

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

HIV/AIDS Bureau  
Division of Policy and Data

Reducing Stigma at Systems, Organizational, and Individual Client Levels in the  
Ryan White HIV/AIDS Program

**Funding Opportunity Number:** HRSA-20-112

**Funding Opportunity Type:** New

**Assistance Listings (CFDA) Number:** 93.145

**NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2020

**Application Due Date: June 8, 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: April 9, 2020**

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Authority: Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, Title II

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2020 *Reducing Stigma at Systems, Organizational, and Individual Client Levels in the Ryan White HIV/AIDS Program*. The purpose of this program is to develop a training and technical assistance program to reduce stigma for people with HIV on multiple levels throughout the health care delivery system, including on an individual client level. The program will focus on implementing various stigma-reducing approaches with an emphasis on cultural humility.

Funding Opportunity Title:	Reducing Stigma at Systems, Organizational, and Individual Client Levels in the Ryan White HIV/AIDS Program
Funding Opportunity Number:	HRSA-20-112
Due Date for Applications:	June 8, 2020
Anticipated Total Annual Available FY 2020 Funding:	\$1,650,000
Estimated Number and Type of Award:	1 cooperative agreement
Estimated Award Amount:	Up to \$1,650,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2020 through August 31, 2024 (4 years)
Eligible Applicants:	Eligible applicants include public and non-profit private 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.  See <a href="#">Section III.1</a> 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*

Day and Date: Tuesday, May 5, 2020

Time: 2:00 p.m. - 3:00 p.m. ET

Weblink: <https://hrsa.connectsolutions.com/hrsa-20-112-pre-app-ta/>

Call-In Number: 1-888-469-1573

Participant Code: 7053428

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## I. Program Funding Opportunity Description

### 1. Purpose

This notice announces the opportunity to apply for funding for the Ryan White HIV/AIDS Program's (RWHAP) *Reducing Stigma at Systems, Organizational, and Individual Client Levels in the Ryan White HIV/AIDS Program* administered by the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB). HRSA will fund one cooperative agreement to develop a training and technical assistance program to reduce stigma for people with HIV on multiple levels throughout the health care delivery system, including on an individual client level. The program will focus on implementing various stigma-reducing approaches with an emphasis on cultural humility. The overall aim of the activities is to increase cultural humility in care and treatment settings for people with HIV to improve linkage, retention in care, and viral suppression. Training and technical assistance through this effort will build on existing programs and will be coordinated with similar activities in the HRSA RWHAP, National Institutes of Health, the Centers for Disease Control and Prevention, and the Minority HIV/AIDS Fund's [Building Leaders of Color](#) project.

The *Reducing Stigma at Systems, Organizational, and Individual Client Levels in the Ryan White HIV/AIDS Program* project will include activities such as:

- Assess the readiness of RWHAP recipients, with engagement from people with HIV, to implement stigma reduction strategies in their organizations and service delivery systems and assess any technical assistance needs related to implementing stigma reduction strategies.
- Develop an inventory of existing trainings, tools, and materials that reduce stigma using evidence informed interventions and strategies that emphasize cultural humility relevant to this cooperative agreement. Sources may include HRSA [Special Projects of National Significance Program](#), HRSA [AIDS Education and Training Center Program](#), [Centers for Disease Control and Prevention Training Centers](#), <https://www.hiv.gov/federal-response/pepfar-global-aids/pepfar>, and [Health Policy Project](#), among others;
- Provide training and time-limited technical assistance to RWHAP recipients to reduce stigma through implementing evidence informed interventions and implementing strategies in their organizations and service delivery systems
- Provide training for people with HIV in stigma reduction interventions;
- Develop, facilitate, and evaluate learning collaboratives aimed at reducing stigma through implementing evidence informed interventions and strategies- participants include staff from RWHAP recipients and people with HIV; and
- Participate in national conferences and forums, such as the National Ryan White Conference on HIV Care and Treatment by submitting abstracts for presentations and disseminating information relevant to the target audience. HRSA will provide input and approval of potential abstracts and presentations.

## 2. Background

### Reducing Stigma at Systems, Organizational, and Individual Levels

For the purpose of this funding opportunity, Yeager and Bauer-Wu (2013) define stigma as beliefs and attitudes that deeply discredit a person or group of people because of an association with HIV or AIDS. These beliefs and attitudes lead to harmful actions or discrimination toward that person or group of people. People with HIV often experience negative attitudes and harmful actions that deter them from accessing services, disclosing health information to providers, and adhering to treatment. Because stigma can have a negative effect on the health and health outcomes of people with HIV, incorporating evidence-based strategies with an emphasis on cultural humility into service delivery systems may improve the well-being of people with HIV and the treatment of people with HIV (Yeager and Bauer-Wu, 2013).

