

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



HIV/AIDS Bureau

***Ending the HIV Epidemic: A Plan for America —
Ryan White HIV/AIDS Program Parts A and B***

Funding Opportunity Number: HRSA-20-078

Funding Opportunity Type(s): New

Assistance Listings (CFDA) Number: 93.686

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: October 15, 2019

***Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.***

Issuance Date: August 13, 2019

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2020 *Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B*. The purpose of this program is to focus resources in 48 counties, Washington, D.C., San Juan, Puerto Rico, and seven states with substantial rural HIV burden (hereafter referred to as “jurisdictions”) to implement strategies, interventions, approaches, and core medical and support services to reduce new HIV infections in the United States. The overarching goal for this initiative is to reduce new HIV infections in the United States to less than 3,000 per year by 2030.

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| Funding Opportunity Title: | <i>Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B</i> |
| Funding Opportunity Number: | HRSA-20-078 |
| Due Date for Applications: | October 15, 2019 |
| Anticipated Total Annual Available FY 2020 Funding: | \$55,125,000 |
| Estimated Number and Type of Award(s): | 47 cooperative agreement(s) |
| Estimated Award Amount: | Up to \$9,000,000 per year subject to the availability of appropriated funds |
| Cost Sharing/Match Required: | No |
| Period of Performance: | March 1, 2020 through February 28, 2025 (5 years) |
| Eligible Applicants: | <p>Eligible applicants are:</p> <ul style="list-style-type: none"> • RWHAP Part A funded Eligible Metropolitan Areas (EMAs) or Transitional Grant Areas (TGAs) whose service area includes one or more of the identified 48 HIV high burden counties; and the EMAs of Washington, D.C. and San Juan, PR. • RWHAP Part B funded States/Territories identified as having a substantial rural HIV burden—Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, and South Carolina. • The RWHAP Part B Program of the State of Ohio on behalf of Hamilton County. <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p> |

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Day and Date: Tuesday, August 27, 2019

Time: 2 p.m. – 4 p.m. ET

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

Participant Code: 6408323

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

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding for the *Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program (RWHAP) Parts A and B* as administered by the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) in conjunction with the existing RWHAP Parts A and B funding. The purpose of this initiative is to focus resources in 48 counties, Washington, D.C., San Juan, Puerto Rico (PR), and seven states (hereafter referred to as “jurisdictions” and listed in [Appendix A](#)) to implement effective and innovative strategies, interventions, approaches, and services to reduce new HIV infections in the United States. The overarching goal for this initiative is to reduce new HIV infections in the United States to less than 3,000 per year by 2030.

[The Ending the HIV Epidemic: A Plan for America](#) (hereafter referred to as the “initiative”) has four pillars, or key strategies:

- Pillar One: **Diagnose** all people with HIV as early as possible;
- Pillar Two: **Treat** people with HIV rapidly and effectively to reach sustained viral suppression;
- Pillar Three: **Prevent** new HIV transmissions by using proven interventions, including [pre-exposure prophylaxis \(PrEP\)](#) and syringe services programs (SSPs); and
- Pillar Four: **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

HRSA and the Centers for Disease Control and Prevention (CDC), along with the National Institutes of Health (NIH) Centers for AIDS Research (CFARs), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA) are collaborating on the implementation of each of these Pillars. At the most general level:

- Pillar One is led by CDC and, among many activities, includes working with the [HRSA Health Center Program](#) to increase testing among Health Center Program patients;
- Pillar Two is led by HRSA and focuses on providing access to HIV care and treatment through the RWHAP and the Health Center Program, including working with CDC funded organizations and/or CDC staff to link people with HIV, newly diagnosed or re-identified through testing programs, to care;
- Pillar Three is co-led by CDC and HRSA with the HRSA Health Center Program focusing on providing PrEP related outreach, care coordination, medical services and medications supported by CDC efforts to promote PrEP among populations needing PrEP services as well as other prevention activities, such as syringe services programs (SSPs); and
- Pillar Four is led by CDC to rapidly detect HIV clusters and networks with support from the HRSA RWHAP and Health Center Program to provide HIV care and treatment or PrEP services through the Health Center Program, as applicable.

This HRSA HAB initiative is authorized under Section 311(c) of the Public Health Service Act, (42 U.S.C. § 243(c)) and title XXVI, (42 U.S.C. § 300ff-11 et seq.), with the funding to be used in conjunction with the RWHAP. As such, there is the opportunity for RWHAP programs funded under this announcement to have a broader approach to addressing HIV in their communities than what exists in services authorized by the RWHAP legislation. For example, for this initiative, the only requirement for determining eligibility for service provision is that the individual has a documented HIV diagnosis; there is no requirement that individuals meet RWHAP eligibility requirements. In addition, funded recipients are not limited to using the RWHAP service categories for this initiative. Recipients are encouraged to be innovative and creative as they design ways to use these funds to end the HIV epidemic in their jurisdictions. (See Funding Restrictions section on page 21 for more information).

Proposed activities may include, but are not limited to: increasing organizational capacity; information dissemination and public outreach; community engagement; implementation of emerging practices, evidence-informed and/or evidenced-based interventions, particularly around linkage to care, retention in care, reengagement in care, and adherence counseling; the provision of needed client services; and data infrastructure development and systems linkages.

Applicants must describe how proposed activities will address Pillar Two (Treat), including:

- Expanding access to HIV care and treatment in the focus jurisdictions for people with HIV, both those who are newly diagnosed and those who are not engaged in care, and/or not virally suppressed; and
- Addressing unmet needs and improving client-level health outcomes.

Applicants must also describe how proposed activities support Pillar Four (Respond), to respond quickly to HIV cluster detection efforts for those people with HIV needing HIV care and treatment.

Funded recipients will use these initiative resources in conjunction with the RWHAP Parts A and B systems of HIV care and treatment to develop, implement, and/or enhance innovative approaches to engaging people with HIV who are newly diagnosed, not in care, and/or not virally suppressed. In addition, the recipients will provide rapid access to a comprehensive continuum of high quality care and treatment services. All funded recipients will be required to collaborate with the recipients of HRSA-20-079 Ending the HIV Epidemic: A Plan for America – Technical Assistance Provider (TAP) and HRSA-20-089 Ending the Epidemic: A Plan for America – Systems Coordination Provider (SCP). The purpose of the TAP is to provide technical assistance to you on implementation of work plan activities, innovative approaches, and interventions. The purpose of the SCP is to assist you in coordinating your initiative planning, funding sources, and programs with the existing HIV care delivery systems. In addition, the SCP will assist in the identification of existing and new stakeholders, as well as collate and disseminate best practices, innovative approaches, and interventions identified by the TAP that facilitate the success of the initiative.

