

# U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

# HRSA

Health Resources & Services Administration

HIV/AIDS Bureau

Office of Training and Capacity Development

## ***Regional AIDS Education and Training Centers***

**Funding Opportunity Number:** HRSA-19-035

**Funding Opportunity Type(s):** New and Competing Continuation

**Catalog of Federal Domestic Assistance (CFDA) Number:** 93.145

## **NOTICE OF FUNDING OPPORTUNITY**

Fiscal Year 2019

**Application Due Date: December 10, 2018**

*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: October 12, 2018**

**Modification Date: November 23, 2018**

**Modification 1:** Table 2 on page(s) 10-11 moves the state of Missouri from the Southeast Regional AETC to the Midwest Regional AETC.

**Modification 2:** Section IV.2.ii. p.18 (1) - Practice Transformation Project (PT) eligibility has been clarified.

**Modification 3:** a reference and link to the FAQs has been added on pages ii and 46.

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Authority: Section 2692(a) (42 U.S.C. §300ff-111(a)) and section 2693 (42 U.S.C. § 300ff-121) of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009. Funds for the CDC Expanded Testing Initiative are authorized under Sections 301 and 318 of the Public Health Service Act (42 U.S.C. Section 241 and 247c), as amended. Secretary's Minority AIDS Funds are authorized 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, Title II. Funds for the Practice Transformation Expansion Project are authorized under Section 330 of the Public Health Service Act (42 U.S.C. 254b), as amended.

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 Regional AIDS Education and Training Centers (AETC) Program, a component of the Ryan White HIV/AIDS Part F AETC Program. The purpose of this program is to provide funding for targeted, multidisciplinary education and training for health care professionals to provide health care services to people living with HIV (PLWH). The overarching goal of the AETC Program is to increase the number of health care providers who are educated and motivated to counsel, diagnose, treat, and medically manage PLWH and to help prevent HIV transmission.

Funding Opportunity Title:	Regional AETC Program
Funding Opportunity Number:	HRSA-19-035
Due Date for Applications:	December 10, 2018
Anticipated Total Annual Available FY 2019 Funding:	\$29,100,000
Estimated Number and Type of Award(s):	Up to eight (8) cooperative agreements
Estimated Award Amount:	Varies per region, subject to the availability of funds.
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2019 through June 30, 2024 (5 years)
Eligible Applicants:	Eligible applicants include public and nonprofit private entities and schools and academic health science centers. Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.  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, November 13, 2018

Time: 3 – 4:30 p.m. ET

Call-In Number: 1-888-989-6490

Participant Code: 6692465

Weblink: [https://hrsa.connectsolutions.com/fy19\\_rae\\_tc/](https://hrsa.connectsolutions.com/fy19_rae_tc/)

HAB will record the TA webinar and make it available on the TargetHIV website. Also available will be a Frequently Asked Questions document, which will be continuously updated, on:

<https://targethiv.org/library/funding-opportunity-part-f-aetc-regional-training-centers-hrsa-19-035>



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# **I. Program Funding Opportunity Description**

## **1. Purpose**

This notice announces the opportunity to apply for funding under the *Regional AIDS Education and Training Centers (AETC)*, a component of the Ryan White HIV/AIDS Part F AETC Program. The AETC Program consists of the Regional AETC Program, two (2) National AETCs, and an AETC National Evaluation Contractor (NEC). The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB), Office of Training and Capacity Development administers this program.

The Regional AIDS Education and Training Center (AETC) Program has been a cornerstone of HRSA's HIV/AIDS program for nearly three decades. Funding under this announcement will support a network of eight (8) regional AETCs. Each regional AETC will increase the number of health care providers who are trained and intend to counsel, diagnose, treat, and medically manage people living with HIV (PLWH) and help prevent high-risk behaviors that lead to HIV transmission.

You are encouraged to consider how your proposed regional AETC activities will provide innovative, tailored, data-driven training strategies, training and technical assistance, consultation, and clinical decision support at the local and regional levels to health care professionals who provide health care services for PLWH.

