AIDS cases by age, race/ethnicity, and exposure category through December 31, 2014; and, based on the most recent State/Territory HIV/AIDS Epidemiologic Profile, provide a brief narrative description of any trends or changes in the age, race/ethnicity, and exposure categories for prevalent cases and for cases newly diagnosed and reported in the previous two years for which data are available. If the applicant is applying for RWHAP Part B Supplemental Funds due to an increasing number of cases or trends in the jurisdiction, please provide a narrative indicating that and how the requested funds would be used to address this.

**2) HIV/AIDS Unmet Need Framework and Narrative from the most recent RWHAP Part B FOA (HRSA-16-079)**

Applicants are not required to submit this information in this application. The Unmet Need Framework and Narrative from the most recent RWHAP Part B FOA (HRSA-16-079) application will be provided to the FY 2016 RWHAP Part B Supplemental ORC.

If the applicant is NOT applying for RWHAP Part B Supplemental Funds due to Unmet Need in the jurisdiction, please indicate that the requested funds are to address a different demonstrated severity of need as listed in Section 2620(b) of the RWHAP legislation.

If the applicant is applying for RWHAP Part B Supplemental Funds due to Unmet Need in the jurisdiction, please provide a narrative describing how the requested funds would be used to address Unmet Need.

**3) Assessment of Emerging Populations with Special Needs**

The RWHAP requires the State/Territory to determine the needs of emerging populations, incorporate them into the Implementation Plan narrative and Comprehensive Plan, and identify service gaps. The RWHAP Part B Supplemental funds can be directed to address the identified needs of PLWH who may have limited access to existing HIV/AIDS care and services.

If the applicant is NOT applying for RWHAP Part B Supplemental Funds due to emerging populations in the jurisdiction, please indicate the requested funds are to address a different demonstrated severity of need as listed in Section 2620(b) of the

RWHAP legislation and ***do not complete this section.***

If the applicant is applying for RWHAP Part B Supplemental Funds due to emerging populations in the jurisdiction, please complete this section. Select ***no more than six (6)*** emerging populations and provide a narrative describing the following elements and how the funds would be used to address these:

- a) Unique challenges that each population presents to the service delivery system;
- b) Service gaps for each population;
- c) Estimated cost of care associated with delivering services to each of these populations; and
- d) Viral load suppression rates for each population.

#### **4) Impact of Co-morbidities on the Cost and Complexity of Providing Care**

RWHAP funds are intended to supplement funding for health care systems overburdened by the increasing costs of providing health care services. In addition to HIV/AIDS, public health care systems must address a variety of co-morbidities that may increase the cost of delivering care to PLWH.

If the applicant is NOT applying for RWHAP Part B Supplemental Funds due to the impact of co-morbidities and social determinants in the jurisdiction, please indicate that the requested funds are to address a different demonstrated severity of need as listed in Section 2620(b) of the RWHAP legislation and ***do not complete this section.***

If the applicant is applying for RWHAP Part B Supplemental Funds due to the impact of co-morbidities and social determinants in the jurisdiction, please provide quantitative evidence in a table format on the impact of co-morbidities including the data sources. The table must be submitted as **Attachment 5**. Please provide the following information in the table:

- a) Rates of Sexually Transmitted Infection (STI), Hepatitis, Tuberculosis, substance use, severe mental illness, and other co-morbid factors;
- b) Estimated number of homeless persons;
- c) Estimated number of PLWH who were released from Federal, State, or local prisons during the preceding three (3) years;
- d) The number and percent of persons without insurance coverage (including those without Medicaid); and
- e) The percent and number of PLWH at or below 200 percent of the 2015 [Federal Poverty Level \(FPL\)](#).

Include a narrative explanation of the data provided in the table using the available program and surveillance data sources.

#### **5) Access to Health Care**

If the applicant is NOT applying for RWHAP Part B Supplemental Funds due to factors that limit access to health care, including geographic variation deficiencies of health insurance coverage, or language barriers, please indicate that the requested funds are to address a different demonstrated severity of need as listed in Section 2620(b) of the RWHAP legislation and ***do not complete this section.***

If the applicant is applying for RWHAP Part B Supplemental Funds due to factors that limit access to health care, including geographic variation, deficiencies of health insurance coverage, or language barriers, please provide a narrative indicating that and how the requested funds would be used to address this.