2. Background

This program is authorized by Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff-11 et seq.). For more information about RWHAP and the different program parts, please visit the Health Resources and Services Administration (HRSA) website: <http://hab.hrsa.gov/>.

Ending the HIV Epidemic: A Plan for America

In February 2019, the Administration announced a new initiative, [Ending the HIV Epidemic: A Plan for America](#). This 10-year initiative beginning FY 2020 seeks to achieve the important goal of reducing new HIV infections in the United States to less than 3,000 per year by 2030. The first phase of the initiative will focus on 48 counties, Washington, D.C., San Juan, PR, and 7 states that have a substantial rural HIV burden. By focusing on these jurisdictions in the first phase of the initiative, the U.S. Department of Health and Human Services (HHS) plans to reduce new HIV infections by 75 percent within 5 years. Across the United States, the initiative will promote and implement the four Pillars to substantially reduce HIV transmissions – Diagnose, Treat, Prevent, and Respond. This NOFO focuses on implementing activities in Pillar Two (Treat) and Pillar Four (Respond). The initiative is a collaborative effort among key HHS agencies, primarily HRSA, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

National HIV/AIDS Strategy: Updated to 2020

The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020) is a 5-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. The RWHAP promotes robust advances and innovations in HIV health care using the National HIV/AIDS Strategy to end the epidemic as its framework. Therefore, to the extent possible, activities funded by RWHAP focus on addressing these four goals:

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

To achieve these shared goals, recipients should align their organization's efforts to ensure that people with HIV are linked to and retained in high quality HIV care, and have timely access to HIV treatment and the supports needed (e.g., mental health and substance use disorders services) to achieve HIV viral suppression.

HIV Care Continuum

Diagnosing people with HIV, linking people with HIV to HIV primary care, and people with HIV achieving viral suppression are important public health steps toward ending the HIV epidemic in the United States. The HIV care continuum has five main "steps" or stages that include: HIV diagnosis, linkage to care, retention in care, antiretroviral use, and viral suppression. The HIV care continuum depicts a series of stages in which people with HIV engage in HIV care: from initial diagnosis through their successful treatment with HIV medication. It also demonstrates the proportion of individuals living

with HIV who are engaged at each stage. The HIV care continuum allows recipients and planning groups to measure progress and to direct HIV resources most effectively.

RWHAP recipients are encouraged to assess the outcomes of their programs along this continuum of care. Recipients should work with their community and public health partners to improve outcomes across the HIV care continuum. HRSA encourages recipients to use the [performance measures](#) developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

According to recent data from the [2017 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2010 to 2017, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 69.5 percent to 85.9 percent; additionally, racial/ethnic, age-based, and regional disparities have decreased.¹ These improved outcomes mean more people with HIV in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.² Scientific advances have shown antiretroviral therapy (ART) preserves the health of people with HIV and prevents sexual HIV transmission. This means that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking people with HIV into care, retaining them in care, and helping them adhere to their ART.

Integrated Data Sharing and Use

HRSA and CDC's Division of HIV/AIDS Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, needs assessments, unmet need estimates, reporting, quality improvement, the development of your HIV care continuum, and public health action (e.g., Data-to-Care activities, cluster and outbreak investigation). HRSA strongly encourages RWHAP Part A and 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](#).
- Establish data sharing agreements between surveillance and other programs that include or provide services to people with HIV to ensure clarity about the process and purpose of the data sharing and utilization.

Integrated HIV data sharing, analysis, and utilization approaches by state and territorial health departments can help further improve the initiative by helping to

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

² National Institute of Allergy and Infectious Diseases (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: <https://clinicaltrials.gov/NCT00074581> NLM Identifier: NCT00074581.

ensure coordinated efforts to promote engagement in care, respond to HIV clusters, and by providing improved ability to monitor and evaluate interventions.

To fully benefit from integrated data sharing, analysis, and utilization, HRSA strongly encourages complete CD4, viral load (VL) and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems. State and health departments may use CD4, VL, and nucleotide sequence data to identify cases, stage of HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

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

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

- **Building Futures: Supporting Youth Living with HIV** at <https://targethiv.org/library/hrsa-hab-building-futures-supporting-youth-living-hiv>
- **The Center for Engaging Black MSM Across the Care Continuum (CEBACC)** at <https://targethiv.org/cebacc>
- **E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV** at <https://targethiv.org/e2i>
- **Using Community Health Workers to Improve Linkage and Retention in Care** at <https://targethiv.org/chw>

Below are additional examples for specific populations, co-morbidities, and program areas: <https://targethiv.org/help/ta-directory>.

Through its SPNS Program, HRSA HAB funds demonstration project initiatives focused on the development of effective interventions to respond quickly to emerging needs of people with HIV receiving assistance under the RWHAP. Through these demonstration projects, SPNS evaluates the design, implementation, utilization, cost, and health-related outcomes of innovative treatment models, while promoting dissemination, replication, and uptake of successful interventions. SPNS findings have demonstrated promising new approaches to linking and retaining into care underserved and marginalized people with HIV. All initiative recipients are encouraged to review and integrate a variety of SPNS evidence-informed tools within their initiative plans and identified needs/activities. SPNS related tools may be found at the following locations:

- **Integrating HIV Innovative Practices (IHIP)** (<https://targethiv.org/ihip>)

Resources on the IHIP website include easy-to-use training manuals, curricula, case studies, pocket guides, monographs, and handbooks, as well as informational handouts and infographics about SPNS generally. IHIP also hosts technical assistance (TA) training webinars designed to provide a more interactive experience with experts, and a TA help desk exists for you to submit additional questions and share your own lessons learned.

- **Replication Resources from the SPNS Systems Linkages and Access to Care** (<https://targethiv.org/library/replication-resources-spns-systems-linkages-and-access-care>)

There are intervention manuals for patient navigation, care coordination, state bridge counselors, data to care, and other interventions developed for use at the state and regional levels to address specific HIV care continuum outcomes among hard-to-reach people with HIV.