Cultural humility is defined as a continuous, lifelong process where the individual examines their own beliefs, cultural identities, biases, and values as well as the beliefs and cultures of others in order to develop an increased understanding of others (Tervalon & Murray-Garcia, 1998 and Kumagai & Lypson, 2009). Cultural humility is fluid, dynamic, and more than learning about the culture of a group of people. Tervalon and Garcia describe cultural humility as “relinquishing the role of expert to the patient, becoming the student of the patient with a conviction and explicit expression of the patient’s potential to be a capable and full partner in the therapeutic alliance.” (Tervalon, 1998). Applying cultural humility approaches in care and treatment settings results in improved patient satisfaction, better medical adherence, and improved health outcomes (Chang, 2012). HIV systems of care, organizations, and policies can benefit from these approaches through implementing evidence informed strategies and interventions that emphasize cultural humility in order to reduce stigma. HRSA plans to develop a multilevel training and technical assistance program to reduce stigma and improve health outcomes based on these concepts.

The outcomes of the cooperative agreement will be evaluated using an implementation science framework. Implementation science is the scientific study of methods to promote or improve the systematic uptake of evidence-based interventions into practice and policy that improves the intervention’s effect on health (Bauer, 2015). Evidence-informed interventions are strategies, models, or approaches that have been proven effective or have shown promise as a methodology, practice, or means of improving the care and treatment of people living with HIV (Rabin, 2018). The implementation science framework will facilitate an understanding of which mechanisms are most effective in reducing stigma and improving health outcomes in the HIV service delivery system.

### 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 fewer 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.<sup>1</sup> 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.<sup>2</sup> 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 (TA) 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 HAB's SPNS Program, HRSA 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 HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](#) as resources permit. SPNS related tools may be found at the following locations:

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<sup>1</sup> 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.

<sup>2</sup> 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.



- **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 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 Funds (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 activities, including technical assistance, 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.
- 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.
- 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 cleared 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;
- Using TargetHIV as the website to post and disseminate project activities, information, materials, and products that are error free and accessible for individuals with disabilities in accordance to [Section 508 Compliance Guidelines](#); and
- Respond to requests by HRSA for data and information related to project activities.

**2. Summary of Funding**

HRSA expects approximately \$1,650,000 to be available annually to fund one (1) recipient. You may apply for a ceiling amount of up to \$1,650,000 total cost (includes both direct and indirect, facilities, and administrative costs) per year.

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

Reducing Stigma at Systems, Organizational, and Individual Levels 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 and non-profit private 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 #:7-10 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 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 project. This section should describe how the proposed project addresses the goals of providing training and technical assistance to implement evidence informed strategies and interventions on system, organizational, and individual levels to reduce stigma with an emphasis on cultural humility within RWHAP funded organizations. Describe the overall approach proposed in conducting the program activities to reduce stigma by implementing evidence-based interventions with an emphasis on cultural humility. Include a discussion that describes any partnerships or collaborations for this project.

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

This section should demonstrate your understanding of the need for delivery of training and technical assistance to implement evidence informed interventions and strategies that reduce stigma with an emphasis on cultural humility to RWHAP funded organizations. Describe the major factors that contribute to stigma on the system, organizational, and individual level within the service delivery system and the need for cultural humility adaptation. Describe the populations that are most impacted by stigma and lack of cultural humility in the HIV service systems and the barriers and challenges that they face. Discuss evidence informed models and culturally adapted interventions developed to overcome stigma in the HIV service systems.

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

**Assessment of readiness and technical assistance needs:** Describe how you will develop and implement assessments that gauge the readiness to implement interventions and strategies to reduce stigma in organizations and HIV service systems and assess any technical assistance needs related to implementing stigma

reduction strategies. This cooperative agreement should explore a range of strategies to fulfill the following components:

- Identify technical assistance needs for members of the organizations, individuals, and HIV service systems to implement evidence informed interventions and strategies to reduce stigma;
- Utilize evidence from peer-reviewed manuscripts to develop readiness assessments;
- Engage at least one researcher with experience in evidence informed interventions and strategies to reduce stigma in developing the readiness assessment and validating the implementation of the readiness assessment(s);
- Incorporate components related to the multidivisional components of stigma (e.g., race/ethnicity, sexual orientation, health conditions, behavioral health, etc.);
- Gauge readiness of systems, organizations and individuals (such as case managers, physicians, medical assistants, receptionists, Part A EMA or TGA, states) to implement interventions and strategies to reduce stigma in organizations and HIV service systems; and
- Utilize the assessment results to recruit individuals and organizations to receive technical assistance and participate in learning collaboratives.

