U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

HIV/AIDS Bureau
Division of Policy and Data

Enhancing Engagement of People with HIV through Organizational Capacity Development and Leadership Training (E2tDLT)

Funding Opportunity Number: HRSA-20-095
Funding Opportunity Type(s): New
Assistance Listings (CFDA) Number: 93.145

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: March 18, 2020

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: December 19, 2020

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Authority: Public Health Service Act, Section 2606 (42 USC 300ff-16), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87)

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) Division of Policy and Data (DPD) is accepting applications for fiscal year (FY) 2020 Enhancing Engagement of People with HIV through Organizational Capacity Development and Leadership Training (E2tDLT) program. The purpose of this program is to support leadership development and enhance community engagement for people with HIV in health care planning and programs. The program also focuses on improving organizational readiness and strengthening the capacity of Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients to employ people with HIV.

Funding Opportunity Title:	Enhancing Engagement of People with HIV through Organizational Capacity Development and Leadership Training (E2tDLT)
Funding Opportunity Number:	HRSA-20-095
Due Date for Applications:	March 18, 2020
Anticipated Total Annual Available FY 20 Funding:	$800,000
Estimated Number and Type of Award(s):	One (1) Cooperative Agreement
Estimated Award Amount:	Up to $800,000 per year subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2020 through August 31, 2024 (4 years)
Eligible Applicants:	Public, non-profit, and for profit entities including health departments, state and local governments, community health centers, hospitals, medical centers, colleges and universities, faith-based and community-based organizations, and Tribes and tribal organizations are eligible to apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar and Conference Call

Day and Date: Wednesday, January 29, 2020
Time: 1:00 p.m. to 2:00 p.m. ET
Call-In Number: 1-888-455-9760
Participant Code: 3008552
Weblink: **https://hrsa.connectsolutions.com/eeop-hiv-ta/**

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding for the Enhancing Engagement of People with HIV through Organizational Capacity Development and Leadership Training (E2tDLT) program, administered by the Health Resources and Services Administration (HRSA). Under this program HRSA will fund an organization to provide training and technical assistance (TA) to support leadership development and enhance community engagement for people with HIV in health care planning and programs. The program also focuses on improving organizational readiness and strengthening the capacity of Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients to employ people with HIV. Funding for this program will be awarded through a cooperative agreement.

The Enhancing Engagement of People with HIV through Organizational Capacity Development and Leadership Training (E2tDLT) builds on existing HRSA program curricula and resources to enhance leadership skills, community engagement, and organizational readiness to employ people with HIV. These existing programs include: the Building Leaders of Color (BLOC), the Center for Quality Improvement and Innovation (CQII) Training Consumers in Quality Plus, Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in Care (Among People of Color), Planning Community HIV/AIDS TA and Training (CHATT), and Access, Care, and Engagement (ACE) Technical Assistance (TA) Center's health literacy.

The Enhancing Engagement of People with HIV through Organizational Capacity Development and Leadership Training (E2tDLT) program aims to leverage the knowledge base of these existing programs to achieve the following program objectives:

- Increase leadership, representation, and engagement of people with HIV in RWHAP planning, development, implementation, and clinical quality management activities;

- Develop skills and support knowledge transfer through peer coaching for people with HIV; and

- Support organizational readiness to employ people with HIV in RWHAP recipient and subrecipient organizations.

The cooperative agreement activities should be offered through various modalities of training and TA to support people with HIV, RWHAP recipients, and subrecipients with the overall goal of enhancing leadership development, community engagement, and organizational readiness to employ and support people with HIV in RWHAP health care planning and treatment and support services programs. The types of training and TA activities, expanded later in this announcement, are:

> A. Training for people with HIV in leadership and community engagement;

B. Peer coaching for people with HIV and RWHAP recipients and subrecipients;

C. Virtual support to RWHAP recipients and subrecipients to enhance organizational readiness to employ and support people with HIV as part of the HIV workforce.