- **Dissemination of Evidence-Informed Interventions** (<https://www.targethiv.org/library/dissemination-evidence-informed-interventions>)

The Dissemination of Evidence-Informed Interventions initiative runs from 2015–2020 and disseminates four adapted linkage and retention interventions from prior SPNS and the Minority HIV/AIDS Funds from the HHS Secretary’s Office initiatives to improve health outcomes along the HIV care continuum. The end goal of the initiative is to produce four evidence-informed care and treatment interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing health care environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

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

HRSA program involvement will include:

- Providing the expertise of HAB personnel and other relevant resources to support the efforts of the initiative activities;
- Facilitating partnership and communication with other federal agencies, particularly CDC, to improve coordination efforts;
- Facilitating collaboration with the TAP and SCP to assist in the development, implementation, coordination, and integration of initiative activities;

- Participating in the design and direction of the strategies, interventions, tools, and processes to be established and implemented for accomplishing the goals of the cooperative agreement;
- Approving uses of funds outside of existing allowable RWHAP costs and service categories;
- Providing ongoing review of the establishment and implementation of activities and measures for accomplishing the goals of the cooperative agreement;
- Participating, as appropriate, in conference calls and meetings that are conducted during the project period of the cooperative agreement;
- Reviewing and concurring with all information products prior to dissemination; and
- Facilitating the dissemination of project findings, best practices, evaluation data, and other information developed as part of this project to the broader network of RWHAP recipients.

The cooperative agreement recipient's responsibilities will include:

- Completing proposed initiative work plan activities within the five-year project period;
- Collaborating with HRSA on review of activities, procedures, and budget items, including timely communication with project officer;
- Developing and implementing a methodology, including proposed metrics, to measure the impact of proposed activities, as well as reporting on outcomes;
- Ensuring proposed activities are based on documented need, targeted for maximum impact on HIV care continuum outcomes, and designed to reach the identified target population(s);
- Coordinating the initiative activities with their existing RWHAP programs;
- Collaborating with CDC funded organizations, health centers, and other local and state government agencies on implementing initiative activities;
- Collaborating with the TAP and SCP on the development, implementation, coordination, and integration of initiative activities;
- Developing a sustainability plan to support successful activities following conclusion of the cooperative agreement;
- Modifying activities as necessary to ensure relevant outcomes for the project; and
- Participating in the dissemination of project findings, best practices, and lessons learned, including adherence to HRSA guidelines pertaining to acknowledgment and disclaimer on all products produced by HRSA award funds.

2. Summary of Funding

HRSA expects approximately \$55,125,000 to be available in FY2020 to fund 47 recipients. For FY2020, you may apply for an amount within the range published in [Appendix B](#) (including both direct and indirect, facilities and administrative costs). The actual amount available will not be determined until enactment of the final FY 2020 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner. In the event that the FY 2020 appropriation or other statute fails to authorize this activity, no

awards will be made. Final award amounts may be less than you requested.

The period of performance is March 1, 2020 through February 28, 2025 (5 years). Funding is subject to the availability of appropriated funds for the *Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B*. Funding availability in subsequent fiscal years will be determined by satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. The amount available, in addition to the ceiling amounts stated, is based on current projections. It is anticipated that the total annual amount available over the five year period of performance could increase from \$55 million to an amount that achieves the initiative's 5-year goal of a 75 percent reduction in new HIV infections and provides sufficient resources to address social determinants of health such as housing and behavioral health for the newly diagnosed, not virally suppressed, or not yet engaged in HIV care. Applicants should submit the Years 2 – 5 work plans and proposed budgets accordingly. Future year ceiling and award amounts may be adjusted to reflect any changes. Also, the Notice of Award (NOA) will list funding amounts as they become available. HRSA requires the recipient to submit a revised budget and work plan to appropriately reflect the actual funding amounts provided in the NOA. Recipients that successfully increase the number of people with HIV who are newly diagnosed, reengaged in care, and/or virally suppressed may receive an additional performance-based bonus.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants are:

- RWHAP Part A funded Eligible Metropolitan Areas (EMAs) or Transitional Grant Areas (TGAs) whose service area includes one or more of the identified 48 HIV high burden counties; and the EMAs of Washington, D.C. and San Juan, PR.
- RWHAP Part B funded States/Territories identified as having a substantial rural HIV burden: Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, and South Carolina.
- The RWHAP Part B Program of the State of Ohio on behalf of Hamilton County.

See [Appendix A](#) for a complete list of eligible applicants.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will consider any application that exceeds the ceiling amount non-responsive and will not consider it for funding under this notice.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](#) using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

The NOFO is also known as “Instructions” on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including clarifications, modifications and/or republications of the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **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 NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You, on behalf of the applicant organization, certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in **Attachment 9**: Other Relevant Documents.

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

Program-Specific Instructions

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

i. Project Abstract

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

In addition to the requirements listed in the [SF-424 Application Guide](#), please indicate the project title as "*Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B*" and include the following information:

- A summary of the proposed activities which may include: increasing organizational capacity; information dissemination and public outreach; community engagement; implementation of emerging practices, evidence-informed and/or evidenced-based interventions particularly around rapid linkage to care, retention in care, reengagement in care, and adherence counseling; the provision of RWHAP core medical and/or support services; and data infrastructure development and systems linkages.
- A description of the intended impact (e.g. how the activities will engage people with HIV who are not in care and/or not virally suppressed and provide rapid

access to a comprehensive continuum of high quality care and treatment services for people with HIV who are newly diagnosed and re-engaged in care).

