

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

[Office of Global Health](#)
Division of Global Programs

[Community-Led Monitoring \(CLM\) of HIV Services in \[Sierra Leone\]\(#\)](#)

Funding Opportunity Number: HRSA-21-099

Funding Opportunity Type(s): New

Assistance Listings (CFDA) Number: 93.266

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: July 19, 2021

*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: May 20, 2021

Carolyn Hall
Nurse Consultant
[PEPFAR](#) Program Implementation Team
Division of Global Programs
[Office of Global Health](#)
Telephone: (301) 443-2175
Email: CHall@hrsa.gov

Authority: Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601 *et seq.*], Public Law 110-293 (the Tom Lantos and Henry Hyde United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008), and Public Law 113-56 ([PEPFAR](#) Stewardship and Oversight Act of 2013).

EXECUTIVE SUMMARY

The [Health Resources and Services Administration](#) (HRSA) is accepting applications for the fiscal year (FY) 2021 [Community-Led Monitoring](#) (CLM) of HIV Services in [Sierra Leone](#). The purpose of this program is to use standardized data collection tools to conduct [CLM](#) of HIV services in 30 [PEPFAR](#) service sites in [Sierra Leone](#) for dissemination throughout the country to promote improvements in the national HIV response.

Funding Opportunity Title:	Community-Led Monitoring (CLM) of HIV Services in Sierra Leone
Funding Opportunity Number:	HRSA-21-099
Due Date for Applications:	July 19, 2021
Anticipated Total Annual Available FY 2022 Funding:	\$100,000
Estimated Number and Type of Award(s):	One (1) cooperative agreement
Estimated Award Amount:	\$100,000 per year, subject to the availability of appropriated funds.
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2021 through September 29, 2024 three (3) years
Eligible Applicants:	Domestic or foreign public or non-profit private entities, including schools of medicine, nursing, public health, management and public administration, and academic health centers, community based organizations, faith-based organizations, and consortia consisting of such organizations. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You are responsible for reading and complying with the instructions included in [HRSA's SF-424 Application Guide](http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf), 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, June 8, 2021

Time: 9 a.m. – 10:30 a.m. EST

Call-In Number: +1-833-568-8864

Participant Code: 160 258 6740

Weblink: <https://hrsa-gov.zoomgov.com/j/1602586740>

Table of Contents

I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION	1
1. PURPOSE	1
2. BACKGROUND	2
II. AWARD INFORMATION	3
1. TYPE OF APPLICATION AND AWARD	3
2. SUMMARY OF FUNDING	4
III. ELIGIBILITY INFORMATION	5
1. ELIGIBLE APPLICANTS	5
2. COST SHARING/MATCHING	5
3. OTHER	5
IV. APPLICATION AND SUBMISSION INFORMATION	5
1. ADDRESS TO REQUEST APPLICATION PACKAGE	5
2. CONTENT AND FORM OF APPLICATION SUBMISSION	6
i. <i>Project Abstract</i>	10
ii. <i>Project Narrative</i>	10
iii. <i>Budget</i>	13
iv. <i>Budget Narrative</i>	14
v. <i>Attachments</i>	15
3. DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER TRANSITION TO THE UNIQUE ENTITY IDENTIFIER (UEI) AND SYSTEM FOR AWARD MANAGEMENT (SAM)	16
4. SUBMISSION DATES AND TIMES	17
5. INTERGOVERNMENTAL REVIEW	17
6. FUNDING RESTRICTIONS	17
V. APPLICATION REVIEW INFORMATION	21
1. REVIEW CRITERIA	21
2. REVIEW AND SELECTION PROCESS	25
3. ASSESSMENT OF RISK	25
VI. AWARD ADMINISTRATION INFORMATION	26
1. AWARD NOTICES	26
2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS	26
3. REPORTING	27
VII. AGENCY CONTACTS	29
VIII. OTHER INFORMATION	30

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the [President's Emergency Plan for AIDS Relief](#) (PEPFAR) [Community-Led Monitoring](#) (CLM) of HIV Services in [Sierra Leone](#). The purpose of this program is to use standardized data collection tools to conduct [CLM](#) of HIV services in approximately 30 [PEPFAR](#) service sites in [Sierra Leone](#) for dissemination throughout the country to promote improvements in the national HIV response. This CLM program will use client feedback collected by trained community members in order to improve performance of PEPFAR service delivery.

Areas of focus include HIV prevention services, testing services, treatment services (including linkage, retention, and viral load testing), service provider perceptions, attitudes, practices, and client satisfaction with services provided. The recipient will present and analyze data in close collaboration with community representatives, healthcare providers, clients, government stakeholders, and facility managers to ensure dialogue and participation in identifying improvement opportunities, and implementing and monitoring solutions. Specifically, PEPFAR intends to utilize this program to focus on getting input from recipients of HIV services, especially key populations and underserved groups, in a routine and systematic manner that will translate into action and change.

The goal of this program is to improve HIV care and services for a better client experience, and, ultimately, improve health outcomes through [PEPFAR](#) site and service monitoring.

The objective of the program is to develop and conduct an assessment and reporting [CLM](#) system that reflects clients' experience in receiving quality HIV services in [Sierra Leone](#) and support stakeholder analysis with actionable insights.

Given the low overall national prevalence of HIV in [Sierra Leone](#), the [PEPFAR](#) program focuses on key and priority Populations. At sites where PEPFAR is providing support, CLM extends to all people living with HIV (PLHIV) and for any individual seeking HIV prevention and testing services. The [CLM](#) program in [Sierra Leone](#) will give voice to those individual community members [PEPFAR](#) serves, to strengthen the quality of service provision by ensuring feedback from PLHIV is captured and used to enhance program quality.

