

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

HIV/AIDS Bureau
Office of Program Support

***Building the HIV Workforce and
Strengthening Engagement in Communities of Color (B-SEC)***

Funding Opportunity Number: HRSA-21-124

Funding Opportunity Type(s): New

Assistance Listings (CFDA) Number: 93.145

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: July 6, 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

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Authority: Consolidated Appropriations Act, 2021, Pub. L. 116-260, Division H, title II.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2021 Ryan White HIV/AIDS Program for a 4-year pilot project entitled *Building the HIV Workforce and Strengthening Engagement in Communities of Color (B-SEC)*.

Reducing disparities in HIV infection and improving health outcomes in racial and ethnic communities requires a coordinated, multifaceted approach, as well as a robust workforce. This involves developing strategies for community engagement and to mobilize a broad mix of stakeholders and those who can amplify messages regarding advances in the care and treatment of people with or at-risk for HIV.

The purpose of the *B-SEC* project is to leverage the long-standing presence and trusted voice of minority serving institutions (MSIs) in communities of color disproportionately affected by HIV by educating and training students in HIV care and treatment, raising awareness about the advances in HIV care and treatment, and reducing stigma in the communities in which the MSIs are located.

The goal of this project is to increase the number of health professionals providing HIV care and treatment to people of color living in [Ending the HIV Epidemic](#) (EHE) jurisdictions where over 50 percent of new HIV cases were identified. In addition, the EHE initiative includes states with a substantial number of HIV cases in rural areas.

The award recipient for this pilot project will be an institution with a history of building and fostering successful partnerships with MSIs to advance educational programs. The award recipient must have experience in developing and implementing health-related curriculum in institutions of higher education. The funded entity will address the national shortage of minority-serving health care providers in the HIV workforce by integrating topics in HIV into health-related courses and the HRSA National HIV Curriculum (NHC) into the curricula of a minimum of two accredited, health professions programs at undergraduate MSIs. Using this approach, the majority of students in these programs will be introduced to HIV education regardless of their course of study, and health professions students will be better prepared to enter the HIV workforce.

In addition, the funded institution will be responsible for several key components of this project in collaboration with the undergraduate MSIs that will be participating the project: the development and launch of community engagement activities and programs, raising and increasing awareness of advances in HIV care and treatment, and reducing HIV stigma in communities of color.

Funding Opportunity Title:	<i>Building the HIV Workforce and Strengthening Engagement in Communities of Color (B-SEC)</i>
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Funding Opportunity Number:	HRSA-21-124
Due Date for Applications:	July 6, 2021
Anticipated Total Annual Available FY 2021 Funding:	\$1,900,000
Estimated Number and Type of Award(s):	One (1) cooperative agreement
Estimated Award Amount:	Approximately \$1,400,000 to \$1,900,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2021 through September 29, 2025 (4 years)
Eligible Applicants:	<p>Eligible applicants include public and nonprofit private entities; state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; community health centers receiving support under Section 330 of the PHS Act; faith-based and community-based organizations; and Indian Tribes or Tribal organizations with or without federal recognition</p> <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 strongly encourages all applicants to participate in a webinar for this funding opportunity to ensure the successful submission of the application. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the NOFO.

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, June 2, 2021

Time: 3:00 – 4:00 p.m. ET

Call-In Number: +1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

833 568 8864 US Toll-free

Weblink: <https://hrsa-gov.zoomgov.com/j/1607854135?pwd=R3ljRlVWaVRqbUV5VHNQeGtZK3F2QT09>

Meeting ID: 160 785 4135

Passcode: c6wu1wPJ

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I. Program Funding Opportunity Description

1. Purpose

Minority Serving Institutions (MSIs)¹ play a critical role in the nation's response to ending the HIV epidemic by educating and preparing the next generation of leaders, health care providers, researchers, educators, and public health professionals; conducting research that helps us improve the response to the HIV epidemic; and educating their faculty, staff and communities about HIV.

This notice announces the opportunity to apply for the *Building the HIV Workforce and Strengthening Engagement in Communities of Color (B-SEC)* pilot program. Funding under this announcement will support a cooperative agreement for a 4-year award to a single organization to address the national shortage of minority-serving providers in the HIV workforce. The award recipient will integrate topics in HIV into health-related courses and the HRSA National HIV Curriculum (NHC) into the curricula of participating, accredited, health professions programs at undergraduate MSIs. Integrating topics in HIV into the broader curriculum offers an opportunity for more students to become educated about HIV regardless of their area of study. The NHC will be tailored for the discipline and academic year of the participating students. In addition, the organization will partner with MSIs to develop and implement community engagement activities, raise awareness about the advances in HIV care and treatment, and reduce the stigma that is a barrier to care in many communities of color.