- The funding amount requested for the five-year period of performance. The request should project, over the period of performance, how much funding will be needed to identify and bring into and retain in care a substantial number of new or re-engaged clients. These projections should include sufficient resources to address social determinants of health such as housing and behavioral health for the newly diagnosed, not virally suppressed, or not yet engaged in HIV care.

ii. Project Narrative

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

Successful applications will contain the information below. Please use the following section headers for the narrative:

- **INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need**
Briefly describe the proposed project and the target populations of people with HIV who reside in the focus jurisdictions. Include a description of how the proposed activities will address the goal of the initiative by significantly reducing new HIV infections in the focus jurisdictions by 75 percent within the five-year period of performance. Also, briefly describe how you will use initiative resources in conjunction with RWHAP Parts A and B system of HIV care and treatment to achieve this goal.
- **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need**
The purpose of this section is to demonstrate the target population(s) of people with HIV who reside in the focus jurisdictions to be served, existing gaps and unmet needs in services, collaborations needed to engage in care and to achieve viral suppression in target populations, and barriers to track progress toward meeting the goals of the initiative.
 - Identify and briefly describe the specific target population(s) for this initiative, providing the source of and brief highlights/summary of the data used to determine each population.
 - Within the context of your current health care landscape (inclusive of Integrated Plans and existing ending the HIV epidemic plans), identify and briefly discuss any service gaps, barriers, and unmet needs with regard to rapidly engaging and retaining, treating HIV infection, and achieving sustained viral suppression for the target populations (including services to address social determinants of health, as relevant). Also identify and briefly discuss any additional infrastructure and capacity issues that negatively affect your ability to track and/or serve these target populations.
 - Describe existing need for, and any current or potential challenges to, collaborating with other relevant partners/providers/agencies to identify, link, engage, retain, and achieve viral suppression for the target populations.

- **METHODOLOGY** -- *Corresponds to Section V's Review Criterion #2 Response*
Provide detailed information regarding the proposed methods that you will use to address the stated needs described in the needs assessment section. Also, include a description of the specific methods you will use to implement the proposed activities in the work plan. Proposed methods must address Pillar Two (Treat) of the initiative, including expanding access to HIV care and treatment for people with HIV in the jurisdiction who are newly diagnosed, not engaged in care, and/or not virally suppressed, addressing barriers and unmet needs, and improving client-level health outcomes. Recipients must also describe how proposed methods support Pillar Four (Respond), to respond quickly to HIV cluster detection efforts for those people with HIV needing HIV care and treatment.

As was noted in the Purpose section, the initiative is authorized under Section 311(c) of the Public Health Service Act, (42 USC 243(c)) and title XXVI, (42 U.S.C. § 300ff-11 et seq.). As such, there is the opportunity for funded recipients to have a broader approach to addressing HIV in their communities than exists in services authorized by the RWHAP legislation. You are encouraged to propose methods that are innovative and creative; the methods are not limited to the current RWHAP service categories or eligibility requirements (except for an HIV diagnosis), and there is no requirement to spend at least 75 percent of the award on core medical services.

You should ensure that methods build upon existing strategic plans such as the Ending the HIV Epidemic Plan (based on the guidance that will be provided by the CDC), the Integrated HIV Prevention and Care Plan, and community needs assessments. Overall, you are asked to ensure that methods are consistent with other plans that you will submit for all aspects of your Ending the HIV Epidemic involvement. In addition, provide information regarding collaboration and coordination efforts, including people with HIV involvement, and sustainability plans as follows:

- **Collaboration and Coordination:** Describe how you will collaborate and/or coordinate with organizations to address the barriers identified in the needs assessment section. Describe how you will build, expand and/or maintain effective strategic partnerships with new and existing key providers within your community, including key points of entry, other RWHAP funded programs including the AIDS Drug Assistance Program (ADAP), Community Health Centers (CHCs), CDC-funded entities, State Medicaid Programs, Housing Opportunities for Persons With AIDS (HOPWA)-funded entities, IHS-funded entities, SAMHSA-funded entities and other mental health and addiction providers, correctional facilities, and other providers and stakeholders outside of your current network that serve and support the target populations, to carry out the proposed activities. Identify the tasks each partner proposes to perform and the amount of funding, if any, you expect to allocate to the partner. Describe how people with HIV who represent the target populations and/or organizations that represent them will be engaged in the implementation of this project, including decision-making activities. Include letters of support and/or letters of commitment

from each partner and/or collaborating entity stating their concurrence with the proposed project as **Attachment 4**.

- **Sustainability:** Describe how you will continue efforts to end the HIV epidemic in your focus jurisdictions after the period of federal funding ends. Include a description of how you will balance efforts to have immediate impact with efforts to establish longer-term and more sustainable interventions. In addition, describe how you intend to share or disseminate strategies or services and interventions that have been effective and that have led to improved outcomes in the target population.

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

A work plan is a concise easy-to-read overview of your goals, strategies, objectives, activities, timeline, and staff responsible for implementing the project. You must submit the detailed work plan for the five-year period of performance of March 1, 2020 – February 28, 2025. Your work plan activities should directly relate to Pillars Two and Four of the initiative as outlined in the Ending the HIV Epidemic Plan. The CDC will provide you additional guidance about the Ending the HIV Epidemic plans. Activities should also correspond to your proposed budget for each year of the five-year period of performance. Recipients should consider the relative costs of seeking out the hardest to reach populations, and the likely effect on the budget in later years.

Describe each activity's goal, specify the objectives, and identify the key action steps that you will use to achieve the proposed activity. Use a timeline that includes each step of the proposed activity, target date for completion, and identifies staff (or partner) responsible for the activities. Identify the measures you will use to evaluate success, including measures that align with initiative data/indicators. Include meaningful support and collaboration with key partners as indicated in the Methodology section. As noted earlier, the amount available, in addition to the ceiling amounts stated, are based on current projections. In the event that additional funding is made available in the future, future year ceiling and award amounts may be adjusted to reflect any changes. Please reflect the increasing activity resulting from these increased funds in Years 2 through 5 of the work plan. Please provide the above information in a table format. Submit the work plan as **Attachment 1**.

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

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan and the proposed methods described in the methodology section. Identify and describe the approaches that you will use to resolve such challenges. Identify any potential need for technical assistance from the TAP and SCP as described in HRSA-20-079 and HRSA-20-089. Also, describe any proposed resolutions to the barriers described in the Needs Assessment section.

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

The purpose of this section is to describe current experience, skills, and knowledge, including individuals on staff, and current and previous work implemented to address the HIV epidemic.