The [CLM](#) program will provide a clear description of challenges using quantitative and qualitative data to identify areas that need improvement across the HIV continuum of care, as well as areas that are of good quality. Monitoring efforts will include PEPFAR's [minimum program requirements](#) (MPR) as applicable. Collection of monitoring data should be triangulated with, but not duplicative of, other PEPFAR data streams. Per PEPFAR, CLM data should reflect an 'added value' and not duplicate collection of routine data already available to PEPFAR. 'Added value' monitoring data includes:

information from beneficiaries about their experience with the health facility, information about barriers and enablers to access and retention in services, etc.

Finally, this program will engage with in-country stakeholders to identify and support sustainable solutions that improve client care. Engagement will include discussions with government and non-government stakeholders at all levels to promote improvement of the patient experience.

2. Background

This program is authorized by Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601 *et seq.*], Public Law 110-293 ([the Tom Lantos and Henry Hyde United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008](#)), and Public Law 113-56 ([PEPFAR Stewardship and Oversight Act of 2013](#)).

Since its inception, [PEPFAR](#) has invested over \$85 billion in the global HIV/AIDS response, saving over 18 million lives, preventing millions of HIV infections, and accelerating progress toward controlling the global HIV/AIDS epidemic.

[PEPFAR's](#) investments continue to strengthen the systems that drive client-centered and sustainable health care. These investments create a lasting health system for partner countries to confront other current and future health challenges, enhance global health security, and protect America's borders. The HIV/AIDS pandemic constantly evolves in every community and country and PEPFAR continually adapts to address new risk groups, new health challenges and persistent gaps.

Under the leadership of the [Office of the U.S. Global AIDS Coordinator](#) (OGAC), as part of the U.S. Government's global HIV response, HRSA has been a significant contributor to PEPFAR's achievements. HRSA's work builds on the agency's domestic and international experience and expertise by improving outcomes along the HIV care continuum for PLHIV. Domestically, HRSA's programming includes integrations with other bureaus in the agency, such as the [HIV/AIDS Bureau](#) (HAB) and [Bureau of Primary Health Care](#) (BPHC). HAB provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income PLHIV who are uninsured and underserved. More than half of PLHIV receive services through the Ryan White HIV/AIDS Program each year. This means more than half a million people received services through the program. BPHC oversees the Health Center Program, a national network of health centers that provide comprehensive primary health care services to more than 27 million people nationwide, regardless of a patient's ability to pay, charging for services on a sliding fee scale. These health centers play an important role in "Ending the HIV Epidemic," by serving as a key point of entry for medical care for people previously undiagnosed with HIV. Integrating HIV services into primary care delivery is critical for success, both for health centers and for patients living with HIV. They emphasize coordinated and comprehensive care, and have the ability to manage patients with multiple health care needs.

HRSA continues to work with host countries and with other key partners to assess the needs of each country and design a customized program of assistance that fits within

the host country's strategic plan. PEPFAR guidance changes regularly; therefore recipients will consistently monitor, adapt, and align their program activities with current PEPFAR guidelines.

For project success, the ideal applicant will be community-based organizations (CBOs) or other civil society groups, or networks of Key Populations (KP), PLHIV, people with disabilities, or other affected groups or community entities. Organizations would be registered and based in Sierra Leone. These types of organizations will have the capacity to gather quantitative and qualitative data about HIV service delivery, and have missions and activities that focus on HIV programming. A consortium of qualifying organizations with these characteristics could also be successful. See further information in Section IV Organizational Information and V. Resources and Capabilities. [Sierra Leone](#) has well developed civil society organizations, many supported through the [Global Fund](#), with one or more supporting the overall national HIV response and others supporting key and priority populations. PEPFAR is supporting CLM for the first time in the U.S. Fiscal Year 2021.

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 HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

HRSA program involvement will include:

- Participate in discussions for planning, implementing, and evaluating program activities, including the identification and selection of additional in-country impact partners.
- Assist in the coordination and collaboration among program partners, such as the [Office of the U.S. Global AIDS Coordinator and Health Diplomacy](#) (OGAC), other [HHS](#) agencies, the [USAID](#), foreign governments, international donors, and other key stakeholders.
- Participate, as appropriate, in planning and producing meetings or workgroups conducted during the period of performance.
- Maintain an ongoing dialogue with the recipients of this cooperative agreement concerning program plans, policies, and other issues that have major implications for any activities under the cooperative agreement.
- Review and provide comments and recommendations for documents, curricula, program plans, budgets, contracts, personnel (including consultants), revisions of work plans, etc., prior to printing, dissemination, or implementation.
- Support the engagement of relevant stakeholders and assist in developing and periodically reviewing the recipients' three-year monitoring and evaluation plan (M&E), ensuring compliance with the strategic information guidance established by [OGAC](#).

- Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic information, project management, confidential counseling and testing, palliative care, treatment literacy, and adult learning techniques.
- Support access to the expertise of HRSA personnel and other relevant resources to the project.
- Participate in the dissemination of project findings, best practices, and lessons learned across the initiative.

The cooperative agreement recipient's responsibilities will include:

- Close collaboration with HRSA, the government of [Sierra Leone](#), in-country U.S. Government (USG) teams, and other key stakeholders to gain a greater understanding of the historical context of the country, health system and other factors that affect HIV service delivery and the state of the nation. Identified priorities will build consensus, and efficiently plan and coordinate successful interventions for the highest impact.
- Consultation with HRSA and field teams as applicable, to inform HRSA on program progress and barriers encountered, identify jointly planned activities, and discuss matters that require HRSA input and approval.
- Implementation of strategies for facilitating scale-up and sustainability of activities supported under this agreement that include building on and strengthening previous and/or existing efforts by governments, local networks, and institutions that benefit the populations served. Strategies should strengthen indigenous capacity in all aspects of the agreement.
- Development and execution of a final monitoring and evaluation (M&E) plan within the first six months of the period of performance, in consultation with HRSA and key stakeholders.
- Support for evidenced based interventions that address stigma and other social barriers of HIV service delivery.
- A recognition of the HIV service needs of the people of [Sierra Leone](#) with their unique history and national context. Activities will identify post-conflict, resource-poor, or policy-poor considerations that possess uniquely complicated characteristics and will require a customized approach.