The Building the HIV Workforce and Strengthening Engagement in Communities of Color (B-SEC) pilot project will leverage the long-standing presence and trusted voice of MSIs in communities of color disproportionately affected by HIV to educate and train students in HIV, raise awareness about the advances in the care and treatment of HIV, and reduce stigma. The key components of the framework for this pilot project include:

- Development of eligibility criteria and methodology for identifying and establishing partnerships with participating undergraduate MSIs, including the technology platform needed to host and access the NHC and staffing allocated to participate in the curriculum integration;
- Support of technology needs and faculty training at participating undergraduate MSIs that meet the eligibility criteria established by the award recipient;
- Integration of HIV in two areas in the participating MSI curriculum: 1) Incorporate topics in HIV in the curriculum of health-related courses; and 2) Integrate the NHC into the curriculum of accredited health professions programs at MSIs;
- Establishment of opportunities for experiential learning for health professions students;
- Training and orientation of partnering MSI faculty on how to integrate the NHC into their existing programs and curricula and provide ongoing technical assistance and training to partnering MSIs;
- Collaboration with faculty leading health-related courses to integrate topics in HIV into their existing curriculum;
- Establishment of on-campus HIV awareness activities; and
- Establishment of an HIV Ambassador Program.

¹ Minority Serving Institutions [U.S. Department of the Interior](#)

For the purpose of this notice, funding will support a single organization to pilot a 4-year project to address national shortages in the HIV workforce by integrating the NHC into the curricula of at least two participating, accredited, undergraduate MSI programs and training faculty on how to use the newly integrated curriculum. Successful applicants must demonstrate a successful history of establishing partnerships with MSIs to advance health-related educational programs and integrating course curricula into institutions of higher education.

HIV Ambassador Program

The HIV Ambassador Program will garner the support of students, faculty, campus staff, community-based advocates, influencers, peers, and others willing to lead and participate in activities and serve as message multipliers to increase knowledge and awareness of advances in HIV care and treatment and reduce the associated stigma. Also, HIV Ambassadors will encourage people to get tested and raise awareness about pre-exposure prophylaxis (PrEP) in communities of color. Examples of HIV Ambassador activities include participating in community health fairs, launching a campus call-to-action, implementing activities to commemorate HIV awareness days, participating in high school events, publishing blog posts, and hosting peer-to-peer round table discussions.

The award recipient will be responsible for developing the framework, requirements, and evaluative measures for the HIV Ambassador Program to ensure successful implementation at each partnering MSI.

2. Background

The B-SEC project will be funded through the Minority HIV/AIDS Fund (MHAF), as authorized under the Further Consolidated Appropriations Act, 2021, Pub. L. 116-260, Division H, title II.

Since 2010, the United States has put in place national strategies and priorities for HIV and has emphasized reducing HIV-related health inequities, ensuring that all persons with HIV receive access to treatment and care that is non-stigmatizing, culturally sensitive, and competent². However, the HIV epidemic continues to disproportionately impact racial and ethnic minority populations³. The Centers for Disease Control and Prevention (CDC) reported that among the estimated 36,400 persons newly infected with HIV in the United States at the end of 2018, 15,300 (42%) were Black/African American, 10,300 (28%) Hispanic/Latino, 9,000 (25%) White, and the remaining 5% divided among Asians, American Indians/Alaska Natives, native Hawaiians/Other Pacific Islanders, and persons of multiple races⁴. The estimates for HIV incidence rates (new infections per 100,000 population) show that Blacks/African Americans have the highest rates - 8.7 times higher than for Whites.⁴ Additionally, Blacks/African Americans had the highest HIV prevalence rate of 1,434 per 100,000 population at the end of 2018,

² White House Office of National AIDS Policy. The National HIV/AIDS Strategy for the United States. July 2010. [[The White House: Washington](#)]

³ Song R, Hall HI, Green TA, Szwarcwald CL, Pantazis N. Using CD4 Data to Estimate HIV Incidence, Prevalence, and Percent of Undiagnosed Infections in the United States. *J Acquir Immune Defic Syndr*. 2017;74:3-9. [[PubMed Abstract](#)]

⁴ Centers for Disease Control and Prevention. Estimated HIV Incidence and Prevalence in the United States, 2014–2018. HIV Surveillance Supplemental Report. 2020;25 (No. 1):1-77. Published May 2020. [[CDC HIV Surveillance Supplemental Report](#)]

which is 7.2 times higher than in Whites, underscoring the disproportionate burden of HIV carried by communities of color within the United States.⁴

Mortality rates due to HIV are highest in the Southern region of the U.S. (Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Texas), where HIV/AIDS-related deaths disproportionately impact Black communities. Factors such as stigma, fear, discrimination, and homophobia may prevent racial and ethnic minorities from accessing HIV prevention and care services. The HIV workforce shortage has also been exacerbated by providers' reluctance to treat people with HIV due to stigma while others are overwhelmed by the complexity of treatment and staying up-to-date with treatment recommendations.⁵

As a result of the increasing number of racial and/or ethnic minorities affected by HIV, racial diversity in the HIV workforce is crucial. According to article published by the National Institutes of Health (NIH), race-related attitudes may influence the quality of communication in patient-physician interactions and thus impact the disparities in treatment and information exchange.⁶ The article also notes that good patient-physician communication is associated with positive health outcomes.⁶

HRSA's HIV/AIDS Bureau (HAB) recognizes the need for a well-staffed and trained workforce with ample representation of minority-serving health care providers to help improve care and treatment of minorities with HIV. Reducing disparities in HIV infection and improving health outcomes in racial and ethnic minorities will require a coordinated, multifaceted approach. This involves developing strategies for community engagement managed by community leaders and influencers to mobilize a broader mix of stakeholders and those who can amplify messages regarding advances in HIV care and treatment.