Each of the eight (8) regional AETCs covers a designated geographic area. Combined, the regions include all 50 States, the District of Columbia, the U.S. Virgin Islands, Puerto Rico and the six (6) U.S. Pacific Jurisdictions (Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, The Republic of Palau, the Federated States of Micronesia and the Republic of the Marshall Islands).

Successful applicants funded under this funding opportunity will be required to collaborate with RWHAP Part A – D and other health care systems and work with other Regional and the National AETCs. The National Coordinating Resource Center (NCRC) and the National Clinician Consultation Center (NCCC) serve as the National AETCs that collaborate with the Regional AETC Program. They must provide training, education, consultation, and clinical decision support to diverse health care providers, allied health professionals, and health care support staff through the following four Regional AETC Program components:

### **1. Core Training**

This program component aims to increase the number of HIV providers who intend to counsel, diagnose, treat, and medically manage PLWH, particularly by reaching novice and low-volume HIV clinics and providers in an effort to increase the size of the HIV workforce and patient access to quality HIV care.

**2. Minority AIDS Initiative (MAI) Activities (At least 20 percent of funding may cut across multiple programmatic components (Practice Transformation (PT), Interprofessional Education (IPE), and Core training)**

AETCs dedicate approximately 20 percent of their funding to education, training, and technical assistance to increase the capacity of minority providers and minority-serving providers to provide HIV care, increase access to HIV care, and decrease disparities in outcomes along the HIV care continuum among minority PLWH.

**3. Practice Transformation (PT) Project (at least 40 percent of funding)**

In this AETC program component, each regional AETC works with a minimum of six eligible HRSA-funded community health centers (CHCs), of which three (3) must be Ryan White funded and three (3) must be non-Ryan White funded. Practice transformation activities are derived from the principles of the Patient Centered Medical Home (PCMH) model. Through coaching and practice facilitation, the goal is for the AETCs to assist the selected CHCs in enhancing outcomes along the HIV care continuum.

**4. Interprofessional Education Project (IPE) Project (at least 10 percent of funding)**

Through training and curriculum support by the AETCs, faculty of health professions schools and graduate departments or programs are able to teach students how to provide high quality HIV care to PLWH incorporating a hands-on, team-based learning approach based on principles derived from the [Core Competencies for Interprofessional Collaborative Practice: 2016 Update](#).

The goal of this initiative is to increase and strengthen the HIV workforce, thus contributing to improved outcomes along the HIV care continuum.

AETCs may provide additional services through the following **optional** programmatic components:

**5. Optional Practice Transformation Expansion (PTE) Project**

As part of this funding opportunity, you may apply for funds to assist primary health care facilities to increase the capacity of providers to enhance organizational HIV integration within primary care health systems and to effectively manage PLWH who have substance use disorders (e.g., opioid use disorders, Hepatitis C Virus, and Sexually Transmitted Infections (STIs).

**6. Optional Centers for Disease Control and Prevention (CDC) Expanded HIV Testing for Disproportionately Affected Populations**

As part of this funding opportunity, you may apply for funds to assist health care facilities and health departments to implement routine HIV testing in accordance with CDC's HIV Testing Recommendations in CDC's jurisdictions.

## 2. Background

This program is authorized by Section 2692(a) (42 U.S.C. §300ff-111(a)) and section 2693 (42 U.S.C. § 300ff-121) of the PHS Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87). Secretary's Minority AIDS Funds (SMAIF) are authorized under 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, Title II. Funds for the CDC Expanded Testing Initiative are authorized under Section 310 and 318 of the PHS Act (42 U.S.C. Section 251 and 241c), as amended. Funds for the Practice Transformation Expansion Project are authorized under Section 330 of the Public Health Service Act (42 U.S.C. 254b), as amended.