2. Summary of Funding

HRSA estimates approximately \$100,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$100,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 30, 2021 through September 29, 2024 (three years). Funding beyond the first fiscal year is subject to the availability of appropriated funds for [CLM](#) in [Sierra Leone](#) in subsequent fiscal years, satisfactory recipient performance and a decision that continued funding is in the best interest of the Federal Government.

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

Grants to foreign organizations and foreign public entities that implement fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of 8 percent of Modified Total Direct Cost (MTDC) exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$25,000.

III. Eligibility Information

1. Eligible Applicants

Domestic or foreign public or non-profit private entities, including schools of medicine, nursing, public health, management and public administration, and academic health centers, community based organizations, faith-based organizations, and consortia consisting of such organizations are eligible to apply.

2. Cost Sharing/Matching

Cost sharing is not required for this program.

3. Other

PEPFAR-funded implementing partners or sub-awardees who currently work on service delivery at the site level are not eligible for CLM funding.

HRSA will consider any application that fails to satisfy the deadline requirements referenced in [Section IV.4](#) as 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 select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on [Grants.gov](https://www.grants.gov). You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

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 included in the page limit may not exceed the equivalent of **60 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form “Project_Abstract Summary.” Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to respond appropriately 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.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, 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 11: 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:

Project Level Activities

[CLM](#) is key to ensuring availability, access, and delivery of high quality HIV prevention, testing, care and treatment services. [CLM](#) empowers patients and communities to seek services, increase health literacy, expand engagement with health service delivery, and demand accountability from the health system. [CLM](#) is essential for surfacing stigma and discrimination, intimate partner violence and other forces affecting safe, ethical, and effective HIV prevention, testing, and treatment services.

The primary activity of this cooperative agreement is to conduct [CLM](#) of HIV services in Sierra Leone. This includes prevention, testing and treatment (linkage, retention and viral load testing) services, as well as monitoring of service provider perceptions, attitudes, practices, and client satisfaction. PEPFAR requires that services be client-friendly, including such differentiated service delivery options as appointment spacing and multi-month medication dispensing. [CLM](#) provides an opportunity to ensure these services meet the needs of the clients. To ensure dialogue and participation in identifying improvement opportunities, and implementing and monitoring solutions, you will present results for analysis in collaboration with community representatives, providers, and facility managers.

[CLM](#) is a technique initiated and implemented by local community-based organizations and other civil society groups, networks of key populations (KP), PLHIV, and other affected groups, or other community entities that gather quantitative and qualitative data about HIV services. The focus is on getting input from recipients of HIV services in a routine and systematic manner that will translate into action and change.

You will be responsible for the following activities:

1. A protocol and tools for administering [CLM](#), covering the provision of high-quality HIV prevention services, testing services, HIV treatment services (including linkage, retention, and viral load testing), service provider perceptions, attitudes and practices, patient satisfaction, stigma and discrimination. The protocol and tools must support a community-informed systematic approach to collecting actionable information and will ultimately support timely course-corrective improvement in service delivery and client satisfaction. Information collected should support analysis among sub-populations such as specific KP, adolescents, etc. to facilitate customized solutions.
2. Assessment of site-level activities to assure compliance with PEPFAR [Minimum Program Requirements](#) such as the prohibition on user fees for any HIV-related services.
3. A systematic process for analyzing [CLM](#) information and formulating recommendations. You should include a description of the frequency of

data collection, analysis, and dissemination. You should also identify stakeholders to be included in these processes. Allow for community and host country government development of the specific metrics, measures, or tools to be used for CLM. Metrics or measures should be tailored to a given context and address the specific needs and concerns of community members. A [CLM](#) Technical Working Group (TWG), with representation from the joint [United Nations Programme on HIV/AIDS](#), Key Populations (KP) Civil Society Organizations (CSOs), and government stakeholders is an example of possible stakeholder engagement, but this is an example and not as a specific requirement.

4. Communication and collaboration that includes:
 - A. System for sharing lessons-learned and solutions, prioritizing all PEPFAR-supported sites.
 - B. In collaboration with HRSA, establishment of site-level or district-level feedback meetings where none exists.
 - C. Participation in any meetings with a PEPFAR [CLM](#) Task Force or other National [CLM](#) Steering Committee to provide in-depth discussion of work and results at both the national and district levels.
 - D. Options for supporting victims of intimate partner violence such as by linked referrals and follow-up.
 - E. Options for reporting and following up on reports of stigma and discrimination associated with HIV testing and treatment services.
 - F. Participation in any site-level or district-level structured feedback meetings.
5. A monitoring and evaluation plan to show outcomes and impact. This might include periodic case studies showing the issues identified, the solutions, and the follow-up information to confirm that the solution was maintained and has resulted in improved client satisfaction or service outcomes that are defined and measurable. This is included here as an example and not as a specific requirement.

You should keep in mind and incorporate the following guidance:

- The unique needs of key and priority populations need to be accommodated and advanced in the implementation of this program.
- [CLM](#) supports activities to assure consistent achievement of results and to support further progress through advocacy and use of additional ideas for continuous improvement.
- [CLM](#) data must be collected using standardized tools and synthesized through a variety of methods that reveal actionable insights from communities about challenges and/or issues identified with HIV service delivery.
- You may not use data collected for research purposes, and the protocol and tools may be subject to review for non-research determination.