In addition to the NHC, HRSA HAB (Bureau) currently supports two HIV workforce pipeline programs designed to recruit students and health care providers along the graduate-level education and training continuum: the Interprofessional Education Program (IPE), a required component of the Regional AIDS Education and Training Centers (AETC) Program, and the Integration of the NHC e-Learning Platform into Health Care Provider Professional Education Programs across the country. HRSA HAB intends to incorporate the lessons learned and best practices from these programs and this pilot to inform the Bureau's ongoing HIV workforce initiatives.

The Ryan White HIV/AIDS Program (RWHAP)

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

⁵ The American Academy of HIV Medicine, HIV Specialist, Workforce Supply & Demand. <https://aahivm.org/wp-content/uploads/2017/03/FINAL-August-2016.pdf>

⁶ National Institutes of Health, US National Library of Medicine, The Effects of Race and Racial Concordance on Patient-Physician Communication [NIH Effects of Race and Racial Concordance](#)

The RWHAP has five statutorily defined Parts (Parts A, B, C, D and F) that provide funding for core medical, support services, and medications; technical assistance; clinical training; and the development of innovative models of care to meet the needs of different communities and populations affected by HIV.

An important framework in the RWHAP is the HIV care continuum, which depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication to achieve viral suppression. Supporting people with HIV to reach viral suppression not only increases their own quality of life and lifespan, it also prevents sexual transmission to an HIV-negative partner.

The HIV care continuum framework allows recipients and planning groups to measure progress and to direct HIV resources most effectively. RWHAP recipients are encouraged to assess the outcomes of their programs and should work with their community and public health partners to improve outcomes across the HIV care continuum. HRSA encourages recipients to use the [performance measures](#) developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

Strategic Frameworks and National Objectives

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

Expanding the Effort: Ending the HIV Epidemic

According to recent data from the [2019 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2015 to 2019, 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 83.4 percent to 88.1 percent. Additionally, racial/ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.⁷ For example, the disparities in viral suppression rates between Black/African Americans and white clients have decreased since 2010.⁸ These improved outcomes mean more people with HIV in the United

⁷ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2019. <http://hab.hrsa.gov/data/data-reports>. Published December 2020. Accessed December 2, 2020.

⁸ Black/African American clients went from 79.4 percent viral suppression in 2015 to 85.2 percent in 2019, while 88.3 percent of white clients were virally suppressed in 2015 and 91.8 percent in 2019

States will live near normal lifespans and have a reduced risk of transmitting HIV to others.⁹

In February 2019, the [Ending the HIV Epidemic](#) (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. This 10-year initiative seeks to achieve the important goal of reducing new HIV infections in the United States to fewer than 3,000 per year by 2030. The initiative promotes and implements four strategies to substantially reduce HIV transmissions – Diagnose, Treat, Prevent, and Respond. The initiative is a collaborative effort among key HHS agencies, primarily HRSA, CDC, the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

For the RWHAP, the EHE initiative expands the program’s ability to meet the needs of clients specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed in care but not yet virally suppressed to the essential HIV care and treatment and support services needed to help them achieve viral suppression.

Using Data Effectively: 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, conducting needs assessments, determining unmet need estimates, reporting, quality improvement, enhancing the HIV care continuum, and public health action. HRSA strongly encourages RWHAP recipients to:

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

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

HRSA strongly encourages complete CD4, viral load (VL) and HIV nucleotide sequence reporting to the state and territorial health departments’ HIV surveillance systems to benefit fully from integrated data sharing, analysis, and utilization. State health departments may use CD4, VL, and nucleotide sequence data to identify cases, stage of HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress

⁹ 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.

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.

Program Resources and Innovative Models

HRSA has a number of projects and resources that may assist RWHAP recipients with program implementation. These include a variety of HRSA HAB cooperative agreements, contracts, and grants focused on specific technical assistance (TA), evaluation, and intervention activities. A list of these resources is available on [TargetHIV](#). Recipients should be familiar with these resources and are encouraged to use them as needed to support their program implementation.

- [**E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV**](#)
E2i uses an implementation science approach to evaluate and understand existing and new intervention strategies that can be used in RWHAP provider settings. Once interventions or strategies are demonstrated and evaluated using implementation science, manuals, guides, interactive online tools, publications, and instructional materials are developed and disseminated for replication and integration into RWHAP provider settings.
- [**Integrating HIV Innovative Practices \(IHIP\)**](#)
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 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**](#)
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**](#)
The Dissemination of Evidence-Informed Interventions initiative ran from 2015-2020 and disseminated four adapted linkage and retention interventions from prior SPNS and the Minority HIV/AIDS Funds (MHAF) from the HHS Secretary's Office initiatives to improve health outcomes along the HIV care continuum. The initiative produced 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.