1) Program Infrastructure

- Describe the **current** or **proposed** information system capabilities and the methods that will collect, manage, and analyze data (e.g., assigned skilled staff, data management software).
- Describe the systems and processes that will support your organization's monitoring of the proposed initiative activities, including performance outcomes.
- Describe your capacity to measure and report on a timely and regular basis the following data associated with the initiative Pillars Two and Four:
 - Pillar Two (Treat): Describe how you will identify the people with HIV who are newly diagnosed, not engaged in care, and/or not virally suppressed.
 - Pillar Four (Respond): Describe how you will coordinate with HIV cluster detection efforts to:
 - 1) Provide data needed for cluster detection, e.g., notable increase in new diagnoses, and
 - 2) Provide data on referrals, retention, and health outcomes for people with HIV identified through cluster detection efforts.

2) Data Collection and Management

- Describe how you will coordinate data collection and exchange with multiple partner sites and with the HIV surveillance system.
- Describe how you will routinely assess data quality and coordinate data quality remediation activities with partner sites.
- Describe the data collection, data review, and data submission processes that will be in place to collect data elements as outlined in the initiative Pillars Two and Four, and meet the reporting requirements as outlined in this NOFO.

Applicants should discuss any anticipated challenges, capacity building needs, and technical assistance needed to meet data collection requirements.

3) Project Evaluation:

- Describe the evaluation plan you will use to monitor the development, implementation, and outcomes of the project activities. Include a description of the proposed metrics you will use to assess the effectiveness of initiative project activities.

- Describe the process you will use to measure impact of the program. Include a description of data use agreements necessary to share data to successfully achieve the goals of the initiative.
- Describe your plans to monitor progress towards completion of stated goals and objectives of the initiative. Explain how you will use data to inform the project and/or infrastructure development, identify new and/or out of care clients, improve service delivery and viral suppression rates, and track and report infrastructure/system development and overall health outcomes.
- Describe any potential obstacles for implementing the program performance evaluation and plans to address those obstacles.

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

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

- **Organizational Description and Chart:** Provide an organizational profile and project organizational chart, as **Attachment 5**. The organizational profile should include significant collaborative partners, key personnel, budget, and other resources. The organizational chart should be a one-page figure that depicts the primary organizational structure of the initiative (not the entire organization) and identified subrecipients/significant collaborators for this initiative.
- **Management and Staffing Expertise:** Highlight key staff, partners and collaborators with relevant expertise and experience with similar work. This may include short-term dedicated staff time to plan for, lead, coordinate, initiate, and sustain the initiative activities related to efforts aimed at identifying individuals with a new HIV diagnosis and reengaging people with HIV who are not virally suppressed. This information should align with the staffing plan provided in **Attachment 2** and the biographical sketches of key personnel provided in **Attachment 3**. Include any potential obstacles for hiring additional staff for initiative activities and solutions for overcoming such barriers.
- **Key Partnerships:** Describe the expertise of partners and collaborators discussed in the Methodology section, including their experience providing HIV care and treatment, and conducting outreach to engage target populations for this initiative. Specifically address how their knowledge will assist you in addressing the proposed activities for Pillar Two (Treat) and/or Pillar Four (Respond). As stated in the Needs Assessment section, describe your plan to address current or potential challenges for building new partnerships or connecting with existing programs who can implement initiative activities.

Discuss how your organization will follow the approved work plan, as outlined in the application. Provide a description of your experience with fiscal management of grants and contracts including experience managing multiple federal grants and documenting all costs to avoid audit findings.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.

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

iii. Budget

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and by carefully following the approved plan can avoid audit issues during the implementation phase.

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

In addition, the initiative requires the following:

- Complete Sections A – F of the SF-424A Budget Information – Non-Construction Programs form. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#) for detailed instructions.
- Provide a program-specific line item budget for each year of the five-year period of performance using the object class categories in the SF-424A and the

following cost categories: (RWHAP Services, Initiative Services and Infrastructure, Administration/Planning and Evaluation, and, if applicable, Clinical Quality Management (CQM)). The budget allocations on the line item must relate to the activities proposed in the project narrative, including the work plan. As noted earlier, the amount available, in addition to the ceiling amounts stated, are based on current projections. In the event that additional funding is made available in the future, future year ceiling and award amounts may be adjusted to reflect any changes. In addition, the Notice of Award (NOA) will list funding amounts as they become available. HRSA will require the recipient to submit a revised budget and work plan to appropriately reflect the actual funding amounts provided in the NOA. The line item budget requested for year one must not exceed the funding range listed in [Appendix B](#). In addition, the amounts requested on the SF-424A and the amounts listed on the line item budget must match. Please list personnel separately by position title and the name of the individual for each position title, or note if position is vacant. The budget must reflect activities specifically targeting the 48 counties, Washington, D.C., San Juan, PR, and seven states identified in [Appendix A](#). Based on the information provided in the Summary of Funding section, Years 2 through 5 should show budget progression associated with program implementation and scale-up. Upload the line item budgets as **Attachment 6**.

- Grant administration costs may not exceed ten (10) percent of the grant award. Planning and Evaluation costs may not exceed ten (10) percent of the grant award. Collectively, recipient Administration and Planning and Evaluation may not exceed fifteen (15) percent of the grant award. The aggregate total of administrative expenditures for subrecipients, including all indirect costs, may not exceed 10 percent of the aggregate amount of all subawards. Please see [Policy Clarification Notice 15-01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D](#) along with the [Frequently Asked Questions](#) for information regarding the statutory 10 percent limitation on administrative costs. Recipients may but are not required to allocate up to five percent of the total grant award for Clinical Quality Management (CQM) activities.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. Budget Narrative

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

In addition, the initiative requires the following:

Provide a narrative that clearly explains the amounts requested for each line in the budget. For subsequent budget years, the budget justification narrative should

highlight only the changes from year one. The budget narrative must be clear and concise. Do not repeat the same information across years in the budget narrative.

For each object class category (e.g., Personnel, Fringe Benefits, Travel), the budget narrative must be divided according to the following cost categories: RWHAP Services, Initiative Services and Infrastructure, Administration/Planning and Evaluation, and CQM (if applicable).