You must have the capability to collaborate at the national level with PEPFAR, [Sierra Leone](#) officials, and key community-focused stakeholders, and at the local level with health facility staff and clients receiving PEPFAR-supported services.

You must be able to implement a monitoring program to promote cooperation in addressing HIV service delivery related issues, encourage constituencies to share their experiences, and facilitate joint action that improves the quality, efficiency, and effectiveness of HIV services in [Sierra Leone](#).

The PEPFAR Guidance for the 2022 U.S. Federal Fiscal Year (FY22), which begins October 1, 2021, offers additional information on PEPFAR's description and expectations for [CLM](#).

More information and tools on PEPFAR's approach to [CLM](#) are available at the following websites:

- https://www.state.gov/wp-content/uploads/2020/07/PEPFAR_Community-Led-Monitoring_Fact-Sheet_2020.pdf
- <https://www.pepfarsolutions.org/tools-2/2020/3/12/community-led-monitoring-implementation-tools>

You are encouraged to consult these sources in developing your application.

PEPFAR currently supports sites in Western Area Urban and Rural, Port Loko and Kambia Districts, with plans to expand to Bo District in October 2021. The PEPFAR program will be supporting approximately 30 PEPFAR supported sites.

Given the low overall national prevalence, the PEPFAR program in [Sierra Leone](#) focuses on key and priority populations, though that the sites where PEPFAR is providing support, support extends to all PLHIV and for any individual seeking HIV prevention and testing services.

While this initiative focuses on PEPFAR-supported districts and sites, the data, insights, and solutions are to be shared broadly to promote improvements across the entire national HIV response in [Sierra Leone](#).

You are encouraged to use the following models and tools to carry out monitoring activities:

- Community scoping tool
- Community treatment observatory model and associated tools
- Digital app with scorecard and dashboard functionality
- Dashboard (generated on the back end of app)

You may include activities and associated costs to strengthen internal capacity to administer USG funds and implement the program.

You should describe actions to achieve rapid introduction and scale-up of activities following award including details of timeline and scale of activities.

You should also describe approaches to reaching any sub-populations such as pediatrics, adolescent girls and young women, and key and priority populations.

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment. For the information content required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

ii. Project Narrative

- **INTRODUCTION** -- Corresponds to Section V's Review [Criterion 1 : NEED](#)
 - Briefly describe the purpose of the proposed project.
- **NEEDS ASSESSMENT** -- Corresponds to Section V's Review [Criterion 1: NEED](#)
 - Outline the needs of the community. Describe and document the HIV population and priority sub-populations in Sierra Leone and their unmet health needs. Use and cite demographic data whenever possible to support the information provided. Discuss any relevant barriers in the service area that the project hopes to overcome. This section will help reviewers understand the community and that you will serve with the proposed project.
- **METHODOLOGY** -- Corresponds to Section V's Review [Criterion 2: RESPONSE](#)

Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO:

 - 1 A protocol and tools for administering [CLM](#), covering the provision of high-quality HIV prevention services, testing services, HIV treatment services (including linkage, retention, and viral load testing), service provider perceptions, attitudes and practices, patient satisfaction, stigma and discrimination. The protocol and tools must support a systematic, client-informed approach to collecting actionable information and will ultimately support course-corrective improvement in service delivery and client satisfaction. Information collected should support analysis among sub-populations such as specific KP, adolescents, etc. to facilitate customized solutions. Please label your response as M1.
 - 2 Assessment of site-level activities to assure compliance with PEPFAR [Minimum Program Requirements](#) (MPRs) such as the prohibition on user fees for any HIV-related services. <https://www.state.gov/wp-content/uploads/2021/02/PEPFAR-COP21-Guidance-Final.pdf> Please label your response as M2.
 - 3 A systematic process for analyzing CLM information and formulating recommendations. You should include a description of the frequency of data collection, analysis, and dissemination. You should also identify stakeholders to be included in these processes. A [CLM](#) Technical Working Group (TWG), with representation from the [UNAIDS](#), Sierra Leone's [NACP](#), KPs CSOs, are examples of possible stakeholder engagement, but this is offered here as an example and not as a specific requirement. Please label your response as M3.

4 Communication and collaboration that includes:

- G. System for sharing lessons-learned and solutions across all PEPFAR supported sites.
- H. In collaboration with HRSA, establishment of site-level or district-level feedback meetings where none exists.
- I. Participation in any meetings with a PEPFAR [CLM](#) Task Force or other National [CLM](#) Steering Committee to provide in-depth discussion of work and results at both the national and district levels.
- J. Options for supporting victims of intimate partner violence such as by linked referrals and follow-up.
- K. Options for reporting and following up on reports of stigma and discrimination associated with HIV testing and treatment services.
- L. Participation in any site-level or district-level structured feedback meetings

Please label your response for these communication and collaboration activities as M4.

Propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. Please label your response as M5.

As appropriate, include development of effective tools and strategies for ongoing staff training, outreach, collaborations, clear communication, and information sharing/dissemination with efforts to involve patients, families, and communities. Include a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information. Include a description of any innovative methods that you will use to address the stated needs.

▪ **WORK PLAN -- Corresponds to Section V's Review [Criteria 2: RESPONSE](#) and [4: IMPACT](#)**

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders (including clients) in planning, designing, and implementing all activities, including developing the application.

Discuss how goals and objectives directly relate to the requirements and expectations of this initiative. Provide a work plan that demonstrates how the outcomes, strategies, and activities will take place over the course of the award. Include a detailed work plan for the first year of the project and a high-level plan for the two subsequent years.