The AETC Program consists of the Regional AETC Program, two (2) National Centers, and the NEC. The Regional AETC Program provides targeted, multidisciplinary education and training for health care professionals to provide health care services to PLWH. The NCCC and the NCRC are the national centers for the AETC program. The NCCC serves as a national resource to provide healthcare providers with HIV clinical consultation services. The NCRC serves as the central convener, coordinator, and disseminator of the Regional AETC Program and the NCCC. The NEC assesses the regional and national impact of the AETC program.

The mission of the AETC Program is to increase the number of health care professionals who are educated to counsel, diagnose, treat, and medically manage PLWH, and to help prevent high-risk behaviors that lead to HIV transmission.

Achieving this mission includes providing training, education, consultation, and clinical decision support to diverse health care providers, allied health professionals, and health care support staff on the prevention and treatment of HIV/AIDS. Health care providers who are able to provide high quality HIV care and prevention services are needed to help achieve the goals of the AETC Program. The AETC Program goals are to:

- Increase the size and strengthen the skills of the current and novice HIV clinical workforce in the United States.
- Improve outcomes along the HIV care continuum, including diagnosis, linkage to care, retention, and viral suppression, in alignment with the National HIV/AIDS Strategy, through training and technical assistance.
- Reduce HIV transmission and incidence of new infections by improving the rates of viral load suppression and retention in care of PLWH through training and technical assistance.

Regional AETCs are required to incorporate the following when developing educational training programs:

- Adult learning principles.
- Cultural competency, including culturally competent materials, techniques and trainers.



- Opportunities for trainees to participate in longitudinal training.
- Distance-based learning opportunities.

Health care providers, including HIV specialists and primary care providers, need to obtain the knowledge and skills necessary to ensure that HIV care is consistent with established guidelines and reflects current research.

The Regional AETC Program, in collaboration with the other National AETC Programs, serves as a comprehensive training and educational resource for health care providers in the treatment and prevention of HIV/AIDS. National AETCs and the Regional AETCs are required to work together to enhance their individual roles and performance and reduce and eliminate duplication of efforts across the Program. Examples include the development of joint needs assessments, curricula, training programs, marketing activities, and national evaluation tools. For information on components of the current AETC Provider Training Network, please refer to the HRSA/HAB website: <http://hab.hrsa.gov/about/hab/parteducation.html>.

In addition to the National and Regional AETC Programs, several other organizations work in partnership with AETCs to provide training and HIV/AIDS health professions education. One example is HRSA's Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation (CQII), the primary technical assistance resource for RWHAP recipients on issues related to quality improvement and quality management (QI/QM).

MAI funds awarded to the AETCs to expand the number of health care professionals with treatment expertise and knowledge about the most appropriate standards of HIV disease-related treatments and medical care for racial and ethnic minority adults, adolescents, and children with HIV. This includes African Americans, Alaska Natives, Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders (see Section 2693(a) of the PHS Act). Note that while MAI funds are for innovative projects, they are not limited solely to new projects. These funds may complement current activities involving training and/or capacity building that target racial and ethnic minorities.

### **National HIV/AIDS Strategy: Updated to 2020**

The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020) is a five-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 PLWH;
- 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 PLWH 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 disorder services) to achieve HIV viral suppression.

### **HIV Care Continuum**

Diagnosing PLWH, linking PLWH to HIV primary care, and PLWH achieving viral suppression are important public health steps toward ending the HIV epidemic in the U.S. 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 shows the proportion of individuals living with HIV or individuals diagnosed 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.

According to recent data from the [2016 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the U. S. From 2010 to 2016, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 69.5 percent to 84.9 percent, and racial/ethnic, age-based, and regional disparities have decreased.<sup>1</sup> These improved outcomes mean more PLWH in the U.S. will live near normal lifespans and have a reduced risk of transmitting HIV to others.<sup>2</sup> In a September 27, 2017, [Dear Colleague letter](#), CDC notes that scientific advances have shown that antiretroviral therapy (ART) preserves the health of PLWH. There is also strong evidence of the prevention effectiveness of ART. When ART results in viral suppression, it 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 PLWH into care, retaining them in care, and helping them adhere to their ART.