HRSA HAB also recognizes the importance of addressing emerging issues, as well as supporting the needs of special populations. To help recipients in responding to these critical issues, HRSA HAB funds projects to provide technical assistance and resources for recipients. Examples of projects include:

- [Building Futures: Supporting Youth Living with HIV](#)
- [The Center for Engaging Black MSM Across the Care Continuum \(CEBACC\) Using Community Health Workers to Improve Linkage and Retention in Care](#)

II. Award Information

1. Type of Application and Award

Type of applications sought: New

HRSA will provide funding in the form of a four-year 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:

- Participating in the discussions regarding the adoption and design of technological models and tools as described in the project narrative;
- Facilitating meetings between the recipient of HRSA-21-124, the recipient of the NHC, and other relevant HRSA programs;
- Reviewing and providing recommendations (on an as-needed basis) on training curricula, publications, and other resources;
- Participating in the planning and coordination of meetings, including participation in the recipient meetings with participating MSIs and partners as needed and appropriate;
- Assisting in establishing linkages and partnerships between the award recipient and the regional AETCs, minority-serving HIV organizations, and HRSA-supported projects to enhance project goals;
- Ensuring timely submission of project goals, objectives, and outcomes into HRSA programmatic and data reporting efforts;
- Reviewing all project reports and materials prior to dissemination;
- Facilitating the dissemination of project information to stakeholders and the broader public; and
- Reviewing all conference presentations (oral, poster, roundtable, etc.) that share cooperative agreement data, activities, work products, practices and/or best lessons learned.

The cooperative agreement recipient's responsibilities will include:

- Collaborating with MSIs to integrate topics in HIV into health-related courses and the NHC into the training curricula of accredited, undergraduate, health professions programs that are commensurate with the targeted discipline and academic year of the program;

- Training faculty on how to implement the integrated curricula;
- Developing an HIV Ambassador Program to better engage communities of color in surrounding areas of the participating MSIs in HIV care and treatment and to reduce HIV-related stigma;
- Evaluating the impact of the integrated curricula on the knowledge, willingness, and ability of students to work with people with HIV and/or in communities of color at high risk for HIV;
- Contributing data and collaborating with the recipient of HRSA-22-021, *National HIV Curriculum e-Learning Platform: Enhancements and Operations*, to evaluate the effectiveness of the modified NHC, as well as system-level impacts of the overall project;
- Collaborating with HAB and various programs within the AETC network, including NHC programs, regional and national AETCs, to carry out programmatic activities, as appropriate;
- Submitting data to HRSA on program outcomes and impact;
- Identifying activities to be planned jointly with undergraduate programs, with HAB input and approval;
- Informing HAB of project activities and allowing ample time to receive input and/or technical assistance;
- Attending the biennial AETC Program Administrative Reverse Site Visit meetings; and
- Attending the biennial National Ryan White Conference on HIV Care and Treatment.

2. Summary of Funding

HRSA estimates approximately \$1,400,000 to \$1,900,000 to be available annually to fund one recipient. Funding for modifications and enhancements to the NHC as required by this project will be provided directly to the award recipient of HRSA-22-021, the National HIV Curriculum e-Learning Platform: Enhancements and Operations, by the federal government and will be deducted from the total funds available for the project. The level of effort for the modifications will vary each year of the project.

Table 1. Indicates the estimated funding available for the recipient of HRSA-21-124 for Years 1 through 4:

Table 1.

HRSA-21-124 Summary of Funding:	
Year 1	\$1,800,000
Year 2	\$1,400,000
Year 3	\$1,800,000
Year 4	\$1,900,000

You may apply for a ceiling amount of up to the funding amounts referenced in Table 1. for the total cost (includes both direct and indirect, facilities and administrative costs) per year. 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 appropriately.

The period of performance is September 30, 2021 through September 29, 2025 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for the *B-SEC* pilot project in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. In addition, HRSA may reduce recipient funding levels beyond the first year if recipients are unable to fully succeed in achieving the goals listed in application.

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 include public and nonprofit private entities; state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; community health centers receiving support under Section 330 of the PHS Act; faith-based and community-based organizations; and Indian Tribes or Tribal organizations with or without federal recognition

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 before 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](https://www.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. 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 shall not exceed the equivalent of **65 pages** when printed by HRSA. o 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 SF form "Project_Abstract Summary" and it will not count in the page limit. 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-21-124, 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 take appropriate measures to ensure your application does not exceed the specified page limit. Any application exceeding the page limit of XX will not be read, evaluated, or considered for funding.**

Applications must be complete, within the maximum 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 8: Other Relevant Documents*.

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

Program Requirements

The award recipient under Notice of Funding Opportunity, *National HIV Curriculum e-Learning Platform: Enhancements and Operations*, HRSA-22-021, will be responsible for implementing modifications and updates to the NHC e-Learning platform and the funding to make the modifications will be included in the award under HRSA-22-021.

The recipient funded under this announcement will be required to collaborate with the award recipient of HRSA-22-021. The purpose of the collaboration is to:

- Provide updates and content for modifying the NHC e-learning platform modules to integrate the NHC into MSI undergraduate programs;
- Participate as a member on the advisory board meetings convened by the award recipient of HRSA-22-021, provide recommendations and feedback on proposed changes to the NHC for current users and instructional design based on the recipient's work with the MSIs; and
- Participate in NHC collaborative meetings led by the award recipient of HRSA-22-021 to coordinate technical assistance, feedback and recommendations specific to the integration of the NHC into health professional programs i.e. learner groups, quizzes/exams, and certificate programs.