The work plan should include goals, objectives, and outcomes that are SMART (specific, measurable, achievable, realistic, and time-measured). Include all aspects of planning, implementation, and evaluation. The work plan should relate

to the needs identified in the needs assessment and to the activities described in the project narrative with a minimum of the following:

- Interventions for each goal.
 - Activities for each intervention.
 - Responsible staff to complete or monitor each activity.
 - Anticipated timeline for activity, intervention, and completion.
- The work plan should include sufficient detail to support understanding while recognizing that you will revise the work plan after the cooperative agreement is awarded and after initial consultations with HRSA and in-country stakeholders. Include the project's 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 approaches that you will use to resolve such challenges. Discuss the strength of your methodology in identifying and responding to these challenges. Describe how the five districts will be covered in your work plan, implementation and reporting.

EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's [Review Criteria 3: EVALUATIVE MEASURES](#) and [5: RESOURCES/CAPABILITIES](#)

Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

The monitoring and evaluation plan must show outcomes and impact. This might include periodic case studies showing the issues identified, the solutions, and the follow-up information to confirm that the results were sustained and improved client satisfaction or service outcomes that are defined and measurable. This is included here as an example and not as a specific requirement.

- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review [Criterion 5: RESOURCES/CAPABILITIES](#)**
- Provide information demonstrating that the applicant is a community-based organization (CBOs) or other civil society group; a network of KP, PLHIV, people with disabilities, other affected groups or community entities; or a consortium of such organizations; is registered and based in Sierra Leone; and has the capacity to gather quantitative and qualitative data about HIV service delivery and whose mission and activities focus on HIV programming.

Succinctly describe your organization's mission, structure, and scope of current activities; its familiarity with the community and its needs based on interactions and observations obtained through community-based, immersive experience; and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Include an organizational chart. Discuss how the organization and each personnel will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe how you will routinely assess and improve the unique needs of target populations of the communities served.

Describe the previous projects in Sierra Leone that reflect the expertise of proposed personnel in working collaboratively with Ministerial, education institutions, regulatory bodies, health management teams, other USG-funded programs, and stakeholders. Explain how your activities at nation, district and site and community levels have demonstrated effective results and relationships.

Describe how you assessed, developed and implemented aspects of the HIV care continuum and international best practices for HIV service delivery at site and community levels in Sierra Leone. It may be helpful to present in chart form the partners and Government of Sierra Leone timeframes, inputs, outputs and results.

Describe your networks of CSOs throughout Sierra Leone, including a description of the diversity of populations and geographic area. Explain how you utilize, contribute and sustain existing relationships with KPs and Civil Society Organizations (CSOs) in Sierra Leone.

iii. Budget

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 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, may 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) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

In addition, the [Community-Led Monitoring](#) (CLM) of HIV Services in Sierra Leone Program requires the following:

- Provide a program-specific line item budget for each year of the three-year period of performance using the object class categories in the SF-424A. List personnel separately by position title and the name of the individual for each position title, or note if position is vacant. You should upload the line item budget for each of the three years as an attachment to the application as **Attachment 6**. The budget allocations on the line item must relate to the activities proposed in the project narrative, including the work plan. The line item budget requested for each year must not exceed the total funding ceiling amount. In addition, the amounts requested on the SF-424A and the amounts listed on the line item budget must match.
- Indirect costs on grants awarded to foreign organizations and performed outside of the territorial limits of the United States may support the costs of compliance with federal requirements at a fixed rate of eight (8) percent of modified total direct costs. These costs exclude tuition and related fees, direct expenditures for equipment, and sub-awards and contracts under the grant in excess of \$25,000.
- Allocation of multiple indirect cost rates: For institutions of higher education and nonprofits that have indirect costs benefitting major programs disproportionately, indirect rates will vary.

The Further Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 Salary Limitation does **not** apply to this program.

iv. Budget Narrative

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

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

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. **Clearly label each attachment.**

Attachment 1: Work Plan, required

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](#)), required

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

Attachment 3: Biographical Sketches of Key Personnel, required

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), required

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

Attachment 5: Project Organizational Chart, required

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

Attachment 6: For Multi-Year Budgets

You must provide a program-specific line item budget for each year of the three-year period of performance using the object class categories in the SF-424A. List personnel separately by position title and the name of the individual for each position title, or note if position is vacant.

Attachment 7: Indirect Cost Rate Allocation Agreement or Plan, if applicable

If you are requesting indirect costs, attach current HHS Negotiated Indirect Cost Rate Agreement.

Attachment 8: Global Health Federal Grants and/or Cooperative Agreements, required

Provide a table that lists the qualifying global health grants, cooperative agreements, and/or contracts, source of funding; name of project director/principal investigator; institution holding the award; grant, cooperative agreement, or contract number; total amount of award; and end date. The table may include all collaborating institutions listed in this application to meet the requirement.

Attachment 9: Past Performance References, required

You must provide up to three past performance references (required).

Attachment 10: Evaluation Tools, optional

Include in this attachment any evaluation tools that you have developed and plan to use for this project.

Attachment 11: Other Relevant Documents

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

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid [DUNS](#) number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. In April 2022, the *[DUNS](#) number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

You must also register with 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)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed 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.

*Currently, 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.

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at [SAM.gov](#).

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 *July 19, 2021 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 [CLM](#) of HIV Services in [Sierra Leone](#) Program 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 up to three years, at no more than \$100,000 per year (inclusive of direct **and** indirect costs).

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 H of the Further Consolidated Appropriations Act, 2021 (P.L. 116-260) do **not** apply to this program.