Training and TA provided under this cooperative agreement must utilize or enhance existing curricula and resources. Unless idenfied as a gap in the existing training curricula and resources, funding may not be used to develop new curricula.

2. Background

This program is authorized by the Public Health Service Act, Section 2606 (42 USC 300ff-16), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87).

The Enhancing Engagement of People with HIV through Organizational Capacity Development and Leadership Training (E2tDLT) program leverages lessons learned, data, and experience from existing curricula and resources to build a single program focused on training and capacity building for people with HIV. These existing program curricula and resources include the Building Leaders of Color (BLOC), the Center for Quality Improvement and Innovation (CQII) Training Consumers in Quality Plus, Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in Care (Among People of Color) (CHW), Planning Community HIV/AIDS TA and Training (CHATT), and ACE: TA Center Health Literacy.

The new, single program will be intentional in its focus to streamline these elements into a single program, which avoids duplication of efforts across the programs. The leadership training framework from BLOC provides the structure to incorporate the content from the other programs into a cohesive training for people with HIV. This structure incorporates the core concepts of health literacy from ACE TA Center, planning for program development from CHATT, and specialized clinical quality management training for people with HIV from CQII. Workforce capacity development and training for RWHAP grant recipients, which proved to be successful from CHW, is expanded in this single program to focus on organizational readiness to employ people with HIV. This expansion allows for the inclusion of people with HIV into the workforce. It is the expectation that the skill sets developed through this project will enhance and strengthen the workforce development in alignment with the AIDS Education and Training Center programs. More information about the existing program curricula and resources noted above is available at TargetHIV.org.

Ending the HIV Epidemic: A Plan for America

In February 2019, the Administration announced a new initiative, Ending the HIV Epidemic: A Plan for America. This 10-year initiative beginning FY 2020 seeks to achieve the important goal of reducing new HIV infections in the United States to less than 3,000 per year by 2030. The first phase of the initiative will focus on 48 counties,

Washington, D.C., San Juan, PR, and 7 states that have a substantial rural HIV burden. By focusing on these jurisdictions in the first phase of the initiative, the U.S. Department of Health and Human Services (HHS) plans to reduce new HIV infections by 75 percent within five years. Across the United States, the initiative will promote and implement the four Pillars to substantially reduce HIV transmissions – Diagnose, Treat, Prevent, and Respond. The initiative is a collaborative effort among key HHS agencies, primarily HRSA, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

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

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

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

HIV Care Continuum
Diagnosing and linking people with HIV to HIV primary care, and ensuring people with HIV achieve viral suppression are important public health steps toward ending the HIV epidemic in the United States. The HIV care continuum has five main "steps" or stages that include: HIV diagnosis, linkage to care, retention in care, antiretroviral use, and viral suppression. The HIV care continuum provides a framework that depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication. It also demonstrates the proportion of individuals with HIV who are engaged at each stage. The HIV care continuum allows recipients and planning groups to measure progress and to direct HIV resources most effectively. RWHAP recipients are encouraged to assess the outcomes of their programs along this continuum of care. Recipients should work with their community and public health partners to improve outcomes across the HIV care continuum. HRSA encourages recipients to use the performance measures developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

According to recent data from the 2018 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2014 to 2018, 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 81.4 percent to 87.1 percent; additionally, racial/ethnic, age-based, and regional disparities have decreased.[1] These improved outcomes mean more people with HIV in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.[2] Scientific advances have shown antiretroviral therapy (ART) preserves the health of people with HIV and prevents sexual HIV transmission. This means that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking people with HIV into care, retaining them in care, and helping them adhere to their ART.