**Training:** Describe how you will design and implement training as described in this NOFO. Identify potential activities and products for each type of training. Describe the methodologies implemented to support skills building, participatory learning, and use of technology. Describe how you will recruit and retain participants including people with HIV throughout the duration of training activities and promote sustainability and scalability of the activities among RWHAP recipients. Describe the methods to achieve the following types of training.

**Development and Implementation of New and Innovative Training** focused on reducing stigma through implementing evidence informed interventions and strategies with an emphasis on cultural humility for HIV service systems, organizations, and individuals. The overall aim is to improve linkage, retention, and viral suppression. You should describe strategies to fulfill the following components:

- Describe how the training will meet the differing needs of HIV service systems, organizations, and individuals;
- Identify the number of trainings to be provided annually, anticipated number of training participants in each training, and the target audience for each training;
- Describe how you will reach and engage the target audience of RWHAP recipient staff (or contractor) throughout the development, implementation, and supporting training activities;
- Describe how you will ensure the training curriculum and supporting materials are accessible for individuals with disabilities in accordance with [Section 508 Guidelines](#), error free, and available on [TargetHIV](#);
- Describe how you will work with jurisdictions and RWHAP recipients in the selection of training locations, training dates, and recruitment of participants;

- 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 the process to be used for recruiting, selecting, and retaining participants for the trainings, including the identified key populations.
- Describe how you will maximize existing funding among the participants to support travel and logistics; and
- Describe, if applicable, how you will financially support the participation of people with HIV in the trainings by providing special financial considerations for training participants who do not have credit cards to use for up-front costs of attending the in-person trainings.

**Targeted, Time-limited Technical Assistance (TA):**

Implementation of targeted, time-limited TA focused on implementing evidence informed interventions and strategies that reduce stigma with an emphasis on cultural humility tailored to the needs of HIV service systems, organizations, and individuals within the HIV service system. You should describe strategies to fulfill the following components:

- The use of multiple communication and interaction methods to deliver technical assistance;
- The identification of methods that will be used to provide and manage targeted, time-limited TA, which facilitates the implementation of evidence informed strategies and interventions to reduce stigma on multiple levels including identification and resolution of challenges;
- The process for providing virtual and in-person TA to facilitate the implementation of evidence informed strategies and interventions to reduce stigma on multiple levels within jurisdictions and RWHAP recipients. This includes providing assistance in the development or revision of agency structures, policies, procedures, use of technology, hiring practices, supervisory structures, and training plans to reduce stigma;
- The recruitment and retention of staff and consultants including people with lived experience that have the appropriate skills and knowledge required to implement targeted, time-limited TA; and
- The routine and timely communication of program progress and challenges requiring immediate attention to HRSA project officer assigned to this cooperative agreement.

**Learning collaboratives:** Describe how you will develop, facilitate, and evaluate learning collaboratives with a national or regional focus. By the end of each learning collaborative, RWHAP recipients should have implemented evidence-based strategies and interventions to reduce stigma with an emphasis on cultural humility in HIV service systems and on organizational and individual levels.

Your proposal should describe a range of strategies to fulfil the following components:

- During a four-year period of performance, facilitate a minimum of two learning collaboratives. The participants of the learning collaboratives should include recipient staff and people with HIV;
- Follow the Institute for Healthcare Improvement collaborative model for the learning collaboratives;
- Develop and propose a mechanism for accelerating the launch of the learning collaboratives by streamlining participant recruitment and engagement efforts, clearly defining participant expectations, and clearly outlining evaluation activities;
- Use virtual, in-person, or a combination of methods to convene learning collaborative participants;
- Implement a mechanism to track reduction in stigma among the participants;
- Incorporate methods, tools, and resources for participants to sustain improvement within their organization and HIV service;
- Develop methods to engage the HRSA project officer and HRSA designated staff in the development, initiation, and management of the learning collaboratives, determination of focus, participant recruitment, identification and resolutions of challenges.

### **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 and facilitators related to sustaining the project activities.

- *WORK PLAN -- Corresponds to Section V's Review Criteria (2) Methodology 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**.