Recipients may not use funds for research. Certain activities that may require human subjects review due to institutional requirements but that are generally considered not to constitute research (e.g., formative assessments, surveys, disease surveillance, program monitoring and evaluation, field evaluation of diagnostic tests, etc.) may be funded through this mechanism. If research is proposed, the application will not be reviewed. The following descriptions from CDC can assist with the distinctions: <https://www.cdc.gov/os/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>

In addition, please note the following:

- Consistent with numerous United Nations Security Council resolutions, including UNSCR 1267 (1999), UNSCR 1368 (2001), UNSCR 1373 (2001), UNSCR 1989 (2011), and UNSCR 2253 (2015) (<https://www.un.org/sc/suborg/en/sanctions/unsc-consolidated-list>), both HRSA and the recipient are firmly committed to the international fight against terrorism, and in particular, against the financing of terrorism. Funds may not be used, directly or indirectly, to provide support to individuals or entities associated with terrorism. In accordance with this policy, the recipient agrees to use reasonable efforts to ensure that none of the HRSA funds provided under this award are used to provide support to individuals or entities associated with terrorism, including those identified on the United States Department of Treasury Office of Foreign Assets Control Specially Designated Nationals List (<https://www.treasury.gov/resource-center/sanctions/SDNList/Pages/default.aspx>). This provision must be included in all subagreements, including contracts and subawards, issued under this award.
- No funds or other support provided under the award may be used for support to any military or paramilitary force or activity, or for support to any police, prison authority, or other security or law enforcement forces without the prior written consent of HRSA.
- Funds may not be used, directly or indirectly, to provide support to individuals or entities designated for United Nations Security Council sanctions. In accordance with the policy, the recipient agrees to use reasonable efforts to ensure that none of the funds provided under this award are used to provide support of individuals or entities designated for UN Security Council Sanctions (compendium of Security Council Targeted Sanctions Lists at: <https://www.un.org/sc/suborg/en/sanctions/un-sc-consolidated-list>). This provision must be included in all subagreements, including contracts and subawards, issued under this award.
- No funds or other support provided hereunder may be used for any activity that contributes to the violation of internationally recognized worker rights in the recipient country. In the event the recipient is requested or wishes to provide assistance in areas that involve workers' rights or the recipient requires

clarification from HRSA as to whether the activity would be consistent with the limitation set forth above, the recipient must notify HRSA and provide a detailed description of the proposed activity. The recipient must not proceed with the activity until advised by HRSA that it may do so. The recipient must ensure that all employees and subcontractors and subrecipients providing employment-related services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder. The term “internationally recognized worker rights” includes the right of association; the right to organize and bargain collectively; a prohibition on the use of any form of forced or compulsory labor; a minimum age for the employment of children, and a prohibition on the worst forms of child labor; and acceptable conditions of work with respect to minimum wages, hours of work, and occupational safety and health. The term “worst forms of child labor” means all forms of slavery or practices similar to slavery, such as the sale or trafficking of children, debt bondage and serfdom, or forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict; the use, procuring, or offering of a child for prostitution, for the production of pornography or for pornographic purposes; the use, procuring, or offering of a child for illicit activities in particular for the production and trafficking of drugs; and work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children, as determined by laws and regulations.

HRSA reserves the right to terminate this award or take other appropriate measures if the recipient or a key individual of the recipient is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

The Applicant agrees not to disburse, or sign documents committing the Applicant to disburse funds to a subrecipient designated by HRSA until advised by HRSA that: 1) any United States Government review of the subrecipient and its key individuals has been completed; 2) any related certifications have been obtained; and 3) the assistance to the subrecipient has been approved.

The Applicant shall insert the following clause, or its substance, in its agreement with its subrecipient: The Applicant reserves the right to terminate this Agreement or take other appropriate measures if the [subrecipient] or a key individual of the [subrecipient] is found to have been convicted of a narcotic offense or to have been engaged in drug trafficking as defined in 22 CFR part 140.

An organization, including a faith-based organization, that is otherwise eligible to receive funds under this award for HIV/AIDS prevention, treatment, or care —

1. Shall not be required, as a condition of receiving such assistance —
 - a. To endorse or utilize a multi-sectoral or comprehensive approach to combating HIV/AIDS; or
 - b. To endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and

2. Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a.) above.

Information provided about the use of condoms as part of projects or activities HRSA-21-096 22 funded under the award must be medically accurate and must include the public health benefits and failure rates of such use.

Funds made available under this award must not be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

No funds or other support provided hereunder may be used to provide a financial incentive to a business enterprise currently located in the United States for the purpose of inducing such an enterprise to relocate outside the United States if such incentive or inducement is likely to reduce the number of employees of such business enterprise in the United States because United States production is being replaced by such enterprise outside the United States.

- In the event the recipient requires clarification from HRSA as to whether the activity would be consistent with the limitation set forth above, the recipient must notify HRSA and provide a detailed description of the proposed activity. The recipient must not proceed with the activity until advised by HRSA that it may do so.
- The recipient must ensure that its employees and subcontractors and subrecipients providing investment promotion services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.

No funds made available under this award may be used for needle exchange programs.

Trafficking in Persons Provision:

- No recipient or subrecipient under this Agreement that is a private entity may, during the period of time that the award is in effect:
 - Engage in trafficking in persons, as defined in the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime;
 - Procure any sex act on account of which anything of value is given to or received by any person; or
 - Use forced labor in the performance of this award.
- If HRSA determines that there is a reasonable basis to believe that any private party recipient or subrecipient has violated the above or that an employee of the recipient or subrecipient has violated such a prohibition where the employee's conduct is associated with the performance of the award or may be imputed to the recipient or subrecipient, HRSA may, without penalty, 1) require the recipient to terminate immediately the contract or subaward in question or 2) unilaterally terminate this Agreement in accordance with the termination provision.