Describe how your State's/Territory's service delivery system has changed as a result of implementation of the Affordable Care Act (ACA):

- a) Changes in the State Medicaid Program
- b) Changes in the private insurance market
- c) The impact of ACA Marketplace insurance

#### **6) Declines in FY 2016 RWHAP Part B Program Funding**

If the applicant is NOT applying for RWHAP Part B Supplemental Funds due to declines in FY 2016 RWHAP Part B Program funding in the jurisdiction, please indicate that the requested funds are to address a different demonstrated severity of need as listed in Section 2620(b) of the RWHAP legislation and ***do not complete this section.***

If the applicant is applying for RWHAP Part B Supplemental Funds due to declines in FY 2016 RWHAP Part B Program funding in the jurisdiction, please provide a narrative describing the impact of the decline in funding on services available to all individuals with HIV/AIDS identified and eligible for RWHAP services and how the requested funds would be used to address this.

■ ***METHODOLOGY -- Corresponds to Section V's Review Criterion 2***

In this section, describe the development of effective tools and strategies (e.g., evolving strategic partnerships, on-going or new collaborations, and new service models or revisions to existing service contracts) to address the demonstrated severity of need indicated above. Specifically:

- 1) Describe your programmatic and fiscal forecasting tools to increase your State/Territory's ability to meet projected program service needs for 2016 based on the demonstrated need indicated above.
- 2) Describe strategic partnerships, new service delivery models or collaborations your State/Territory has developed to address the demonstrated severity of need indicated above.
- 3) Describe how your State/Territory has streamlined service delivery, created new collaborations, and/or diversified ADAP service delivery to address the demonstrated severity of need indicated above.

■ ***WORK PLAN -- Corresponds to Section V Review Criteria 2, 4, 5 and 6***

In this section, describe the services and activities that will be used to address the demonstrated needs in the Needs Assessment section and information indicated in the Methodology section. This must be presented in the form of an Implementation Plan table and a narrative.

## 1) FY 2016 Implementation Plan

The Implementation Plan table illustrates how core medical and support services will be provided in the State/Territory. The objectives describe the specific end results that a service is expected to accomplish within a given time period and should represent activities which have the greatest direct impact on the stages of the HIV care continuum. A service category may be related to more than one stage on the continuum. For example, Outpatient Ambulatory Medical Care impacts Linkage to Care, Retained in Care and Virally Suppressed. HAB has developed a RWHAP Service Categories Crosswalk with the HIV care continuum to assist with the identification of funded services along the HIV care continuum. Please refer to [HIV Care Continuum Crosswalk](#) for more information.

The Implementation Plan table should be included in **Attachment 1**. In the table, list each service category and amounts for all Part B Supplemental funding sources for services proposed with this award. Do not include any administrative processes.

For each service category listed applicants must provide:

- a) Objectives: List objectives for new or continued services. Each objective must describe the specific activities associated with the service being provided.
- b) Service Unit Definition: Provide the name and definition of the unit of service to be provided (e.g., one round-trip bus ride, one prescription).
- c) Quantity: Provide the number of people to be served and service units to be provided during the grant year.
- d) Time Frame: Indicate the estimated duration of the activity relating to the objective listed.
- e) Funds: Provide the approximate amount of RWHAP Part B Supplemental funds to be used to provide this service. Where multiple objectives exist beneath one service goal, break out the estimated amount of funding by each individual objective listed.
- f) Outcomes: For each specific, measureable, achievable, realistic, and time measureable (SMART) objective, 1) name at least one client-level outcome/indicator to be tracked, using the [HAB Standard Outcome Measures for Core Medical Services and Support Service Categories](#), 2) provide benchmark (baseline) data, and 3) provide the data source for tracking progress.
- g) Stage of the HIV Care Continuum: Select the Stage (Diagnosed, Linked to Care, Retained in Care, Prescribed Antiretroviral Therapy, and Virally Suppressed) of the HIV Care Continuum related to this service category. More than one Stage may be applicable.