### **Logic Models**

You must submit a logic model for designing and managing the project. 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 the:

- 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., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

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 can 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>. The logic model should be included as **Attachment 6**.

▪ *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 program participants into program activities, including people with HIV, staff members, organizations, and HIV service systems. Describe specific challenges and resolutions related to development or revision of agency structures, policies and procedures, use of technology, hiring practices, supervisory structures, and training plans to implement stigma reduction strategies with an emphasis on cultural humility. Describe specific challenges and resolutions related to travel and logistics.

▪ *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria (3) Evaluative measures and (5) Resources/Capabilities*

Describe the proposed staff's (including consultants' and contractors' if applicable) knowledge and expertise applying concepts and conducting interventions from stigma and cultural humility research. The framework for the evaluation should be based in implementation science.

Describe experience, skills, and knowledge of proposed staff related to stigma, cultural humility, implementation science, readiness assessments, training, and technical assistance.

Describe the proposed staff's fiscal and programmatic knowledge of, expertise in, and authority to manage the program and serve as the contact person for HRSA staff.

Describe your organization's capacity to develop and conduct an evaluation of the project activities. Describe the proposed staff's, including stigma researchers' (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 any potential obstacles for implementing the program performance evaluation and how you plan to address those obstacles.

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 (s). Identify prospective evaluation questions that address the effectiveness of implementation of stigma reduction interventions as well as the achievement of interim and longer-term program outcomes. Describe all the necessary components of the evaluation including process and outcome measures, how these measures will be operationalized, and plans for collection of data assessing these measures.

Describe how you will develop a work plan related to the evaluation activities. Identify the data that will need to be collected as part of the implementation of 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 disseminating program information such as collaborative writing and publishing manuscripts 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 and implementing each activity. Describe your organization's experience in reducing stigma and improving cultural humility. Describe how these all contribute to your organization's ability to successfully implement this project and meet the goals and objectives of this program.

Highly qualified applicants should have at least three (3) years of experience working with reducing stigma and improving cultural humility or similar activities.

Describe your organization's expertise and capacity to support the training participants (if applicable), including travel and logistics. Describe prior experience providing special financial considerations for training participants 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 (**Attachment 5**) that depicts 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 4**.

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 2**. See Section 4.1. of HRSA’s SF-424 Application Guide for additional information. Include short biographical sketches of key project staff (each not to exceed two pages in length) as **Attachment 3**. 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.

<b>NARRATIVE GUIDANCE</b>	
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.	
<b><u>Narrative Section</u></b>	<b><u>Review Criteria</u></b>
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 Further Consolidated Appropriations Act, 2020 (P.L. 116-94), Division A, Title II, Sec. 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](#).

Provide a budget narrative that explains the amounts requested for each line of the budget. The budget narrative should specifically describe how each item would support the achievement of proposed objectives.

**v. Attachments**

**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: 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, and/or Description(s) of Proposed/Existing Contracts (project-specific)**

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

**Attachment 5: Project Organizational Chart**

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

***Attachment 6: Logic Model***

Provide a logic model for designing and managing the project. Use existing model from the literature.

***Attachments 7-10: 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 federal-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](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 **June 8, 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

*Reducing Stigma at Systems, Organizational, and Individual Client Levels in the Ryan White HIV/AIDS Program* is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

#### 6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than \$1,650,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

You cannot not use funds under this announcement for the following purposes:

- Provision of direct health care or supportive services,
- To develop materials designed to directly promote or encourage 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
- 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 A of the Further Consolidated Appropriations Act, 2020 (P.L. 116-94) 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 FY 2021, as required by law.

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

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

## V. Application Review Information

### 1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has critical indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review. Review criteria are used to review and rank applications. The *Reducing Stigma at Systems, Organizational, and Individual Client Levels in the Ryan White HIV/AIDS Program* 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	40
Criterion 3: Evaluation Measures	15
Criterion 4: Impact	15
Criterion 5: Resources/ Capabilities	15
Criterion 6: Support Requested	5
Total	100

Criterion 1: NEED (10 points) – Corresponds to Section IV’s Introduction and Need 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 develop a training and technical assistance program to reduce stigma for people with HIV on multiple levels throughout the health care delivery system and on an individual level.
- c. The extent to which major factors contributing to stigma and the populations most impacted by stigma in the HIV service delivery model are described.

*Criterion 2: RESPONSE (40 points) – Corresponds to Section IV’s Methodology*

Assessment of readiness and technical assistance needs: (5 points)

- a. Strength and clarity of proposal to assess the readiness and technical assistance needs of RWHAP recipients and people with HIV to implement evidence informed strategies to reduce stigma on a system, organizational, and individual level.