Minority HIV/AIDS Fund from the HHS Secretary's Office (MHAF), HAB Technical Assistance, and Special Projects of National Significance (SPNS) Program
Through the MHAF and through HAB technical assistance cooperative agreements, HRSA has a number of projects that may be useful for RWHAP recipients to consider. Some select examples are:

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

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

Through its SPNS Program, HRSA's HAB funds demonstration project initiatives focused on the development of effective interventions to respond quickly to emerging needs of people with HIV receiving assistance under the RWHAP. Through these demonstration projects, SPNS evaluates the design, implementation, utilization, cost, and health related outcomes of innovative treatment models, while promoting dissemination, replication and uptake of successful interventions. SPNS findings have demonstrated promising new approaches to linking and retaining into care underserved and marginalized people with HIV. All RWHAP recipients are encouraged to review and integrate a variety of SPNS evidence-informed tools within their HIV system of care in accordance with the allowable service categories defined in PCN 16-02 Ryan White

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[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018. http://hab.hrsa.gov/data/data-reports. Published December 2019. Accessed December 2, 2019.
[2] National Institute of Allergy and Infectious Diseases (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: https://clinicaltrials.gov/ NCT00074581 NLM Identifier: NCT00074581.

[HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#) as resources permit. SPNS related tools may be found at the following locations:

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

- **Replication Resources from the SPNS Systems Linkages and Access to Care (https://targethiv.org/library/replication-resources-spns-systems-linkages-and-access-care)**
  There are Intervention manuals for patient navigation, care coordination, state bridge counselors, data to care, and other interventions developed for use at the state and regional levels to address specific HIV care continuum outcomes among hard-to-reach people with HIV.

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

II. Award Information

1. Type of Application and Award

Type of applications sought: NEW

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

As a cooperative agreement, HRSA programmatic involvement will include:
- Contributing to, reviewing, and approving documents including webinar content, training curriculum, publications, and other resources prior to printing, dissemination, or implementation.
- Collaborating in the design, operation, direction, and evaluation of program focus area activities, including meetings, training activities, guides, tools, workshops, and selection of all program participants.

- Providing assistance and collaboration in the management and technical performance of activities.
- Assisting with the coordination of the training and technical assistance efforts in the planning, development, and implementation of the various phases of these projects.
- Anticipating and providing guidance on the changes taking place in the health care environment that will affect the planning process.
- Coordinating with other RWHAP programs to address the training and technical assistance needs as they may relate to new/emerging strategic initiatives.
- Providing the expertise of HRSA personnel and other relevant resources to support the efforts of the initiative activities.
- Facilitating partnership and communication with other federal agencies, HRSA recipients, and community stakeholders to improve coordination efforts.

In collaboration with HRSA, the cooperative agreement recipient's responsibilities will include:
- Providing training and technical assistance to people with HIV and RWHAP recipients and subrecipients.
- Collaborating with HRSA and other stakeholders as necessary to plan, execute, and evaluate the activities.
- Disseminating training and technical assistance information and tools to RWHAP recipients and subrecipients.
- Modifying activities as necessary in keeping with the changing trends and needs of the people with HIV and RWHAP recipients.
- Ensuring training and technical assistance delivered to RWHAP recipients is clear and coordinated with other HRSA HAB training and technical assistance resources.
- Negotiating with HRSA to update existing work plans at least annually, and, as needed, integrate new priorities during the funding period (i.e., through monitoring calls or other communication as needed).
- Adhering to HRSA guidelines pertaining to acknowledgement and disclaimer on all products produced by HRSA award funds.
- Providing HRSA with a complete, updated, and accessible copy of all federally supported materials, including online content, prepared under this cooperative agreement in an electronic zip file format on an annual basis for the duration of the project; and
- Using TargetHIV as the website to post and disseminate project activities, information, materials, and products.

2. Summary of Funding

HRSA expects approximately $800,000 to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to $800,000 total cost (includes both direct and indirect, facilities, and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2020 federal appropriation. This program notice is subject to the appropriation of funds, and is a

contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds in a timely manner.