A sample Implementation Plan table may be found on the TARGET center website: <https://careacttarget.org/library/fy-2016-part-b-supplemental-foa-forms>.

## 2) FY 2016 Implementation Plan Narrative

Provide a narrative for the following services proposed that is relevant to your request for RWHAP Part B Supplemental funding.



- a) How the activities described in the plan will be used to address gaps/barriers and improve outcomes along the HIV care continuum;
- b) How the HIV care continuum will be utilized in planning, prioritizing, targeting and monitoring available resources in response to needs of PLWH in the jurisdiction and in improving engagement at each stage in the HIV care continuum;
- c) Any significant health disparities (e.g., related to race or ethnicity, sex, sexual identity, age, disability, socioeconomic status and geographic location) among populations within your jurisdiction's HIV Care Continuum and current or planned activities targeted to address these disparities;
- d) How the activities in the plan address unmet need and reduce the number of persons out of care;
- e) How the activities described in the plan will ensure geographic parity in access to HIV services throughout the State or Territory;
- f) How the activities described in the plan will address the needs of emerging populations;
- g) How the resources of AIDS Education and Training Centers will be used in the development and implementation of RWHAP Part B programs;
- h) How the services and their goals and objectives relate to the goals of the [Healthy People 2020](#) initiative, particularly the objectives related to the HIV listing under the Topics and Objectives tab; and
- i) Outreach and enrollment activities to enroll RWHAP clients into the new health coverage options under the ACA.

- **RESOLUTION OF CHALLENGES -- Corresponds to Section V Review Criterion 2**  
For each of the sections below, please identify any challenges you anticipate encountering and what approaches you will use to resolve those challenges. If applicable, discuss challenges that are likely to be encountered in implementing the activities in a specific section and describe approaches that will be used to resolve those challenges. If there are no additional challenges in a specific section below, please indicate for that section.

- 1) HIV Epidemiology
- 2) Unmet Need
- 3) Emerging Populations
- 4) Co-morbidities and Cost of Care
- 5) Access to Health Care Affordable Care Act
- 6) ADAP: For States/Territories with current or potential shortfalls in ADAP resources, HAB strongly encourages those recipients to prioritize Part B Supplemental funds to augment ADAP program resources when the following conditions exist:
  - a) Anticipated ADAP waiting lists
  - b) Capped enrollment
  - c) Reductions in ADAP formulary
  - d) Reduction in the percentage of FPL eligibility requirement
  - e) Other ADAP program restrictions within the jurisdiction.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3 and 5**  
Review how you plan to monitor your goals and objectives. Describe the methods you

plan to use to collect data. Describe how you plan to track and quantify the utilization of tools and strategies developed. Describe the methods proposed to assess and evaluate the activities in the Implementation Plan narrative and their general effectiveness.

- **ORGANIZATIONAL INFORMATION** -- *Corresponds to Section V's Review Criterion 5*  
**For this section, the Objective Review Committee will be provided with Attachment 2 (Staffing Plan and Job Descriptions for Key Personnel) from the RWHAP Part B FOA (HRSA-16-079).** If the recipient has any changes to the staffing plan or job descriptions for key personnel with the use of RWHAP Part B Supplemental funds, this must be noted and new information provided in **Attachment 2**. If there are no changes, please note this here.

<b>NARRATIVE GUIDANCE</b>	
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.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
Introduction	(1) Need
Needs Assessment	(1) Need and (6) Support Requested
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact and (5) Resources/Capabilities and (6) Support Requested
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**--*Corresponds to Section V's Review Criterion 6*

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, *if applicable*, the additional budget instructions provided below.

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

In addition, the Ryan White HIV/AIDS Program States/Territories Part B Supplemental Grant Program requires the following:

Project Line-Item Budget

Applicants must submit a separate line item budget using Section B Object Class Categories of the SF-424A.