Training (10 points)

- a. The extent to which the applicant plans to use new and innovative trainings to implement evidence informed strategies to reduce stigma on a system, organizational, and individual level.
- b. Strength and clarity of the proposal to identify the number of trainings and describe the facilitation of trainings including the training content to reduce stigma on multiple levels.
- c. Strength and clarity of the proposal to describe the process of recruiting, selecting and engaging training participants.
- d. Strength and clarity of the proposal to ensure training materials are fully accessible for people with disabilities according to [Section 508 Guidelines](#).

Targeted, Time-limited Technical Assistance (10 points)

- a. Feasibility of the proposed use of multiple communication and interactive methods to deliver TA to implement evidence informed strategies to reduce stigma on a system, organizational, and individual level.
- b. Strength and clarity of the proposal to assess the impact of implementing evidence informed strategies to reduce stigma on a system, organizational, and individual level.

Learning Collaboratives (10 points)

- a. Strength and clarity of the proposal’s description of the purpose and framework of the learning collaborative including the processes for developing, implementing, and monitoring the learning collaborative, including goals, key milestones, activities, and outcomes.
- b. Strength and clarity of the proposal’s description of the collaborative members and how the applicant will maintain engagement and participation of learning collaborative members in all activities throughout the completion of the learning collaborative.



- c. Strength and clarity of the proposed work plan detailing corresponding activities and timelines for both the implementation of the learning collaborative and recipient engagement.

Resolution of Challenges (5 points):

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

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

- a. Strength and clarity of the proposed methods to monitor and evaluate the progress of the funded project and the results of the training and technical assistance provided to implement evidence informed strategies to reduce stigma on a system, organizational, and individual level.
- b. Strength and clarity of the proposed evaluation plan in assessing outcomes of stigma reduction training and technical assistance among the targeted RWHAP recipient(s).
- c. Strength and clarity of the proposed evaluation methodology in assessing the extent to which the project has met its objectives and if these results can be attributed to the project activities.
- d. Strength and clarity of the proposed method(s) to collect data and the appropriateness to the program.

*Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Work Plan (10 points):*

- a. The extent to which the work plan includes clear and feasible goals, objectives, and key action steps that will meet the program requirements (as outlined in Section I) and corresponds to the described methodologies.
- b. Strength and clarity of a timeline that includes each step of the proposed activity, target date for completion, and identifies staff responsible for the activities.
- c. 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 useable for continued use after the end of this project.

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

- a. Strength and clarity with which the organizational capacity and specific areas of organizational expertise relate to the proposed project.
- b. Strength of the applicant's demonstrated programmatic and fiscal knowledge and expertise related to this project among the key personnel, partnering organizations, and consultants (if applicable).
- c. Strength and clarity with which the applicant and key personnel possess the experience, skills, and knowledge to implement the evaluation activities reflective of the project activities, including individuals on staff, materials published, and previous work of a similar nature.

- d. Strength and clarity with which the applicant and key personnel possess experience, skills, resources, and knowledge for successful implementation of the stigma reduction T/TA.
- e. Strength and clarity of the applicant's capacity and expertise in coordinating, facilitating, and implementing at least two learning collaboratives using the Institute for Healthcare Improvement Framework.
- f. Strength and clarity of the applicant capacity and expertise in working with members of the organizations, individuals, and HIV service systems to implement evidence informed interventions and strategies to reduce stigma.

*Criterion 6: SUPPORT REQUESTED (5 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.

- a. The extent to which costs, as outlined in the budget and budget justification are reasonable given the scope of work.
- b. The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

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

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

See Section 5.3 of HRSA's SF-424 Application Guide for more details.

## **3. Assessment of Risk and other Pre-award Activities**

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

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

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

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

## **VI. Award Administration Information**

### **1. Award Notices**

HRSA will issue the Notice of Award (NOA) prior to the start date of 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 and Contracts under Grants**

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 [FAPIS](#), 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](mailto: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: Reducing Stigma at Systems, Organizational and Individual Levels 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](mailto: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](mailto:support@grants.gov)  
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday–Friday, 8 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**

#### *Webinar*

Day and Date: Tuesday, May 5, 2020

Time: 2:00 p.m. - 3:00 p.m. ET

Weblink: <https://hrsa.connectsolutions.com/hrsa-20-112-pre-app-ta/>

Call-In Number: 1-888-469-1573

Participant Code: 7053428

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

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