Provide a clear explanation of the purpose of each contract, how you estimated the costs, and the specific contract deliverables. List the amounts allocated for personnel or services contracted to outside providers for all HIV services (subrecipients). Show the amount allocated to any activities that are not conducted “in-house” on the Contractual line. Subrecipients providing services under this award must adhere to the same requirements as the recipient. All initiative requirements and program expectations that apply to the recipients also apply to subrecipients of their award. Your organization is accountable for your subrecipients’ performance of the project, program, activity, and appropriate expenditure of funds under the award. **As such, recipients are required to monitor all subrecipients.** The RWHAP requires assurance that subrecipients are tracking the source, documenting the allowable use, and reporting program income earned at the subrecipient level. Your subrecipients must also report and validate program expenditures in accordance with initiative legislative and programmatic requirements.

- **RWHAP Services** are costs associated with the provision of core medical and support services to initiative eligible clients. Core medical and support services are important to assist in the diagnosis of HIV infection, linkage to care for people with HIV, retention in care, and the provision of HIV treatment. Services must relate to HIV diagnosis, care, and support, and must adhere to established clinical practice standards consistent with [HHS HIV treatment guidelines](#). Because the initiative is performed in conjunction with the RWHAP statute and program implementation, it is expected that many of the services provided will fit within these already well-established parameters.
- **Initiative Services and Infrastructure - Services** are costs associated with a broader approach to addressing HIV in the community than exists in services authorized by the RWHAP legislation. For example, the only requirement for determining eligibility is that the individual has an HIV diagnosis. There is no requirement that individuals served are low-income or that initial eligibility is documented prior to services being provided. Initiative services (e.g., linkage to care) are services and activities that do not fit neatly within the RWHAP service categories. These services may be innovative and creative with a focus on ending the HIV epidemic. HRSA HAB prior approval is required. **Infrastructure** are costs associated with the development and expansion of data systems. It may include technical assistance on the type, design, and building of new data systems, bridging existing systems to achieve data integration, improving data entry to decrease burden and increase accuracy, training of staff and providers on collecting and using data, and employing experts to provide accurate and in-depth data analysis.
- **Administration/Planning and Evaluation** - Administration and planning and evaluation costs combined should not exceed 15 percent of the total award.

Administration costs are costs associated with the administration of the initiative cooperative agreement. No more than 10 percent of the initiative budget can be spent on administrative costs. You should allocate staff activities that are administrative in nature to administrative costs. The aggregate total of administrative expenditures for subrecipients, including all indirect costs, may **not** exceed 10 percent of the aggregate amount of all subawards. Subrecipient administrative activities include:

- Usual and recognized overhead activities, **including established indirect rates** for agencies;
- Management oversight of specific programs funded under the initiative; and
- Other types of program support such as quality assurance, quality control, and related activities (exclusive of clinical quality management).

Planning and evaluation are costs associated with stakeholder engagement and process and outcome evaluation activities. No more than 10 percent of the initiative budget can be spent on planning and evaluation costs.

- **CQM (if applicable)** are costs required to maintain a CQM program to assess the extent to which services are consistent with the current HHS guidelines for the treatment of HIV and to develop strategies to improve access to and quality of services. Examples of CQM costs include:
 - Implementation of CQM program;
 - Clinical quality improvement activities;
 - Data collection for CQM purposes (collect, aggregate, analyze, and report on measurement data on a quarterly basis at a minimum);
 - Recipient CQM staff training/TA (including travel and registration) - this includes HRSA sponsored or HRSA approved training; and
 - Training of subrecipients on CQM.

Please note that quality assurance activities are administrative costs and **not** considered CQM costs. For further guidance on CQM, refer to [PCN 15-02 Clinical Quality Management Policy Clarification Notice](#).

HRSA expects that the recipient will coordinate initiative CQM activities with their existing RWHAP CQM Program. Recipients may, but are not required to allocate up to five percent of the total grant award for CQM.

v. **Attachments**

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

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

Keep each job description to one page in length as much as possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

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

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverables. Make sure any letters of agreement are signed and dated.

Attachment 5: Project Organizational Chart

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

Attachment 6: Program Specific Line Item Budget

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

Attachment 7: 5th Year Budget

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

Attachment 8: Indirect Cost Rate Agreement (if applicable)

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

Attachments 9 – 15: Other Relevant Documents [15 is the maximum number of attachments allowed.]

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

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

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

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

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [SF-424 Application Guide](#).

[SAM.GOV](#) ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018.

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *October 15, 2019 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The initiative is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of five years. For Year 1, you may not exceed the funding range published in [Appendix B](#) (inclusive of direct **and** indirect costs). Based on the information provided in the Summary of Funding section, Years 2 through 5 should show budget progression associated with program implementation and scale-up. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Awards will be made subsequent to enactment of the FY2020 appropriation. The NOA will reference the FY2020 appropriation act and any restrictions that may apply. Note that these or other restrictions may be updated, as required by law, upon enactment of an FY 2020 appropriations act.

All funds under this notice are subject to the following conditions:

- Funds from this announcement may not pay for any item or service to the extent that payment has been made (or reasonably can be expected to be made), with respect to that item or service, under any state compensation program, insurance policy, federal or state benefits program, or any entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Service).
- All providers of care will have a participation agreement under the State plan approved under title XIX of the Social Security Act, or, if not qualified to receive payments under such state plan, the provider does not, in providing health care services, impose a charge or accept reimbursement available from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits program.
- Prohibited uses of funds:
 - Cash payment to intended recipients of services.
 - Clinical research.
 - International travel.
 - Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval).

- Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy.
- Pre Exposure Prophylaxis (PrEP) medications and related medical services or Post-Exposure Prophylaxis (PEP), as the person using PrEP or PEP is not living with HIV and therefore not eligible for HRSA HAB initiative funded medication.
- Supplantation of funds for any other federal award or state funds.

Caps on Expenses: Grant administration costs may not exceed ten (10) percent of the grant award. Planning and evaluation costs may not exceed ten (10) percent of the grant award. Collectively, recipient administration and planning and evaluation costs may not exceed fifteen (15) percent of the grant award. The aggregate total of administrative expenditures for subrecipients, including all indirect costs, may not exceed 10 percent of the aggregate amount of all subawards. Please see [Policy Clarification Notice 15-01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D](#) along with the [Frequently Asked Questions](#) for information regarding the statutory 10 percent limitation on administrative costs.

Recipients are allowed, but not required, to allocate up to five (5) percent of the total grant award for CQM activities.