RWHAP Part B Supplemental funds can be used for the same activities funded under the Part B base, ADAP or another RWHAP Part only if these funds are additive to these activities and not duplicative of those funds. The categories for the line item budget include:

- a) **Administration** - This column must include all funds allocated to the following award activities: recipient administration, planning and evaluation, and quality management;
- b) **ADAP** – This column must include all funds allocated to the following award activities: ADAP;
- c) **Consortia** – This column must include all funds allocated to consortia and emerging communities; and
- d) **Direct Services** – This column must include all funds allocated to the following award activities: State direct services, home and community-based care, and health insurance continuation.

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.

- iv. Budget Justification Narrative--Corresponds to Section V’s Review Criterion 6*  
See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#). In addition, the RWHAP Part B Supplemental Grant 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. The budget period is for ONE year. Line item information must be provided to explain the costs entered in the SF-424A. Be very careful about showing how each item in the “other” category is justified. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

The budget narrative format must explain the amounts requested for the RWHAP Part B Supplemental award and the relevant RWHAP Budget Categories. The narrative should explain how the line items listed support the overall service delivery system and include justification for any applicable Object Class Categories: Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, Construction, Other and Indirect Charges. For employees who are less than one (1) Full-Time Equivalent (FTE) on the award, please identify all funding sources outside of RWHAP Part B funding for Personnel and Fringe Benefits costs.

A sample budget narrative format may be found at the TARGET center website:  
<https://careacttarget.org/library/fy-2016-part-b-supplemental-foa-forms>.

*Caps on Expenses:* RWHAP Part B recipient administrative costs may not exceed 10 percent of the total grant award. Planning and Evaluation costs may not exceed 10 percent of the total grant award. Collectively, recipient Administration and Planning and Evaluation may not exceed 15 percent of the total award. Recipients may allocate up to five percent of the total grant award or \$3,000,000 (whichever is less) for CQM.

Subrecipient administrative costs are capped at **10 percent in the aggregate**. Subrecipient administrative activities include:

- usual and recognized overhead activities, **including established indirect rates** for agencies;
- management oversight of specific programs funded under the RWHAP; and
- other types of program support such as quality assurance, quality control, and related activities (exclusive of RWHAP CQM).

If a RWHAP Part B grant recipient has contracted with an entity to provide statewide or regional RWHAP management and fiscal oversight (i.e., the entity has entered into a vendor or procurement relationship with the recipient, and is acting on behalf of the recipient), the cost of that contract, exclusive of subawards to providers, would count toward the recipient's 10 percent administrative cap. Providers that have contracted to provide health care services for the lead agency are considered to be first-tier entities (subrecipients) of the recipient and are subject to the aggregate 10 percent administrative cap for subrecipients. For further guidance on the treatment of costs under the 10 percent administrative limit, refer to [PCN 15-01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D](#)

*Payer of Last Resort:* The RWHAP is the payer of last resort, and recipients must vigorously pursue alternate sources of payments. HRSA expects recipients to certify eligibility every 12 months/annually and recertify eligibility at least every 6 months. Please see [PCN 13-02 Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements](#).

Recipients are required to use effective strategies to coordinate with third party payers that are ultimately responsible for covering the cost of services provided to eligible or covered persons. Third party sources include, Medicaid, Children's Health Insurance Programs, Medicare, including Medicare Part D, basic health plans, and private insurance, including those purchased through the Marketplaces. Subrecipients providing Medicaid eligible services must be Medicaid certified. Please refer to [HAB Policies & Program Letters](#) for the following policy clarification notices (PCNs):

- [13-03 Ryan White HIV/AIDS Program Client Eligibility Determinations: Considerations Post-Implementation of the Affordable Care Act](#)
- [13-04 Clarifications Regarding Clients Eligible for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program](#)
- [13-05 Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance,](#)
- [13-06 Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid](#)
- [14-01 Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Advance Premium Tax Credits Under the Affordable Care Act](#)

*Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards:* Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package. Additionally, the Ryan White HIV/AIDS Part B Program Agreements and Assurances submitted with the FY 2016 RWHAP Part B FOA (HRSA-16-079) will be in effect for this Supplemental funding opportunity. There is no need to resubmit the Ryan White HIV/AIDS Part B Program specific Agreements and Assurances submitted with the FY 2016 RWHAP Part B FOA (HRSA-16-079).

**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: RWHAP Part B Supplemental Implementation Plan Table*  
Attach the RWHAP Part B Supplemental Implementation Plan Table.