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.

### **Integrated Data Sharing and Use**

HRSA and CDC’s Division of HIV/AIDS Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, needs assessments,

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<sup>1</sup> Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016. <http://hab.hrsa.gov/data/data-reports>. Published December 2017. Accessed December 1, 2017.

<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.

unmet need estimates, reporting, quality improvement, the development of your HIV care continuum, and public health action. HRSA strongly encourages RWHAP Part F recipients to:

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

Integrated HIV data sharing, analysis, and utilization approaches by state and territorial health departments can help further progress toward reaching the NHAS 2020 goals and improve outcomes on the HIV care continuum.

To fully benefit from integrated data sharing, analysis, and utilization, HRSA strongly encourages complete CD4/viral load (VL) reporting to the state and territorial health departments' surveillance systems. CD4 and VL data can be used to identify cases, classify stage of disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into care and retention in care, measure viral suppression, and assess unmet health care needs. Analyses at the national level to monitor progress against HIV can only occur if all HIV-related CD4 and VL test results are reported by all jurisdictions. CDC recommends the reporting of all HIV-related CD4 results (counts and percentages) and all VL results (undetectable and specific values). Where laws, regulations, or policies are not aligned with these recommendations, AETC's might consider strategies to best implement these recommendations within current parameters or consider steps to resolve conflicts with these recommendations. In addition, consider reporting HIV-1 nucleotide sequences from genotypic resistance testing to monitor prevalence of antiretroviral drug resistance and HIV genetic diversity subtypes and transmission patterns.

### **Special Projects of National Significance (SPNS) Program**

Through its SPNS Program, HRSA's HAB funds demonstration project initiatives focused on the development of effective interventions to quickly respond to emerging needs of PLWH 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 populations living 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. You can find the SPNS related tools at the following locations:

- **Integrating HIV Innovative Practices (IHIP)** (<https://careacttarget.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://careacttarget.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 populations living with HIV.

- **Dissemination of Evidence Informed Interventions (<https://nextlevel.careacttarget.org/>)**

The Dissemination of Evidence-Informed Interventions initiative runs from 2015-2020 and disseminates four adapted linkage and retention interventions from prior SPNS and the Secretary's Minority AIDS Initiative Fund (SMAIF) 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**

Types of applications sought: New and Competing Continuation

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

#### **HRSA Program involvement will include:**

- Participating in the design of models and tools as described in the project narrative;
- Reviewing and providing recommendations (on an as needed basis), including training curriculum, publications, and other resources;
- Providing assistance in the management and technical performance of activities;
- Participating in the planning and coordination of meetings;
- Assisting the recipient in establishing linkages between this project and other AETC and HAB-supported projects to enhance collaboration;
- Ensuring integration into the HAB programmatic and data reporting efforts;

- Reviewing all project information prior to dissemination; and
- Reviewing conference presentations (oral, poster, roundtable, etc.) where cooperative agreement data activities, work products, and/or best practices and lessons learned are presented.

**The cooperative agreement recipient’s responsibilities will include:**

- Collaborating with HAB, NCCC, NCRC, the national evaluation contractor (NEC) and other Regional AETCs, to achieve the expectations as outlined in the project narrative;
- Participating in the national evaluation of the AETC Program;
- Identifying activities to be planned jointly, including with HAB input and approval, and informing HAB of project activities with ample time to receive input and/or technical assistance;
- Identifying and responding to training and educational development needs of faculty and staff;
- Collaborating with HRSA as necessary to plan, execute and deliver technical assistance and training activities;
- Working with HRSA and its national evaluation contractor to analyze and modify activities as necessary in keeping with the changing trends and needs of the RWHAP recipients and the health care environment;
- Submitting data to HRSA and its national evaluation contractor to support evaluation of the AETC Program;
- Submitting training and informational materials to the NCRC for inclusion on the NCRC website, <https://aidsetc.org/>;
- Attending biennial RWHAP recipient meetings in the Washington, D.C. area;
- Attending the biennial AETC program recipients’ administrative reverse site visit meetings;
- Attending the annual RWHAP clinical conference meetings.