HRSA strongly encourages the recipient under this announcement to collaborate with the following entities and groups to develop a support network to assist the award recipient in achieving the goals of the project:

- The Regional AIDS Education and Training Centers (AETC) – Leverage existing educational resources and expertise to develop university and community-based training plans, as well as develop and seek opportunities for preceptorships and shadowing opportunities;
- The recipients of HRSA-22-022, *Integration of the National HIV Curriculum e-Learning Platform (NHC) into Health Care Provider Professional Education* - Garner lessons learned and guidance on effective methods to integrate the NHC into partnering MSIs;
- National, minority-serving HIV organizations – Seek technical assistance to develop population-specific training plans and/or provide technical assistance on fostering and launching community engagement activities; and

- Other entities that have existing relationships with minority-serving organizations and provide student training (i.e. HRSA-funded health centers, health systems, hospitals, community-based organizations, and health departments located in EHE jurisdictions).

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

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.

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 purpose of the proposed project. You must articulate your planned approach to work with and establish partners to integrate topics in HIV and the NHC into multiple curricula, establish the HIV Ambassador Program, and other activities to raise awareness about advances in HIV prevention and treatment and reduce stigma on campus and in the communities in which they are located. Include details regarding the criteria for selecting at least two partnering MSIs located in EHE jurisdictions, the assessment of the institution's ability to host the NHC, and training faculty. Include a description of your organization's capacity and infrastructure to design and support health-related curriculum and integrate course curricula in institutions of higher education. Additionally, describe your organization's history and ability to establish or leverage existing relationships in the jurisdictions identified in the Ending the HIV Epidemic Initiative. You should demonstrate an understanding of the education and training needs of diverse MSI undergraduate programs. Provide a brief description of your planned approach to implement a community-based program designed to reach racial and/or ethnic minority groups that will increase HIV awareness and reduce stigma.

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

Outline the needs of the community and/or organization regarding HIV. This section will help reviewers understand the community and/or organization that you will serve with the proposed project.

Describe the need for an adequate HIV workforce trained to deliver high-quality HIV care and treatment in your target community. Describe the educational needs of undergraduate students at participating MSIs regarding HIV. This section must also include a description of the gaps in capacity to integrate and deliver HIV content in curricula of undergraduate programs (e.g., faculty recruitment/training, technological barriers, and existing course curricula). Discuss any relevant, anticipated barriers that you will need to address. Data must be cited to support the described need.

Describe the incidence of HIV infection the communities of color in which the participating MSIs are located. Use and cite the most recent and relevant local, regional, and/or national data and published research whenever possible to support the information provided. Describe the racial and/or ethnic minority population(s) you will serve and the unmet health needs as they relate to care and treatment, and HIV. Clearly describe how racial and/or ethnic minority population(s) in your service area may benefit from your HIV Ambassador Program, including those who are at risk of and have never been tested for HIV, and people who have been newly identified or recently diagnosed with HIV and those who are out of care.

Provide a summary that demonstrates a comprehensive understanding of HIV-related stigma as a barrier to people seeking and remaining in care, and the need for community engagement to improve awareness of stigma in communities of color.

Describe your organization's capacity and specific need for funding to successfully implement project activities. Describe how the proposed project builds upon current HIV Workforce initiatives and furthers the objectives of your institution.

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

Propose the methods and rationale that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO for each year of the four-year project.

The methodology must:

- Describe the methodology used to identify at least two partnering MSIs for the integration of HIV into health-related courses and the NHC within the curricula of undergraduate health professions programs;
- Describe how the proposed approach will successfully integrate HIV into health-related courses and undergraduate health professions programs;
- Identify the specific health professional programs (e.g. social work, nursing, dental, etc.) for integration of curriculum at each participating MSI and discuss how the topics may vary for the different health professional programs.
- Include criteria used to determine the effectiveness of the applied integration method(s);
- Include details such as the number of courses identified as those in which HIV and/or the NHC will be integrated;

- Describe the approach to faculty training and orientation to the new curriculum;
- Describe the framework for the HIV Ambassador program and the implementation plan for partnering MSIs and your own institution;
- Describe the approach to engage communities of color in addressing HIV-related stigma and other barriers to accessing care, including leveraging relationships in EHE jurisdictions.

In addition, include assessments and the development of effective tools and strategies to include HIV in health-related courses and health professions programs as appropriate. Describe how you will determine the curriculum modifications needed for the NHC as well as the framework for the integrated curricula. Describe the anticipated number of students and faculty to be trained for each partnering institution. Your response should include your plan for outreach, collaborations, clear communication, and information sharing and dissemination on campus, in the community, and to proposed partners. Include a plan for ongoing technical assistance and support for training. In addition, describe your approach to foster new and utilize existing partnerships with the community and other organizations and programs.

Describe the rationale for your proposed methodology. If applicable, include a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information.

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.

Collaborations

Describe the proposed collaborations and partnerships needed and planned, to successfully implement the proposed project. This includes the partnering undergraduate MSIs. Clearly describe each proposed partner and explain how its services and/or resources can augment and support the implementation activities you propose. Identify the tasks that each partner will need to perform.

Include a Letter of Interest from each partner and/or collaborating entity on letterhead and signed by an executive in the organization or Dean from an institution of higher education as **Attachment 4**. The letter should include the organization's intent to participate in the pilot project.