The period of performance is September 1, 2020 through August 31, 2024 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for Enhancing Engagement of People with HIV through Organizational Capacity Development and Leadership Training program 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.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include public, non-profit, and for profit entities, including health departments, state and local governments, community health centers, hospitals, medical centers, colleges and universities, faith-based and community-based organizations, and Tribes and tribal organizations.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

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

The NOFO is also known as "Instructions" on Grants.gov. You must provide your email address when reviewing or preparing the workspace application package in order to receive notifications including modifications and/or republications of the NOFO on Grants.gov before its closing date. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the For Applicants page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

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

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

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **40 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification
1) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended,

proposed for debarment, declared ineligible, or voluntarily excluded from
participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described
in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts
180 and 376, and 31 U.S.C. 3321).
3) Where you are unable to attest to the statements in this certification, an
explanation shall be included in Attachment 6: Other Relevant Documents.

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

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

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

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 as it responds to the purpose
set forth in this NOFO. Describe the overall approach proposed in conducting the
enhanced program activities aimed at leadership development and community
engagement for people with HIV, and organizational readiness to employ people
with HIV for RWHAP recipients and subrecipients. Briefly describe your
organization's experience in providing training and TA for people with HIV, local
and state health departments, community-based organizations, health centers,
clinical quality management teams, and advisory and planning groups.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion (1) Need*
Outline the special considerations and needs of people with HIV to be addressed
by the program activities. Identify any revisions needed to the existing curricula to
reflect the current HIV prevention and care service delivery system in the United
States. Describe any special considerations facing RWHAP recipients and
subrecipients seeking to include people with HIV in the workforce. This includes
issues that organizations have in recruiting, training, supervising, and
incorporating people with HIV in planning, advising, and staffing positions within
their organizations. Use and cite manuscripts, demographic data, and
epidemiologic data whenever possible to support the information provided.

- *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. 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 people with HIV, RWHAP recipients and subrecipients, and other community stakeholders. If applicable, include a plan to disseminate reports, products, and/or program outputs so key audiences receive the project information.

You should explore a range of strategies and activities to meet the expectations described for the following program activities. The activities should be replicable and applicable to a broad range of communities serving people with HIV.

A. **Leadership Training**

Provide a review of the existing HRSA HAB training curricula and resources provided in the Purpose section of this NOFO. In your review, include any areas of the curricula and resources that may need to be revised or any content that needs to be added based on changes in the HIV epidemic or the needs of key populations that have not been addressed; e.g., aging (50+), youth, Spanish language speakers, transgender, and recovery community. Describe how the training and resources content may be made fully accessible for people with disabilities according to [Section](#) [508 Guidelines](#) and free from errors.

Provide a description of innovative training modalities to be utilized to implement the curricula and resources. Include any tools and guides with a focus on supporting the participation and inclusion of people with HIV in the health care workforce through technically and culturally responsive services. This includes leadership in planning bodies, planning councils, consumer advisory boards, clinical quality management teams, and boards of directors, as well as positions such as community health workers, peer specialists, patient navigators, and peer outreach workers. You must provide training that utilizes and expands the existing curricula and resources from the progams referenced earlier in the purpose statement. You must describe how proposed cooperative agreement activities will enhance the existing curricula and resources. Unless identified as a gap during the review of the HRSA HAB training curricula review, funds may not be used to develop new training curricula.

The delivery mechanism should use previously developed tools and guides appropriate for the purpose and objectives and utilize both in-person and virtual training modalities. Training content for people with HIV (based on existing curricula and resources) should include but not be limited to:
  - Culturally relevant leadership development theory and models for people with HIV;

- Involvement in planning groups including planning councils, planning bodies, consumer advisory boards, and integrated planning groups;
- Clinical Quality Management methodologies and concepts, self-efficacy, and effective participation on quality improvement teams for people with HIV;
- Challenges of stigma and its impact on engagement and retention of people with HIV;
- Social determinants of health and their role in program planning;
- Health literacy, as it pertains to self-efficacy and patient engagement and retention;
- Data utilization for program planning and quality improvement;
- Navigating health care systems;and
- Other topics identified by the applicant as integral for leadership training curricula.