**2. Summary of Funding**

HRSA expects approximately \$29,100,000 to be available annually to fund eight (8) recipients. The period of performance is July 1, 2019 through June 30, 2024 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the Regional AIDS Education and Training Centers Program (i.e., Core, PT, IPE), the MAI SMAIF, PTE Project, and the CDC HIV Testing Initiative in subsequent fiscal years, recipient satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

You may apply for a total cost ceiling amount for each of the five budget periods based upon the region for which you are applying. The table below identifies the maximum amounts that you can request for each Regional AETC (includes both direct and indirect, facilities and administrative costs). **The ceiling amount includes funds for the AETC program, MAI activities, SMAIF, PTE Project, and funds for the CDC HIV Testing Initiative, should these funds be available.**

HRSA will award funds to the Regional AETCs to ensure all 50 states, the District of

Columbia, and the U.S. territories have the opportunity to provide HIV clinical training to support the overall mission and objectives of the RWHAP. HRSA intends to have one award in each of the eight (8) AETC designated regions.

HRSA has determined funding levels for each of the eight (8) regional AETCs based on factors that contribute to the training needs of the HIV workforce in each region. These factors are considered in the following order of priority: AIDS death rates, viral suppression rate of PLWH, number of persons living with HIV, rate of new HIV infections, number of health care delivery sites, number of RWHAP outpatient ambulatory medical care providers, total primary care health profession shortage area (HPSA) designations, number of RWHAP Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs), number of states and territories, and area (square miles) of the region.

HRSA will consider each of the eight (8) regional AETCs independently from each other. The HRSA Division of Independent Review (DIR) will not consider scoring or applications across regions in making funding decisions. Each successful applicant will be considered for the amount requested, but will receive no more than the amount available for AETC, MAI, SMAIF, PTE, and CDC HIV Testing Initiative funding as listed for the region in which they applied.

**Table 1: AETC Regions, States, and Funding Ceilings**

<b>Regional AETC Name</b>	<b>Alignment with U.S. Department of Health and Human Services</b>	<b>States Included in Regional AETC area</b>	<b>Total Cost Funding ceiling for each budget period</b>
<b>New England AETC</b>	Region 1	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	\$2,400,000
<b>Northeast/ Caribbean AETC</b>	Region 2	New York, New Jersey, Puerto Rico, U.S. Virgin Islands	\$4,400,000
<b>MidAtlantic AETC</b>	Region 3	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	\$3,300,000
<b>Southeast AETC</b>	Region 4	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	\$4,800,000
<b>Midwest AETC</b>	Region 5 and Region 7	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin	\$3,600,000
<b>South Central AETC</b>	Region 6	Arkansas, Louisiana, New Mexico, Oklahoma, Texas	\$3,600,000

<b>Mountain West AETC</b>	Region 8 and Region 10	Alaska, Colorado, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	\$3,300,000
<b>Pacific AETC</b>	Region 9	Arizona, California, Hawai'i, Nevada, and the 6 U.S.-affiliated Pacific Jurisdictions (Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Republic of the Marshall Islands, Republic of Palau)	\$3,700,000

### MAI and SMAIF

If awarded, the actual MAI and SMAIF amounts are on the Notice of Award (NOA). Recipients are required to submit a revised budget and work plan to reflect the MAI and SMAIF amounts provided in the NOA. Funded applicants will be responsible for tracking, spending, and reporting of MAI funds.

### Optional CDC Expanded HIV Testing for Disproportionately Affected Populations

Funding for the optional CDC Expanded HIV Testing for Disproportionately Affected Populations Project depends on availability of funds from CDC and on the number and size of jurisdictions (listed below) within each Regional AETC coverage area. If available, the award amount will range from approximately \$9,800 to \$80,000 per Regional AETC. HRSA and CDC will work together to determine the funding amount for each regional AETC.