For further information regarding allowable and non-allowable costs, please refer to 45 CFR part 75 Subpart E Cost Principles.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative applied to the award(s) under the program will be the addition/additive alternative. You can find post-award requirements for program income at [45 CFR § 75.307](#).

All pharmaceutical rebates collected as a result of awarded funds must be used for approved project-related activities, with a preference that they be used for the purchase of HIV-related medication.

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your

application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

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

Review criteria are used to review and rank applications. The *Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Programs Part A and B* has six (6) review criteria. See the review criteria outlined below with specific detail and scoring points.

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

- The extent to which the applicant provides a clear description of the proposed project and how activities will address the initiative goal of significantly reducing new HIV infections in the focus jurisdictions.
- The clarity and completeness of the description of the target population(s), service gaps, barriers, and unmet needs as it relates to engaging, retaining, and achieving viral suppression for the target populations.
- The extent to which the applicant describes the need for, and any current or potential challenges to, collaborating with other relevant partners to identify, link, engage, retain, and achieve viral suppression for the target populations, including the need for capacity building and/or infrastructure improvements, as relevant.

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

- The extent to which the applicant provides a detailed discussion of the proposed methods they will use to address the stated needs in the needs assessment section and to implement the proposed activities in the work plan, including a description on how these methods address Pillars Two (Treat) and Four (Respond) of the initiative.
- The clarity and strength of the roles for identified partners and collaborators, including people with HIV who represent the target populations and/or organizations that represent them, in the proposed project, and tasks for each partner as described in the letters of support/commitment (**Attachment 4**).
- The strength of the proposed work plan (**Attachment 1**) as evidenced by measurable and appropriate objectives.
- The extent to which the potential challenges in designing and implementing the proposed project are identified.
- The clarity and strength of the solution-oriented approaches for addressing the potential challenges.

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

- The extent to which the applicant describes their current or proposed infrastructure to include information system capabilities, systems, and processes that will support the organization in monitoring the proposed Initiative activities,

including performance outcomes, and capacity to measure and report data associated with Pillars Two (Treat) and Four (Respond).

- The extent to which the applicant describes how they will coordinate data collection and exchange with multiple partner sites and the HIV surveillance system, assess data quality and data quality remediation with partner sites, and clearly describe data collection, review, and submission processes to meet the reporting requirements outlined in this NOFO.
- The extent to which the applicant proposes a strong evaluation plan that will: monitor the development, implementation, and outcomes of activities with a description of proposed metrics to assess effectiveness; measure impact; monitor progress towards goals; and address potential obstacles for performance evaluation.

Criterion 4: IMPACT (25 points) – Corresponds to Section IV’s Methodology and Work Plan

- The extent to which the proposed goals, objectives, and work plan activities (**Attachment 1**) address: expanding access to HIV care and treatment for people with HIV who are newly diagnosed, not engaged in care and/or not virally suppressed; unmet needs; improving client-level health outcomes; and responding quickly to HIV cluster detection efforts for those people with HIV needing HIV care and treatment.
- The extent to which the work plan includes meaningful support and collaboration with key partners to include providers within the community, including key points of entry, other RWHAP funded programs including the AIDS Drug Assistance Program (ADAP), Community Health Centers (CHCs), CDC-funded entities, State Medicaid Programs, HOPWA-funded entities, correctional facilities, mental health and addiction providers, and other providers and stakeholders.
- The strength and clarity of how people with HIV and/or organizations that represent them will be included in planning, designing, and implementing all activities.
- The clarity and completeness of sustainability efforts to end the HIV epidemic in the focus jurisdictions after the period of federal funding ends.
- The extent to which the applicant describes how they will disseminate strategies or services and interventions that have been effective and that have led to improved outcomes.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity and Organizational Information

- The extent to which the applicant clearly describes the current or proposed information system capabilities to collect, manage, and analyze data, including timely reporting.
- The extent to which the applicant describes the organizational capabilities and resources that will contribute to their ability to successfully implement, manage, and monitor the proposed project, including a project organizational chart (**Attachment 5**).
- The extent to which the staffing plan (**Attachment 2**) is consistent with the proposed project and highlights key staff, partners, and collaborators with

relevant expertise and experience with similar work, including a detailed description of the expertise of the partners and collaborators discussed in the Methodology section.

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

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

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

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

3. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization’s ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or “other support” information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA’s approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization’s integrity, business ethics, and record of

performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of March 1, 2020. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See [45 CFR § 75.101 Applicability](#) for more details.

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular federally supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's data rights.

3. Reporting

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

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on a **triannual** basis (i.e., every four months). Further information will be available in the NOA.
- 2) **Aggregate Report(s).** The recipients will be required to submit an aggregate report on a triannual basis. The report must include data on the number of people with HIV reached out to, the number of people with HIV who are newly diagnosed and linked to care, and the number of people with HIV re-engaged in care. Further information on additional data needed for this report will be available in the NOA.
- 3) **Allocation and Expenditure Reports.** The recipient must submit an annual Initiative Allocation Report and an annual Initiative Expenditure Report. Further information will be provided in the NOA.
- 4) **Ryan White HIV/AIDS Program Services Report (RSR).** Acceptance of this award indicates that you will comply with data requirements of the RSR and will mandate compliance by each of your 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 [RSR Webpage](#) for additional information.
- 5) **ADAP Data Report (ADR).** If the recipient expends any of the Initiative award on the AIDS Drug Assistance Program (ADAP), it must comply with data reporting requirements of the ADAP Data Report (ADR) for those funds. Acceptance of this award indicates that you will comply with data requirements of the ADR and will mandate compliance by each of your contractors and subcontractors. The ADR captures information necessary to demonstrate program performance and accountability. Please refer to the [ADR Webpage](#) for more information. HRSA will provide further information in the NOA.
- 6) **Federal Financial Report (FFR).** You must submit the FFR to HRSA 90 days after the end of the period of performance.