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

If RWHAP Part B Supplemental Funds are being used to support personnel, please include position descriptions here for these staff. Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff.

If the program will not be utilizing RWHAP Part B Supplemental Funds for staffing costs, attach a document that indicates "Not Applicable."

The Staffing Plan and Job Descriptions from the FY 16 X07 FOA (HRSA-16-079) will be provided to the ORC.

*Attachment 3: Biographical Sketches of Key Personnel*

If RWHAP Part B Supplemental Funds are being used to support personnel, include biographical sketches for persons occupying the positions described in Attachment 2, not to exceed two pages in length. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

If the program will not be utilizing RWHAP Part B Supplemental Funds for staffing costs, attach a document that indicates "Not Applicable."

*Attachment 4: Project Organizational Chart*

If the Project Organizational Chart has changed since the RWHAP Part B FOA (HRSA-16-079) please submit revised information here. Provide a one page figure that depicts the organizational structure of the project.

If the Project Organizational Chart has not changed, attach a document that indicates "Not Applicable." The ORC will be provided with Attachment 1 from HRSA-16-079.

*Attachment 5: Tables and Charts*

Include cost and complexity co-morbidities table here.

*Attachment 6: Applicant Assertion Statement*

Include an applicant statement asserting decline in funding in FY 2016 for the purposes of priority funding (see **Funding Special Consideration**).

*Attachment 7: Core Medical Services Waiver*

Include a Core Medical Services Waiver request and supporting documents here.

*Attachments 8-15: Other Relevant Documents*

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

**Note:** The ORC will be provided with the following Attachments previously submitted with the application for the RWHAP Part B FOA (HRSA-16-079):

- *Attachment 1 – Project Organizational Chart*
- *Attachment 2 – Staffing Plan and Job Descriptions Key Personnel*
- *Attachment 3 – Biographical Sketches for Key Personnel*
- *Attachment 5 – HIV/AIDS Epidemiology Table and Narrative*
- *Attachment 8 – Unmet Need Framework Table and Narrative*

### **3. Dun and Bradstreet 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 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 June 7, 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**

The 2016 Ryan White HIV/AIDS Program States/Territories Part B Supplemental Grant Program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

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

#### **6. Funding Restrictions**

Applicants responding to this announcement may request funding for a project period of up to one (1) year.

In addition to the general Funding Restrictions included in section 4.1.iv of the [SF-424 Application Guide](#), funds under this announcement **cannot** be used for:

- a) International Travel;
- b) Construction; however 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;
- c) HIV Test kits;
- d) PrEP or non-occupational Post-Exposure Prophylaxis (nPEP); or
- e) Cash payments to intended recipients of services.

Section 2681(c) of the PHS Act requires that, "as a condition of receipt of funds, a State shall provide assurances to the Secretary that health support services funded under this title will be integrated with other such services, that programs will be coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV/AIDS is enhanced." Therefore, the expectation is that these funds are used to supplement other Federal award or State funds.

The 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.

##### **Program Income:**



HHS award regulations require recipients and/or subrecipients to track and report program income. Program income shall be monitored by the recipient, retained by the recipient (or subrecipient if earned at the subrecipient level), and used to provide RWHAP Part B services to eligible clients. Program income is gross income – earned by a recipient or a subrecipient under a grant – directly generated by the grant-supported activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed (e.g., direct payment, or reimbursements received from Medicaid, Medicare and third- party insurance). Direct payments include charges imposed by recipients and subrecipients for RWHAP Part B ADAP services as required under Section 2617(c) of the PHS Act. 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 Part B requirements. Please see 45 CFR §75.307 and [PCN #15-03 Clarifications Regarding the RWHAP and Program Income](#) for additional information.

All program income generated as a result of awarded funds is considered additive and must be used for approved project-related activities.

Rebate funds are not program income. Please refer to [PCN #15-04 Utilization and Reporting of Pharmaceutical Rebates](#).

## 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 States/Territories Part B Supplemental Grant Program* has six (6) review criteria:

*Criterion 1: NEED (30 points) – Corresponds to Section IV's **Project Narrative – Introduction and Needs Assessment (IV, 2, ii)***

The extent to which the application demonstrates the problem and associated contributing factors to the problem.