**Table 2: Jurisdictions Eligible for CDC Expanded HIV Testing Program**

<b>Regional AETC Name</b>	<b>Alignment with HHS Regions</b>	<b>Jurisdictions eligible for CDC Expansion</b>
<b>New England AETC</b>	Region 1	Connecticut; Massachusetts
<b>Northeast/Caribbean AETC</b>	Region 2	New Jersey; New York City; New York State; Puerto Rico
<b>Mid Atlantic AETC</b>	Region 3	Baltimore, Maryland; District of Columbia; Maryland; Pennsylvania; Philadelphia, Pennsylvania; Virginia
<b>Southeast AETC</b>	Region 4	Alabama; Atlanta, Georgia; Florida; Georgia; Mississippi; North Carolina; South

		Carolina; Tennessee
<b>Midwest AETC</b>	Region 5 & Region 7	Chicago, Illinois; Indiana; Michigan; Missouri; Ohio
<b>South Central AETC</b>	Region 6	Houston, Texas; Louisiana; Texas
<b>Mountain West AETC</b>	Region 8 & 10	Colorado
<b>Pacific AETC</b>	Region 9	Arizona; California; Los Angeles, California; San Francisco, California

These CDC jurisdictions may be subject to change in subsequent Federal fiscal years of funding, based on changes in HIV epidemiology, over the project period.

If awarded, the actual funding for the CDC Expanded Testing for Disproportionately Affected Populations is on the NOA. Recipients are required to submit a revised budget and work plan to reflect the CDC Expanded Testing for Disproportionately Affected Populations amount provided in the NOA.

**PTE Project**

Funding for the PTE project depends on the availability of funds from HRSA’s Bureau of Primary Health Care. If available, the award amount per clinic will range from approximately \$267,000 to \$408,000. If you chose to apply, you must identify at least two (2) additional non-RWHAP HRSA-funded health centers. If awarded, the actual PTE amount will be on the NOA. Recipients will be required to submit a revised budget and work plan to reflect the PTE award.

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

**III. Eligibility Information**

**1. Eligible Applicants**

Eligible applicants include public and nonprofit private entities, schools, and academic health science centers. Faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.

In order to ensure that areas with the greatest prevalence of HIV/AIDS, but with relative shortages of HIV care and treatment professionals receive adequate support, HRSA has divided the US into eight (8) regions in alignment with the HHS Regions, as identified in Table 1 above.

You must select only one region to support in your application, and you must agree to support the HIV/AIDS training and education needs across the entire region selected. You must be physically located in the region you intend to serve.



## 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

## 3. Other

HRSA will consider any application that exceeds the funding 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](http://www.grants.gov) using the SF-424 workspace application package associated with this NOFO following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

If you are reading this notice of funding opportunity (NOFO) (also known as “Instructions” on Grants.gov) and reviewing or preparing the workspace application package, you will automatically be notified in the event HRSA changes and/or republishes the NOFO on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to desired opportunities.*

### 2. Content and Form of Application Submission

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

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

### **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of **80 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 respond appropriately to ensure your application does not exceed the specified page limit.**

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

### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is 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 the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in **Attachment 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](#).

In addition to the information required in the Guide, provide an abstract for the Regional AETC Program including information on all key components of the project (i.e., Core Training, Practice Transformation Project, HIV Interprofessional Education Project, MAI, PTE, and the HRSA/CDC HIV Testing Training Initiative Project). The abstract must include the following information:

- Briefly describe the proposed project. Identify the region and outline the approach to address the HIV workforce training needs in the identified region. Include the activities that you plan to implement;
- Describe the collaborative process used to obtain RWHAP Part A and B review and concurrence on proposed core training and practice transformation work

- plans with submission of letters of agreement from RWHAP Part A and B;
- Identify the key organizations that are collaborating on the project (in terms of the special projects, these will be the direct care sites and the health professions programs).