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

Describe the activities or steps that you will use to achieve 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 in planning, designing, and implementing all activities, including developing the

application. Include a detailed plan of action that includes purposeful and documented community outreach and engagement, including, but not limited to, records of phone calls, emails, virtual meetings, and responses from community leaders, MSI campus groups, and organizations representing minority community groups.

Provide a comprehensive work plan that ties to the needs identified in the needs assessment and to the activities described in the project narrative. The work plan should be very detailed and specific for the first and second year of the project, and provide a higher-level overview for the last two years of the project.

The work plan for the first and second year must:

- Describe the strategies, activities, and action steps that will be used for all aspects of the project, including planning, implementation, and evaluation;
- Include goals, objectives, and outcomes. Ensure goals are SMART (specific, measurable, achievable, realistic, and time-measured);
- Include an evaluation of the overall project as it relates to:
 - The preparation and recruitment of graduates of the health professions programs to work with people with HIV and/or in communities of color at higher risk for HIV;
 - Raising HIV awareness and reducing HIV-related stigma in communities of color;
- For each activity:
 - Identify the specific action steps, key staff responsible, and timeline for completion; and
 - Include a plan to document and disseminate effective curriculum integration practices addressing HIV care and treatment.

The work plan and timeline must demonstrate the ability to reach stated program objectives within the required time of performance, including a plan for rapid launch of project activities that includes full implementation by year 2.

Expected milestones for years 1 and 2 must include:

Development/Planning Phase: Year 1

- Identify accredited undergraduate programs located on the campus of at least two MSIs selected for the project;
- Identify and finalize MOUs with MSIs and other partners to implement a planned approach to integrate the NHC within curricula of undergraduate programs;
- Within the MOUs, specify the anticipated number of students who will be reached for each year of the project as well as their disciplines;
- Complete a technology assessment and ensure partnering MSIs have a technology platform equipped to host the NHC;
- Refine an approach to integrate topics in HIV into health-related courses and the NHC within the curricula of selected undergraduate programs.
- Identify and develop content for the integration of HIV topics and training;

- Begin discussions with the current recipient of the *AIDS Education and Training Centers – National HIV Curriculum e-Learning Platform: Technology Operations and Maintenance*, HRSA-19-041, to determine the best approach for submitting the requirements for module enhancements (Note, HRSA-19-041 will be re-competed in FY 2022 as HRSA-22-021);
- Outline plans to collaborate and submit requirements to the recipient of HRSA-22-021, the *National HIV Curriculum e-Learning Platform: Enhancements and Operations*, to modify modules and course content, and develop targeted curriculum commensurate with the academic year and discipline to integrate the NHC;
- Develop and implement orientation and training for faculty on the new curriculum;
- Launch a pilot of the NHC curriculum integration at a minimum of one participating MSI;
- In collaboration with the partnering MSIs, refine the approach to identify, train, and define the role of the HIV Ambassadors;
- Launch the Ambassador Program
- Assess the number of HIV-related activities or events on campus or in the surrounding community(s) of color. Determine gaps and launch activities on the campus of the award recipient and partnering MSIs;
- Revise, confirm, and finalize work plans;
- Develop and pilot evaluation tools; and
- Develop and finalize evaluation plan.

Implementation Phase: Year 2

- Integrate topics in HIV into at least one health-related course at each partnering institution;
- Complete the module enhancements and pilot curriculum integration;
- Evaluate pilot training;
- Refine and implement training strategies in undergraduate academic and training programs based on lessons learned during the pilot;
- Integrate the NHC into at least two health professions programs at a minimum of two MSIs;
- Begin full project implementation in selected programs to achieve training for the estimated number of students and faculty; and
- Document and report the number of HIV-related activities or events on campus or in a community of color.

Implementation and Evaluation Phase: Year 3 and Year 4

- Continue full project implementation in all selected MSIs;
- Continue to identify and document effective integration practices and instructional design;
- Evaluate the impact of the integration of topics in HIV in health-related courses;
- Evaluate the impact of the integration of the NHC within selected undergraduate academic and training programs;

- Evaluate the impact of the integrated curricula on the knowledge, skills, and overall competence of undergraduate program graduates to care for minorities with HIV;
Identify and document effective integration practices and instructional design;
- Compile recommendations for dissemination of integration practices; and
- Document and report the number of HIV-related activities or events on campus or in a community of color.

The work plan should include as much detail as possible with the understanding that you will finalize the plan after the cooperative agreement is awarded and initial consultation with HRSA. Include the Project Work Plan as **Attachment 1** in your application. Please use a chart or table format to present and/or summarize the work plan.

Logic Models

In addition to the work plan, you must submit a logic model for designing and managing the project in **Attachment 6**. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., partnering MSIs, collaborative partners, key stakeholders, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (i.e., approach, key interventions, curriculum modification, integration, student and faculty training, community activities);
- Outputs (i.e., the direct products or deliverables of program activities, # of programs and MSIs introduced to curriculum, # of programs and MSIs introduced and trained with curriculum, # of programs and MSIs that will continue to use curriculum, # number of HIV-related activities or events on campus or in a community of color); and
- Outcomes (i.e., the results of the project, typically describing a change in people or systems; program graduates who indicate a desire to work with people with HIV and/or communities of color at high risk for HIV; increased awareness of advances in the care and treatment of people with or at-risk for HIV).