You are expected to provide trainings and resources focused on leadership development and community engagement for people with HIV utilizing and enhancing existing curricula. Additionally, you should focus a portion of the trainings and resources for people with HIV on the key populations most highly impacted by HIV, e.g., aging (50+), youth, Spanish language speaking, transgender, and recovery community populations. You are expected to provide virtual trainings to build and strengthen organizational readiness for RWHAP recipients and subrecipients.

Describe how you will implement the required trainings each year. This includes at least one training each year for each of the identified key populations. Describe how you will determine the training location, training dates, and training facilitators. Describe how you will collaborate with RWHAP recipients and subrecipients in the selection of training locations, training dates, and recruitment of participants. You should consider jurisdictional HIV data when determining regional training locations to ensure trainings are offered in impacted service areas where there is maximum potential to increase the currently limited participation of people of color with HIV.

Describe how you will financially support the participation of people with HIV in the trainings by providing special financial considerations for training attendees who do not have credit cards to use for up-front costs of attending the in-person trainings.

Describe the process for recruiting, selecting, and retaining participants for the trainings, including the identified key populations. Describe how you will ensure financial and logistical support for training participants from partnering organizations, RWHAP recipients and subrecipients, governmental agencies, or other local organizations to implement content covered during trainings.

Describe training modalities and techniques including, but not limited to in-person training, virtual training, email distribution lists, and online modules that will be used to successfully implement the training activities. Describe how you will develop effective tools and strategies for ongoing training, outreach, collaborations, clear communication, and information sharing/dissemination to encourage participation in future leadership opportunities for the participants/trainees in this program.

B. **Coaching for people with HIV**

The cooperative agreement recipient will provide people with HIV technically and culturally responsive coaching. Coaching in this context is explained by the Office of Personnel Management (OPM) as being time limited with a focus on performance or behavior transformation in which the coach and coachee collaborate to improve growth and development. Describe the process for the selection, training, and supervision of coaches, especially related to the key populations identified. Describe the number of coaches and the ratio of coaches to program participants. Describe recruitment of training participants for the coaching activity. Develop a formal, structured relationship between participants/trainees (people with HIV) and experienced peers (people with HIV) to assist in implementing skills learned during leadership trainings in local jurisdictions. Describe the development and implementation of peer coaching which helps create environments where people with HIV, especially racial/ethnic minority populations, can meaningfully participate in the planning, development, and implementation of RWHAP services. Describe how this will improve engagement by addressing skills and removing barriers to participation, inclusion, and communication. Describe the role and responsibilities of the coaches in identifying the needs of the trainees they are coaching and how to work with their trainees to resolve challenges they may face.

C. **Virtual support to enhance organizational readiness**

Describe the process for providing virtual support through TA and webinars that focus on employing people with HIV in RWHAP recipient and subrecipient organizations. The support should utilize a range of strategies to fulfill the following components:

1. Provision of virtual TA and webinars for RWHAP recipients and subrecipients on organizational readiness to employ people with HIV and engage people with HIV in the development of their decision-making bodies. The organizational readiness may include the development of job descriptions, hiring practices, supervisory structures, and training plans.

2. Identification and dissemination of best practices for supporting, hiring, and supervising community health workers, peer specialists, patient navigators, peer outreach workers, and others to reach

people with HIV not engaged in care because of barriers due to mental health and substance use disorders, homelessness, and other social determinants of health.

D. **Sustainability Plan**
Describe how you will develop a plan for sustainability of project activities after the period of federal funding ends. Describe the implications to be taken into consideration when developing the sustainability plan. Describe the perceived challenges related to sustaining the project activities.