- For purposes of this provision, “employee” means an individual who is engaged in the performance in any part of the project as a direct employee, consultant, or volunteer of any private party recipient or subrecipient.
- The Applicant must include in all subagreements, including subawards and contracts, a provision prohibiting the conduct described above by private party subrecipients, contractors, or any of their employees.

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](#).

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 Community-Led Monitoring (CLM) of HIV Services in Sierra Leone Program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criteria	Points
Criterion 1: <i>Need</i>	10
Criterion 2: <i>Response</i>	35
Criterion 3: <i>Evaluative Measures</i>	10
Criterion 4: <i>Impact</i>	10
Criterion 5: <i>Resources/Capabilities</i>	25
Criterion 6: <i>Support Requested</i>	10
TOTAL	100

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

The extent to which the application demonstrates the problem and associated contributing factors to the problem. The applicant should describe what they know about the current state of client friendly services and their understanding of the challenges related to the HIV cascade in Sierra Leone.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV’s [Methodology](#), [Work Plan](#), and [Resolution of Challenges](#)

The extent to which the proposed project responds to the “[Purpose](#)” included in the program description, including concise response to items M1 – M5 in the Methodology Section, which may be strengthened by a real or illustrative example, and depicted in the Work Plan. The extent of the strength of the proposed goals and objectives and their relationship to the identified project.

The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives as described in the Methodology, Work Plan and Resolution of Challenges for each of the following sub-categories:

M1 – Methodology for a protocol and tools for administering [CLM](#), covering the provision of high-quality HIV prevention services, testing services, HIV treatment services (including linkage, retention, and viral load testing), service provider perceptions, attitudes and practices, patient satisfaction, stigma, and discrimination. The protocol and tools must support a systematic approach to collecting actionable information and will ultimately support course-corrective improvement in service delivery and client satisfaction. Information collected should support analysis among sub-populations such as specific KP, adolescents, etc. to facilitate customized solutions. (6 points)

M2 – Methodology for assessment of site-level activities to assure compliance with PEPFAR [Minimum Program Requirements](#) (MPRs) such as the prohibition on user fees for any HIV-related services. (11 points)

M3 – Methodology for analyzing CLM information and formulating recommendations. The application should include a description of the frequency of data collection, analysis, and dissemination. Applications should also identify stakeholders to be included in these processes. (5 points)

M4 – Methodology of the communication and collaboration strategy that includes:

- System for sharing lessons-learned and solutions across all PEPFAR supported sites.
- In collaboration with HRSA, establishment of site-level or district-level feedback meetings where none exists.
- Participation in any meetings with a PEPFAR [CLM](#) Task Force or other National [CLM](#) Steering Committee to provide in-depth discussion of work and results at both the national and district levels.

- Options for supporting victims of intimate partner violence such as by linked referrals and follow-up.
- Options for reporting and following up on reports of stigma and discrimination associated with HIV testing and treatment services.
- Participation in any site-level or district-level structured feedback meetings
(10 points)

M5 – Methodology for sustainability after funding period ends. HRSA expects recipients to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. (3 points)

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

The strength and effectiveness of the application's plan for performance evaluation, which demonstrates the applicant's familiarity with the community and its needs, based on interactions and observations obtained through community-based, immersive experience, along with the method proposed to monitor and evaluate the project results. The extent that the monitoring and evaluation plan will demonstrate outcomes and impact. 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.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's [Work Plan](#)

The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include: the effectiveness of plans for dissemination of project results, the impact results may have on the community or target population, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the this funding.

The extent to which the applicant intends to successfully monitor, and rely on data, to manage performance, and to intervene as necessary; and any proposed approaches to explore and introduce new and innovative solutions to achieve results and cultivate sustainability.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity: sub-section \(a\)](#); and [Organizational Information: sub-section \(b\)](#).

The extent to which the applicant is a community-based organization (CBOs) or other civil society group; a network of Key Populations (KP), PLHIV, people with disabilities, other affected groups or community entities; or a consortium of such organizations; is registered and based in Sierra Leone; and has the capacity to gather quantitative and qualitative data about HIV service delivery and whose mission and activities focus on HIV programming project personnel are qualified by training and/or experience to implement and carry out the project in Sierra Leone.

The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project in Sierra Leone.

5(a) Evaluation and Technical Support Capacity (10 points)

The extent to which the applicant demonstrates capabilities to gather and communicate quantitative and qualitative data about client-centered HIV service delivery in Sierra Leone

- The organization's mission, structure, and scope of current activities, and the degree these elements contribute to the organization's technical ability to implement the program requirements and meet program expectations.
- An organizational chart depicts the structure of the organization.
- The organization will routinely assess and improve the unique needs of target populations of the communities served.
- The organization assesses, develops and implements aspects of the HIV Care continuum and international best practices for client-centered HIV service delivery at site and community levels in Sierra Leone.
- The applicant describes how they assess, develop and implement aspects of the HIV Care continuum and international best practices for client-centered HIV service delivery at site and community levels in Sierra Leone.

5(b) Organizational Information (15 points)

The extent to which the applicant

- Provides information demonstrating that the applicant is a community-based organization (CBOs) or other civil society group; a network of Key Populations (KP), PLHIV, people with disabilities, other affected groups or community entities; or a consortium of such organizations; is registered and based in Sierra Leone; and whose mission and activities focus on HIV programming.
- Succinctly describes their organization's mission, structure, and scope of current activities; its familiarity with the community and its specific HIV-related needs based on interactions and observations obtained through community-based, immersive experience; and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations.
- Has implemented previous projects in Sierra Leone that reflect the expertise of proposed personnel in working collaboratively with Ministerial, education institutions, regulatory bodies, health management teams, other USG-funded programs, and stakeholders; and how well the activities at nation, district and site and community levels have demonstrated effective results and relationships.
- Has networks of CSOs throughout Sierra Leone, including a diversity of populations and geographic areas; and the degree they utilize, contribute and sustain existing relationships with Key Populations and Civil Society Organizations (CSOs) in Sierra Leone.