- 1) Based upon the applicant's proposed use of Part B Supplemental funds, the extent to which the applicant's narrative comprehensively describes the severity of need in a specific area or areas as required by the RWHAP legislation (changes in HIV epidemiology, unmet need, emerging populations, co-morbidities and the cost of care, access to health care, declines in RWHAP Part B funding).

- 2) The strength of the relevant data to support the severity of need in a specific area or areas.

***Criterion 2: RESPONSE (30 points) – Corresponds to Section IV’s Project Narrative - Methodology, Work Plan, and Resolution of Challenges (IV, 2, ii)***

The extent to which the proposed project responds to the “Purpose” included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project demonstrates a comprehensive approach to overcome the identified barriers. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

**Methodology and Work Plan (20 Points)**

- 1) The strength and feasibility of the proposed activities or steps that will be used to achieve each of the activities, including programmatic and fiscal forecasting tools, proposed with this supplemental funding in the Methodology section of the Project Narrative.
- 2) The strength of the proposed partnerships, new service delivery models and collaborations to address the severity of need.
- 3) The strength and feasibility of the proposed Implementation Plan table and measureable goals, objectives, and outcomes that are SMART (specific, measureable, achievable, realistic, and time measureable) with a timeline.
- 4) The appropriateness of the identified client-level health outcome(s) for each proposed core medical or support service funded category.
- 5) The appropriateness of impact of the proposed service along the HIV continuum of care.
- 6) Extent to which proposed services address viral suppression and achieve positive client-level health outcomes.

**Resolution of Challenges (10 points)**

- 1) Based upon the applicant’s proposed use of Part B Supplemental funds, the extent to which the applicant demonstrates a thorough understanding of the challenges likely to be encountered in designing and implementing the activities described in the Needs Assessment and Work Plan sections.
- 2) The strength of proposed approaches that will lead to resolution of stated challenges.

***Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV’s Project Narrative – Evaluation and Technical Support Capacity (IV, 2, ii)***

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

- 1) The strength of the method(s) proposed to monitor and evaluate the activities described in the Implementation Plan.
- 2) The degree to which proposed evaluative measures will be able to assess:
  - a) the program objectives described in the Implementation Plan; and
  - b) how the objectives attribute to positive client health outcomes.
- 3) The degree to which the applicant provides a clear description of methods to collect data.

***Criterion 4: IMPACT (15 points) – Corresponds to Section IV’s Project Narrative – Work Plan (IV, 2, ii)***

The extent to which the proposed services and client-level outcomes in the Implementation Plan clearly demonstrate an impact along the HIV care continuum.

- 1) The extent to which the proposed activities in the Implementation Plan (Work Plan) narrative accomplish the greatest impact on the stages of the HIV care continuum.
- 2) The extent to which the proposed outcome measures in the Implementation Plan (Work Plan) table positively achieve impact along the HIV Care Continuum, support viral suppression and achieve positive client-level health outcomes.

***Criterion 5: RESOURCES/CAPABILITIES (5 points) – Corresponds to Section IV’s Project Narrative – Work Plan, Organizational Information, and Evaluation and Technical Support Capacity (IV, 2, ii)***

- 1) The degree to which the applicant’s Staffing Plan and Job Descriptions for Key Personnel included in Attachment 2 (or from the FY 16 X07 application) reflect knowledge and expertise necessary to meet program expectations.
- 2) The strength of the proposed methods to be utilized in assessing and evaluating the progress in meeting the goals of the activities in the Implementation Plan narrative.

***Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV’s Project Narrative – Needs Assessment, Work Plan, Budget and Budget Justification Narrative (IV, 2, ii-iv)***

- 1) The applicant’s Budget and Budget Justification Narrative are consistent with demonstrated severity of need as described in the Needs Assessment section.
- 2) The degree to which costs, in the Budget and Budget Justification Narrative, are consistent with the goals and objectives outlined in the Implementation Plan.
- 3) The applicant’s Budget Justification Narrative clearly explains each line in relation to the proposed activities.
- 4) The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

## **2. Review and Selection Process**

Please see Section 5.3 of HRSA’s [SF-424 Application Guide](#).