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

  A work plan is a concise, easy-to-read overview of your goals, strategies, objectives, activities, timeline, and staff responsible for implementing the project.

  You must describe the activities or steps that you will use to achieve each of the components proposed. Submit the detailed work plan for the period of performance from September 1, 2020 – August 31, 2024. Use a timeline 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. The work plan must include clearly written (1) goals; (2) objectives that are specific, measurable, achievable, realistic, and time-framed (SMART); (3) action steps or activities; (4) staff responsible for each action step; and (5) anticipated dates of completion. The work plan should be included 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 project activities described in the work plan and approaches that you will use to resolve such challenges. Describe specific challenges and resolutions related to recruitment and retention of people with HIV and targeted subpopulations into project activities. Describe specific challenges and resolutions related to workforce capacity and site readiness activities. Describe specific challenges and resolutions related to participant travel and logistics.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria (*3) Evaluative Measures and (5) Resources/Capabilities
  Describe your organization's capacity to develop and conduct an evaluation of the project activities. Describe the proposed staff's (including consultants' and contractors', if applicable) knowledge and expertise in conducting evaluations of the project activities. Discuss any examples of previous projects that reflect the expertise of proposed staff.

  Describe your plan for evaluation of all project activities. Describe the theoretical basis for the evaluation design including the methodology(s) you will use and rationale for selecting the methodology(ies). Describe all the necessary

components of the evaluation including process and outcome. Describe how you will develop a work plan related to the evaluation activities. Identify the data needed to implement the evaluation. Describe how you will collect the data needed to conduct the evaluation.

Describe the proposed key project staff's (including any consultants' and contractors', if applicable) experience in dissemination of findings such as collaborative writing and publishing study findings in peer-reviewed journals and in making presentations at conferences. Describe any experience in the development and dissemination of web-based tools and materials.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion* (5) Resources/Capabilities
Describe your mission, structure, scope of current activities, and number of years of experience in developing, implementing, and monitoring each project activity. Describe your organization's experience in working with people with HIV, local and state health departments, community-based organizations, health centers, clinical quality management teams, and advisory and planning groups. Describe how these all contribute to your organization's ability to successfully implement this project and meet the goals and objectives of this project.

Highly qualified applicants should have at least three (3) years of experience training people with HIV in leadership and community engagement, and must demonstrate capacity to recruit, train, and collaborate with RWHAP recipients that provide services to communities most impacted by HIV.

Describe your organization's expertise and capacity to support the training of people with HIV, including travel and logistics. Describe prior experience providing special financial considerations for training attendees who do not have credit cards to use for up-front costs of attending the in-person trainings.

Include a one-page project organizational chart as **Attachment 2,** depicting the organizational structure of the project (not the entire organization), and include contractors (if applicable) and other significant collaborators. If you will use consultants and/or contractors to provide any of the proposed services, describe their roles and responsibilities on the project. Include signed letters of agreement, memoranda of understanding, and brief descriptions of proposed and/or existing contracts related to the proposed project in **Attachment 3**.

Include a staffing plan for proposed project staff, including qualifications, and brief job descriptions to include the roles and responsibilities; including who will manage/oversee the various project activities. Include this plan as **Attachment 4**. See Section 4.1. of HRSA's SF-424 Application Guide for additional information.

Include short biographical sketches, each not to exceed two pages in length, of key project staff as **Attachment 5**. See Section 4.1. of HRSA's SF-424 Application Guide for information on the content for the sketches. If a biographical sketch for an individual not yet hired is included, you must attach a letter of commitment signed by the individual.

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.

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

iii.   Budget

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

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

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

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

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

Attachment 1: Work Plan
Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative.

Attachment 2: Project Organizational Chart
Provide a one-page figure that depicts the organizational structure of the project.

Attachment 3: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)
Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Make sure any letters of agreement are signed and dated.

Attachment 4: 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 5: 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.