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how-to” steps. You can find additional information on developing logic models at the following websites:

https://www.cdc.gov/eval/tools/logic_models/index.html;
<http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf>.

▪ *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. This may include barriers in integrating curricula within educational programs, developing new instructional designs, stigma, and training faculty to deliver HIV educational content. Describe specific approaches you will use to resolve identified challenges. Describe the existing levels of experience, skills, and knowledge, (including that of individuals on staff), and relevant publications. Discuss relevant barriers to training faculty to deliver HIV educational content that includes credits toward a degree or certificate.

▪ *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. 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. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

This section should include a description of how your organization will collect and manage data. Data collection must be stratified by each MSI and should include:

- Students' desire to work with people with HIV and/or communities of color at high risk for HIV;
- The numbers of students and faculty trained;
- The number of minority students trained and their race/ethnicity demographic data;
- How the proposed integration approach impacts the knowledge, skills, and overall competence of graduates of undergraduate programs to care for people with HIV;
- Willingness of faculty to learn and teach curriculum;
- All proposed outcomes, including methods and timelines for assessing these

- outcomes;
 - The number of active HIV Ambassadors over time;
 - The number of on-campus and community engagement activities and participants;
 - The effectiveness of the NHC integration in changing negative perceptions of HIV over time; and
 - The number of community members participating in activities supported by the pilot project whose knowledge and awareness of HIV care and treatment has increased.
- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review [Criterion #5 Resources/Capabilities](#)**

Succinctly describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Include an organizational chart. Describe your organization's experience with curriculum development and integration, data management, faculty training, and engaging communities of color and managing health-related community-based initiatives in these same communities. Discuss how your organization 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 address the unique needs of target populations in the communities served.

Highlight key staff with relevant expertise and experience with similar work. This information should align with the staffing plan you provide in **Attachment 2** and the biographical sketches of key personnel you provide in **Attachment 3**. In addition, describe your experience with the fiscal management of grants and contracts. Include information on your organization's experience managing multiple federal grants.

Describe the role of key partners in the project's planned approach to develop HIV content to incorporate into health-related courses, modify, and integrate the NHC within curricula of MSIs undergraduate programs. In this description, include their role in foster community engagement and outreach and the launch of the Ambassador program.

You must provide a Letter of Interest for each potential partnering undergraduate MSI and/or organization (**Attachment 4**). You may submit one Letter of Interest signed by multiple partners if the entities share the same arrangement with your organization.

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

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.

You must provide sub-award budgets for all partners to be supported under this award. Your budget must also include costs associated with attendance at the biennial AETC Program Administrative Reverse Site Visit meetings and the biennial National Ryan White Conference on HIV Care and Treatment in Washington, D.C.

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.

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 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 fiscal years, as required by law.

iv. Budget Narrative

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

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

Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). Also include the required logic model in this attachment. If you will make sub-awards 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 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

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, Letters of Interest, 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 deliverable. You must provide documents confirming an actual or pending contractual relationship with partners, including the entity that originated the NHC. 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: Tables, Charts, Logic Model, etc.

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

Attachment 7: Line Item Budgets Spreadsheet for Years 1 through 4

Submit line-item budgets for each year of the proposed period of performance as a single spreadsheet table, using the Section B Budget Categories of the SF424A and breaking down sub-categorical costs.

Attachments 8–15: 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 page: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#) page.

You must also register with SAM.gov 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](https://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 6, 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

Building the HIV Workforce and Strengthening Engagement in Communities of Color (B-SEC) is 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 4 years, at no more than the amount indicated below (inclusive of direct **and** indirect costs):

Year 1: \$1,800,000
Year 2: \$1,400,000
Year 3: \$1,800,000
Year 4: \$1,900,000

Funding for modifications and enhancements to the NHC as required by this project will be provided directly to the award recipient of HRSA-22-021, the National HIV Curriculum e-Learning Platform by the federal government.

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 Consolidated Appropriations Act, 2021 (P.L. 116-260) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

You cannot use funds under this notice for the following purposes:

- 1) Any charges that are billable to third-party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare);
- 2) To directly provide medical or support services (e.g., HIV care, counseling, and testing) that supplant existing services;
- 3) Cash payments to intended recipients of RWHAP services;
- 4) Purchase, construction of new facilities, or capital improvements to existing facilities;
- 5) Purchase or improvement to land;
- 6) Purchase vehicles;
- 7) Fundraising expenses;
- 8) Lobbying activities and expenses;
- 9) Reimbursement of pre-award costs; and/or
- 10) International travel and/or international HIV/AIDS activities.

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.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

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 *Building the HIV Workforce and Strengthening Engagement in Communities of Color (B-SEC)* pilot program has six 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 application demonstrates the problem and associated contributing factors to the problem.
- Reviewers will also consider:
 - The degree to which you demonstrate a thorough understanding of the needs of the community and/or organization.
 - The degree to which you demonstrate a thorough understanding of the HIV-related education and training needs of undergraduate programs.
 - The extent to which you demonstrate a thorough understanding of provider capacity gaps that may impact proposed activities to integrate and deliver HIV care content in curricula of undergraduate programs.
 - The extent to which you demonstrate a thorough understanding of faculty gaps that may impact proposed activities to integrate and deliver HIV care content in curricula of undergraduate programs.
 - The extent to which you demonstrate a thorough understanding of the incidence and prevalence of HIV in the communities of color serviced by the participating MSIs
 - The extent to which you demonstrate a thorough understanding of the racial and/or ethnic minority population(s) served, its unmet health needs, and how they could benefit from your HIV Ambassador Program.
 - The extent to which you demonstrate a thorough understanding of the organization’s ability to establish or leverage existing relationships in the jurisdictions identified in the Ending the HIV Epidemic Initiative.