VII. Agency Contacts

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

Marie Mehaffey
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03

Rockville, MD 20857
Telephone: (301) 945-3934
Email: MMehaffey@hrsa.gov

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

Heather Hauck, MSW, LICSW
Deputy Associate Administrator
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09W29
Rockville, MD 20857
Telephone: (301) 443-3613
Email: hhauck@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

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

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

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

VIII. Other Information

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Day and Date: Tuesday, August 27, 2019
Time: 2 p.m. – 4 p.m. ET
Call-In Number: 1-888-950-9561
Participant Code: 6408323

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

Tips for Writing a Strong Application

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

Appendix A: List of Eligible Applicants

RWHAP Part A:

| RWHAP Part A EMA/TGA (Recipients) | HIV High Burden County (Jurisdictions) |
|--|---|
| Atlanta EMA, GA | Cobb County, GA |
| | Dekalb County, GA |
| | Fulton County, GA |
| | Gwinnett County, GA |
| Austin TGA, TX | Travis County, TX |
| Baltimore EMA, MD | Baltimore City, MD |
| Baton Rouge TGA, LA | East Baton Rouge Parish, LA |
| Boston EMA, MA | Suffolk County, MA |
| Charlotte-Gastonia TGA, NC | Mecklenburg County, NC |
| Chicago EMA, IL | Cook County, IL |
| Cleveland-Lorain-Elyria TGA, OH | Cuyahoga County, OH |
| Columbus TGA, OH | Franklin County, OH |
| Dallas EMA, TX | Dallas County, TX |
| Detroit EMA, MI | Wayne County, MI |
| Fort Lauderdale EMA, FL | Broward County, FL |
| Fort Worth TGA, TX | Tarrant County, TX |
| Houston EMA, TX | Harris County, TX |
| Indianapolis TGA, IN | Marion County, IN |
| Jacksonville TGA, FL | Duval County, FL |
| Jersey City TGA, NJ | Hudson County, NJ |
| Las Vegas TGA, NV | Clark County, NV |
| Los Angeles EMA, CA | Los Angeles County, CA |
| Memphis TGA, TN | Shelby County, TN |
| Miami EMA, FL | Miami-Dade County, FL |
| New Orleans EMA, LA | Orleans Parish, LA |
| New York EMA, NY | Bronx County, NY |
| | Kings County, NY |
| | New York County, NY |
| | Queens County, NY |
| Newark EMA, NJ | Essex County, NJ |
| Oakland TGA, CA | Alameda County, CA |
| Orange County TGA, CA | Orange County, CA |
| Orlando EMA, FL | Orange County, FL |
| Philadelphia EMA, PA | Philadelphia County, PA |
| Phoenix EMA, AZ | Maricopa County, AZ |
| Riverside-San Bernardino TGA, CA | Riverside County, CA |
| | San Bernardino County, CA |
| Sacramento TGA, CA | Sacramento County, CA |
| San Antonio TGA, TX | Bexar County, TX |
| San Diego EMA, CA | San Diego County, CA |

| | |
|------------------------------|----------------------------|
| San Francisco EMA, CA | San Francisco County, CA |
| San Juan EMA, PR | San Juan Municipality, PR |
| Seattle TGA, WA | King County, WA |
| Tampa-St. Petersburg EMA, FL | Hillsborough County, FL |
| | Pinellas County, FL |
| Washington EMA, DC | District of Columbia, DC |
| | Montgomery County, MD |
| | Prince George's County, MD |
| West Palm Beach EMA, FL | Palm Beach County, FL |

RWHAP Part B:

States with Substantial Rural HIV Burden

Alabama
Arkansas
Kentucky
Mississippi
Missouri
Oklahoma
South Carolina

Other

Ohio (on behalf of Hamilton County, OH)

Appendix B: Funding Ranges (for Year One ONLY)

RWHAP Part A and Ohio:

| Tier 1 | Tier 2 | Tier 3 |
|---|---|---|
| Ceiling: \$ 9,000,000 Minimum: \$ 750,000 | Ceiling: \$ 4,000,000 Minimum: \$ 750,000 | Ceiling: \$ 2,000,000 Minimum: \$ 750,000 |
| Atlanta EMA, GA Baltimore EMA, MD Boston EMA, MA Chicago EMA, IL Dallas EMA, TX Fort Lauderdale EMA, FL Houston EMA, TX Los Angeles EMA, CA Miami EMA, FL New York EMA, NY Philadelphia EMA, PA Washington EMA, DC | Detroit EMA, MI New Orleans EMA, LA Newark EMA, NJ Orlando EMA, FL Phoenix EMA, AZ Riverside-San Bernardino TGA, CA San Diego EMA, CA San Francisco EMA, CA San Juan EMA, PR Tampa-St. Petersburg EMA, FL West Palm Beach EMA, FL | Austin TGA, TX Baton Rouge TGA, LA Charlotte-Gastonia TGA, NC Cleveland-Lorain-Elyria TGA, OH Columbus TGA, OH Fort Worth TGA, TX Indianapolis TGA, IN Jacksonville TGA, FL Jersey City TGA, NJ Las Vegas TGA, NV Memphis TGA, TN Oakland TGA, CA *Ohio (for Hamilton Co.) Orange County TGA, CA Sacramento TGA, CA San Antonio TGA, TX Seattle TGA, WA |

RWHAP Part B:

| State | Ceiling Amount \$ 2,000,000 | Minimum Amount \$ 750,000 |
|--|--------------------------------|------------------------------|
| Alabama Arkansas Kentucky Mississippi Missouri Oklahoma South Carolina | | |

Appendix C: Assurances

FY 2020 HRSA HAB *Ending the HIV Epidemic: A Plan for America* — Ryan White HIV/AIDS Program Parts A and B Funds Awards Agreements and Compliance Assurances

I, the Chief Elected Official of the State, Territory, Eligible Metropolitan Area or Transitional Grant Area or her/his official designee, hereby certify that:

- A. Pursuant to Section 311(c) of the Public Health Service Act (42 U.S.C. § 243(c)), these funds will be used specifically for the *Ending the HIV Epidemic: A Plan for America* — Ryan White HIV/AIDS Program Parts A and B initiative with the goal of reducing new HIV infections by 75 percent within five years.
- B. Pursuant to Section 311(c) and title XXVI of the Public Health Service Act, these funds will be allocated and administered in conjunction with other HRSA HAB funding provided under title XXVI of the Public Health Service Act and subject to the conditions specified in HRSA HAB Notice of Funding Opportunity HRSA-20-078.

SIGNED: _____ **Title:** _____
Chief Elected Official
or Official Designee

Date: _____