Attachments 6-8 Other Relevant Documents
Include here any other documents that are relevant to the application. Please note that all optional attachments count toward the ***40-page*** *limit.*

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active

federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

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

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

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

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

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 fedeal-wide. Effective January 1, 2020, 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 *March 18, 2020 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

Enhancing Engagement of People with HIV through Organizational Capacity Development and Leadership Training (E2tDLT) 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

Applicants responding to this announcement may request funding for a project period of up to four (4) years, at no more than $800,000 per year. 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.

Funds under this announcement may not be used for the following purposes:
- Provision of direct health care or supportive services,
- To develop materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual,
- PrEP or Post-Exposure Prophylaxis (nPEP) medications or the related medical services (also see the June 22, 2016 RWHAP and PrEP program letter),
- Syringe services programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See https://www.aids.gov/federal-resources/policies/syringe-services-programs/,
- Purchase or construction of new facilities or capital improvement to existing facilities,
- Purchase of or improvement to land,
- Purchase of vehicles,
- International travel, or
- Cash payments to intended clients of RWHAP services**.**

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

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), pursuant to the Continuing Appropriations Act, 2020, and Health Extenders Act of 2019 (P.L. 116-59), Division A, § 101(8), are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply, as required by law in subsequent appropriations acts for FY 2020. HRSA will issue an NOA that references the final FY 2020 appropriations act.

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 is considered additive and must be used for approved project-related activities. Grant recipients are responsible for ensuring that subrecipients have systems in place to account for program income, and for monitoring to ensure that subrecipients are tracking and using program income consistent with RWHAP requirements. You can find additional information about post-award requirements for program income at 45 CFR § 75.307 and PCN #15-03 Clarifications Regarding the RWHAP and Program Income .

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 Enhancing Engagement of People with HIV through Organizational Capacity Development and Leadership Training (E2tDLT) has six (6) review criteria. See the review criteria outlined below with specific detail and scoring points.

Criteria	Points
Criterion 1: Need	10
Criterion 2: Response	30
Criterion 3: Evaluation Measures	10
Criterion 4: Impact	10
Criterion 5: Resources/ Capabilities	35
Criterion 6: Support Requested	5
Total	100

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment
      a. Strength of the proposal to describe the purpose of the proposed project as it responds to the purpose set forth in this NOFO.

      b. Strength of the proposal to describe the overall approach proposed to conduct the project activities aimed at leadership development, community engagement, and organizational readiness for people with HIV.

c. Strength of the proposal to describe organization's experience working with people with HIV, local and state health departments, clinical quality management teams, community-based organizations, health centers, and advisory and planning groups to develop and implement the project activities.

d. Strength of the proposal to identify the special considerations and needs of people with HIV and HIV care organizations to be addressed by the project activities.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology, Workplan, and Resolution of Challenges

1. **Leadership Training** (15 points)

   a. Strength and clarity of the proposal to review the existing training curricula and products, identify need for revisions or development of new content, and ability to create content that is fully accessible for people with disabilities according to Section 508 Guidelines and free from errors.

   b. Strength and clarity of the proposal to describe the implementation of the trainings annually including trainings specifically for identified key populations.

   c. Strength and clarity of the proposal to describe the process for recruiting, selecting, and training participants.

   d. Strength and clarity of the proposal to describe how the organization will provide financial support to people with HIV to attend trainings, especially people with HIV who do not have credit cards to use for up-front costs of attending the in-person trainings.

2. **Coaching for people with HIV** *(5 points)*

   a. Strength and clarity of the proposal to describe a formal, structured relationship between people with HIV participants/trainees and experienced peers (people with HIV) (project activity 1) to assist in implementing skills learned during leadership training.

   b. Strength and clarity of the proposal to describe the development and implementation of peer coaching which helps create environments where people with HIV, especially racial/ethnic minority populations, can meaningfully participate in the planning, development, and implementation of RWHAP services.

   c. Strength and clarity of the proposal to describe the role and responsibilities of the coaches in identifying the needs of the trainees they are coaching and how to work with their trainees to resolve challenges they may face.