Criterion 2: RESPONSE (30 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. 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.

Methodology (15 points)

- The strength and feasibility of the overall strategy in relation to the program objectives, goals, and expectations as outlined in the NOFO.
- The extent to which the methods address each objective and are feasible, evidence-based, and clearly described in the logic model.
- The extent to which you describe how participating MSIs will be identified.
- The strength and feasibility of the proposed approach to integrate the NHC e-Learning Platform into multiple curricula of accredited undergraduate programs.
- The strength and clarity of your definition of successful integration of the NHC into selected accredited undergraduate programs.

- The extent and clarity of your organization's plan to develop and implement an HIV Ambassador Program; this program should detail the manner in which you will effectively engage minority communities and encourage their participation in order to meet the program's goals.
- The extent and clarity to which your organization states its commitment to participate in collaborative meetings facilitated by the NHC Enhancement recipients, and its plan to ensure participation from key personnel.
- The strength and feasibility of the proposed approach to orientation and training of faculty.

Work Plan (10 points)

- The strength and feasibility of the proposed comprehensive work plan with specific, measurable, realistic, and achievable objectives, and information regarding how program objectives will be achieved.

Resolution of Challenges (5 points)

- The extent to which you articulate likely challenges to be encountered in sustaining the program and describes logical approaches to resolving such challenges.

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

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

- The strength of the proposed strategy to collect, analyze, and track data to measure process and impact/outcomes.
- The strength of your proposed baseline data and measures, and the extent to which the proposed evaluative measures will be able to assess the extent to which the NHC has been successfully integrated within accredited undergraduate programs to train students and faculty.
- The strength of your proposed methods and measures that will be used to evaluate the system-level impacts of the overall project and demonstrate the effectiveness of project activities in relation to improvements in HIV care and treatment.
- The extent to which you demonstrate a thorough understanding of any potential obstacles for implementing the program performance evaluation, and the strength of the proposed plans to address those obstacles.
- The extent to which you clearly articulate the role of key program partners in the evaluation and performance measurement planning processes.
- The extent to which you demonstrate strength and effectiveness to monitor and evaluate project objectives, activities, and results through the proposed evaluation strategy.
- The extent to which the program will effectively track performance outcomes, including how the output data will be collected and managed (e.g., number of trained students and faculty, the number of students indicating a desire to work

with communities of color at high risk for HIV, and number of active HIV Ambassadors) and in a way that allows for accurate and timely reporting to HRSA.

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 feasibility and effectiveness of plans for dissemination of project results.
- The extent to which the proposed plan will strengthen capacity for minority-serving health professionals in the HIV workforce.
- Extent to which project results may be national in scope.
- Degree to which the project activities are replicable and sustainable beyond federal funding.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – Corresponds to Section IV's [Evaluation and Technical Support Capacity](#), and [Organizational Information](#)

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. 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.

- The strength and clarity of the proposed staffing plan (**Attachment 2**) and project organizational chart (**Attachment 5**) in relation to the project description and proposed activities; including evidence that the staffing plan includes sufficient personnel with adequate time to successfully implement all of the project activities throughout the project as described in the work plan.
- The strength and clarity of the current organizational structure, proposed staff, and scope of current activities that contributes to the applicant's ability to conduct the proposed program and meet the expectations of the program requirements.
- The extent to which key project personnel are qualified by training and/or experience to implement the project.

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 research activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The strength and clarity of the budget narrative that fully explains each line item and any significant changes from one budget period to the next.
- The applicant's program-specific line-item budgets, budget justification narrative, and SF-424A are aligned.

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. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

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 1, 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 website.

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.

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 HAB on a bi-annual basis. Further information will be available in the NOA.
- 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](#).

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:

Nancy C. Gaines
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-5382
Email: NGaines@hrsa.gov

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

Sherrilyn Crooks, PA-C
Lead Senior Public Health Analyst
Office of Program Support
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-7662
Email: scrooks@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

Logic Models

You may find additional information on developing logic models at the following website: <http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf>.

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line used during program implementation; the work plan provides the “how to” steps. You may find information on how to distinguish between a logic model and work plan at the following website: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Wednesday, June 2, 2021

Time: 3:00 – 4:00 p.m. ET

Call-In Number: +1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 669 216 1590 US (San Jose)

+1 551 285 1373 US

833 568 8864 US Toll-free

Weblink: [https://hrsa-gov.zoomgov.com/j/1607854135?pwd=R3ljRlVWaVRqbUV5VHNQeGtZK3F2QT09](https://hrsa.gov.zoomgov.com/j/1607854135?pwd=R3ljRlVWaVRqbUV5VHNQeGtZK3F2QT09)
Meeting ID: 160 785 4135
Passcode: c6wu1wPJ

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](#).