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, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

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. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors described below in selecting applications for award. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

Other Funding Factor

This program includes the following funding factor for consistency with guidance from the State Department [Community-Led Monitoring](#) as part of PEPFAR:

PEPFAR implementing partners who currently work on service delivery at the site level are not eligible for CLM funding, even if they will sub-grant to a local civil society organization.

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.

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 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 September 30, 2021. 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](#).

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion.

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, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. 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 grant-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 copyright license and data rights.

Human Subjects Protection

Federal regulations ([45 CFR part 46](#)) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

Prostitution and Sex Trafficking

A standard term and condition of award will be included in the final notice of award; all recipients will be subject to a term and condition that none of the funds made available under this award may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. In addition, non-United States nongovernmental organizations will also be subject to an additional term and condition requiring the organization's opposition to the practices of prostitution and sex trafficking.

NOTE: Any enforcement of this provision is subject to courts' orders in *Alliance for Open Society International v. USAID* (See, e.g., S.D.N.Y. 05 Civ. 8209, Orders filed on January 30, 2015 and June 6, 2017, granting permanent injunction).

PEPFAR Branding

All PEPFAR-funded programs or activities must adhere to [PEPFAR branding guidance](#), which includes guidance on the use of the PEPFAR logo and/or written attribution to PEPFAR.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions

3. Reporting

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

1) Initial Work Plan and Budget

- a. Issued by the NOA awarded at the beginning of the project start date.

2) Integrity and Performance Reporting. The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

3) Non-Competing Continuation Progress Report

- a. Annual Work Plan
- b. Budget Documents

4) Semi-Annual Progress Reports

The report shall describe progress made during the reporting period and assess overall progress to that date. The reports shall also describe the accomplishments of the recipient and the progress made during the past reporting period and shall include information on all activities, both ongoing and completed during that reporting period. The progress reports shall highlight any issues or problems that are affecting the delivery or timing of services provided by the recipient. The reports will include financial information on the expense incurred, available funding for the remainder of the activity, and any variances from planned expenditures.

5) PEPFAR Performance Reports

The recipient will be required to prepare and submit performance reports that reflect detailed data on achievements and targets as identified by PEPFAR guidance. See PEPFAR-specific guidance below.

6) Monitoring and Evaluation Plan

The M&E plan should be developed and submitted as a prior approval as outlined in the notice of award to include the data collection plan which discusses the data flow, collection tools, baseline data collection, and data quality assessments; discussion of the monitoring plan which includes how progress to targets will be measured, a trends analysis, work plan review, periodic stakeholder meetings, and evaluation plan; and data dissemination which includes a discussion about the donor reports, stakeholder meetings, international meetings, networking, and research publications. In those instances when the recipient works to enhance health care workers skills, the M&E plan should include methods for measuring improvement of skills.

7) Quarterly PEPFAR Obligation and Outlays Reports

The recipient will submit to HRSA a quarterly financial report within 20 days after the end of the USG's first fiscal year quarter, and quarterly thereafter. The recipient must provide the quarterly financial reports in summary and by cost category and contain at a minimum:

- Total funds awarded to date by HRSA;
- Total funds previously reported as expended by recipient by the main line items;
- Total funds expended in the current quarter by the recipient by the main line items; and
- Total un-liquidated obligations by main line items; and unobligated balance of HRSA funds.

8) PEPFAR Reporting Requirements

Progress towards achieving the anticipated results must be tracked by outcomes and outputs. Progress towards targets should be disaggregated by year, country, and other factors as outlined in the applicant's Monitoring and Evaluation Plan. PEPFAR reporting requirements include monitoring, evaluation, and reporting indicators (MER), SIMS, weekly, quarterly, and annual reports.

9) PEPFAR Monitoring, Evaluation, and Reporting (MER):

- The recipient's Evaluation and Performance Measurement Plan must align with the strategic information guidance established by the [Office of the U.S. Global AIDS Coordinator](#) (OGAC) and other HRSA requirements, including [PEPFAR's MER strategy](#)
- Quarterly MER data is submitted by recipient into Data for Accountability, Transparency, and Impact (DATIM).

10) Site Improvement through Monitoring System (SIMS):

- SIMS is a PEPFAR site visit performed by the U.S. Government to increase accountability and monitoring. HRSA or its designee will undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HRSA or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate, and verify the appropriate implementation of activities and use of HRSA funding under this cooperative agreement, and must require a provision to this effect in all subawards or contracts financed by funds under this award.

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340](#) - Termination apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

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

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

Carolyn Hall
Nurse Consultant
Attn: OGHA/[PEPFAR](#) Program Implementation Team
Health Resources and Services Administration
5600 Fishers Lane, Room 9N-35
Rockville, MD 20857
Telephone: (301) 443-2175
Email: chall@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 the EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Tuesday, June 8, 2021

Time: 9 a.m. – 10:30 a.m. EST

Call-In Number: +1-833-568-8864

Participant Code: 160 258 6740

Weblink: <https://hrsa.gov.zoomgov.com/j/1602586740>

The webinar will be recorded and should be available for viewing by Friday, June 25, 2021. The location of the recording and frequently asked questions (FAQ's) will be discussed during the webinar.

Tips for Writing a Strong Application

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

508 Compliance Disclaimer

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff above in [Section VII. Agency Contacts](#).