HRSA will use a factor other than merit criteria in selecting applications for this Federal award. For this program, HRSA will use a special consideration.

### **Funding Special Considerations and Other Factors**

This program includes a special consideration as authorized by Section 2620(c) of the PHS Act. A special consideration is defined as the favorable consideration of an application by HRSA funding officials, based on the extent to which the application addresses the specific area of special consideration. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

Section 2620(c) of the PHS Act directs the Secretary to provide funds to States to address the decline or disruption of services related to the decline in the amount of formula funding. Such a decline in funding compares the amount received in FY 2016 to the amount received in FY 2006, and a State's assertion that such decline has had an impact on service available to all individuals with HIV/AIDS identified and eligible in the State. To make a claim for priority funding, please include a statement asserting the need as **Attachment 6**. The "priority funding" provision will be considered in awarding FY 2016 RWHAP Part B Supplemental Funds.

### **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.

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 OPDIV 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 30, 2016.

## **VI. Award Administration Information**

### **1. Award Notices**

The Notice of Award will be sent prior to the start date of September 30, 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) **Annual Progress Report(s).** The recipient must submit an annual progress report to HRSA at the end of the project period. Further information will be provided in the award notice.

2) **Program Terms Report.** The recipient must submit a Program Terms Report as indicated on the Notice of Award. Information regarding the Program Terms Report will be provided in the award notice.

3) **RWHAP Services Report (RSR).** The recipient must comply with data requirements of the RSR and mandate compliance by each of its subrecipients. The RSR captures information necessary to demonstrate program performance and accountability. All RWHAP core service and support service providers are required to submit client-level data as instructed in the RSR manual. Please refer to the [HIV/AIDS Program Client-Level Data](#) website at for additional information.

4) **ADAP Data Report (ADR).**

If the recipient expends any of the RWHAP Part B supplemental award on the AIDS Drug Assistance Program (ADAP), it must comply with data reporting requirements of the ADAP Data Report (ADR) for those funds, and the recipient must mandate compliance by each of its subrecipients. Please refer to the HIV/AIDS Program ADAP Data Report webpage at <http://hab.hrsa.gov/manageyourgrant/adr.html> for additional information. Further information will be provided in the award notice.

5) **Integrity and Performance Reporting.**

The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), 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  
Mail Stop 10NWH04  
5600 Fishers Lane  
Rockville, MD 20857  
Telephone: (301) 443-3555  
Fax: (301) 594-4073  
E-mail: [KMayo@hrsa.gov](mailto:KMayo@hrsa.gov)

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

Michael Goldrosen

Director, Division of State HIV/AIDS Programs  
HIV/AIDS Bureau  
Health Resources and Services Administration  
Mail Stop 09SWHO3  
5600 Fishers Lane  
Rockville, Maryland 20857  
Telephone: (301) 443-6745  
Fax: (301) 443-8143  
E-mail: [MGoldrosen@hrsa.gov](mailto:MGoldrosen@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](mailto: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**

A link to the FOA HRSA-16-078 Ryan White HIV/AIDS Program Part B Technical Assistance Webinar of March 30, 2016 can be found at <https://hrsa.connectsolutions.com/p3n5n6eqi06/>

There will be a national conference call on May 26, 2016 at 3:30 pm (EST). The purpose of the call is to address any additional questions pertaining to the extension of HRSA-16-078.

The call in information is: 888-324-6996; participant code is 6049206.

### **ALLOWABLE USES OF FUNDS**

For the list of allowable uses of RWHAP funds effective for FY 2016, refer to the latest version of the [National Monitoring Standards](#). For the list of allowable uses of funds effective in FY 2017, refer to [Policy Clarification Notice 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#).

### **NATIONAL MONITORING STANDARDS**

As a Condition of Award, recipients are required to utilize the [National Monitoring Standards](#) at both the recipient and subrecipient levels. To help our recipients meet this challenge, HRSA has developed guidelines outlining the responsibilities of HRSA, the recipient, and subrecipient/provider staff.

## **IX. Tips for Writing a Strong Application**

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