3. **Virtual Support for Organizational Readiness** *(5 points)*

   a. Strength and clarity of the proposal to describe the framework for providing virtual TA.

   b. Strength and clarity of the proposal to assess and track virtual training and technical assistance provided to RWHAP recipients and subrecipients.

   c. Strength and clarity of the proposal to identify and disseminate best practices and intervention strategies for supporting and supervising people with HIV in the workforce.

4. **Resolution of Challenges** *(5 points)*

   a. Strength and clarity of the proposal to decribe the challenges likely to be encountered in designing and implementing the activities described in the needs assessment and work plan sections of the narrative.

   b. Strength, clarity, and feasibility of the activities/approaches/methodologies for identifying, addressing, and resolving these challenges.

   c. Strength and clarity of the proposal to describe the applicant's ability to effectively resolve challenges related to participant travel and logistics.

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

   a. Strength and clarity of the proposal to describe a plan to rigorously evaluate all activities to assess program performance.

   b. Strength and expertise of the organization to develop, implement, and report the findings of an evaluation for the project activities.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Workplan

   a. Strength and clarity of the work plan's goals and objectives that will meet the program requirements (as outlined in Section I) and correspond to the described methodologies.

   b. The extent to which the applicant's proposed work plan activities and timeline are measurable and feasibly achievable with clearly outlined action steps, target populations, proposed outcomes, end dates, and responsible staff. Strength and usefulness of the proposed tools/products/resources to be developed as a result of the project activities and the extent to which these will be applicable and available for continued use after the end of federal funding.

Criterion 5: RESOURCES/CAPABILITIES (35 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information

a. Strength of the applicant's capacity and expertise that demonstrates at least three (3) years of experience training people with HIV on aspects of leadership and planning, navigating the health care system, and/or serving as peers in HIV outreach and care services.

b. Strength of the applicant's capacity and expertise in building capacity of people with HIV to serve in leadership roles on planning/advisory bodies and CQM teams.

c. Strength of the applicant's capacity and expertise in working with local and state health departments, clinicians, community based organizations, health centers, and advisory and planning groups.

d. Strength of the applicant's capacity to collaborate with partner organizations that represent and focus on the target populations to be trained.

e. Strength of the applicant's capacity to provide trainings in Spanish.

f. Strength of the applicant's capacity to demonstrate past experience in providing special financial considerations for training attendees who do not have credit cards to use for up-front costs of attending the in-person trainings.

g. Strength and clarity of the applicant's staffing plan, including adequate percentages of FTEs, to address all aspects of the project activities.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and Budget Narrative

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

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

c. Strength and clarity of the applicant's narrative in describing and justifying each line item in relation to the goals and objectives of the program; and comparability across budget documents.

d. The extent to which the budget and budget justification provide a clear justification of proposed staff, contracts and other resources.

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 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, 2020. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other

obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See 45 CFR § 75.101 Applicability for more details.

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 three times per year. Further information will be available in the NOA.

2) **Other required reports and/or products.** Work products developed through this project will be required from the recipient under this NOFO. Further information will be available in the NOA.

3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

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 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:

Amelia Khalil
Lead Public Health Analyst, Division of Policy and Data
Attn: Leadership, Community Engagement and Readiness for People with HIV NOFO
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09N164C
Rockville, MD 20857
Telephone: (301) 443-0527
Email: akhalil@hrsa.gov

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

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

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

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar and Conference Call

Day and Date: Wednesday, January 29, 2020
Time: 1:00 p.m. to 2:00 p.m. ET
Call-In Number: 1-888-455-9760
Participant Code: 3008552
Weblink: **https://hrsa.connectsolutions.com/eeop-hiv-ta/**

Tips for Writing a Strong Application

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