**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)**  
You should articulate the key issues and challenges addressed with AETC Program funds. This section should include a description of the proposed geographical region served and should demonstrate an understanding of the HIV/AIDS epidemic and HIV service delivery system in the proposed region, the evolving HIV treatment options and associated challenges, and their impact on the education and training needs of the region's health care professionals. This section should include a discussion of the problems associated with increasing clinical care capacity in general, and specifically among clinical health care providers practicing at the community level. This section should include a discussion of the challenges for the proposed targeted populations identified for training and should be inclusive of urban, rural, and suburban communities.

A preliminary statement of need, described below, should reflect your program plan, associated work plans, and budgets.

- **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion 1 (Need)**
  - Please describe the gaps and needs in your region with regard to knowledge and ability of health care professionals to counsel, diagnose, treat, and medically manage PLWH, and to help prevent high-risk behaviors that lead to HIV transmission.
  - Please describe HIV workforce shortages in the region, particularly in medically underserved areas. This includes shortages among pre-service, novice, and experienced HIV providers.
  - Please describe HIV workforce needs regarding cultural competency in the region.
  - Please describe the target training population. This should include specific language regarding recruitment and training of minority health care professionals and health care professionals who care for minority PLWH. Please describe how your organization will identify training needs among Historically Black Colleges and Universities (HBCU), Hispanic Serving Institutions (HSI), and/or Tribal Colleges and Universities (TCU) in the region.

- Please provide a succinct summary of the literature that demonstrates a comprehensive understanding of the issues related to strategic planning for health care system-level change; the methods for practice transformation that increase capacity; and adherence to standardized or evidence-based quality metrics to demonstrate ability to implement the Practice Transformation Project (described in Section IV. Methodology).
- *METHODOLOGY -- Corresponds to Section V's Review Criteria #2 (Response) and #3 (Evaluative Measures )*  
Please describe the training modalities that your organization will use to improve the knowledge, skills, and behaviors of HIV health care professionals that will ultimately affect client outcomes. Describe training modalities within each programmatic component.

Describe the development and implementation of a plan to market the services of the AETC throughout the region to health care professionals including but not limited to health care professionals in community-based organizations, local health departments, federally qualified health centers, interprofessional health care teams in rural settings, and those who are serving minority populations.

### **Core Training**

Please describe the project's plan to develop and implement HIV training for novice health care professionals (those not currently providing HIV care) and low-volume HIV clinics and providers. Components of the project's plan should describe:

- A process to work with RWHAP Parts A and B recipients to:
  - a) Identify those clinics and clinicians providing care to few or no PLWH in order to increase workforce capacity.
  - b) Develop and implement the core training work plan. Applicants must obtain annually the RWHAP Parts A and B Program Director letters of agreement (**Attachment 4**) on AETC proposed core training work plans prior to implementation.
- How you will increase awareness and uptake of replicable HIV service delivery models. Models include: SPNS Health Information Technology (HIT) Capacity Building for Monitoring and Improving Health Outcomes along the HIV Care Continuum, SPNS Replication of a Public Health Information Exchange to Support Engagement in HIV Care, SPNS System-level Workforce Capacity Building for Integrating HIV Primary Care in Community Health Care Settings - Demonstration Sites, and other SPNS and non-SPNS evidence-based/informed interventions (e.g., CDC and the National Institute of Mental Health (NIMH)) to meet the needs of staff training and HIV education.
- How you will collaborate with other federal training programs and stakeholders (e.g., NCCC, NCRC, SAMHSA's Addiction Technology Transfer Centers, CDC's Capacity Building Assistance programs HIV/STD Prevention Training Centers, Title X National Training Centers, Primary Care Associations, Telehealth Resource Centers,

Viral Hepatitis Education and Training Projects, the Center for Rural Development, and other Regional AETCs). Collaborations should describe a plan for the counseling, diagnosis, and treatment of people with HIV disease, opportunistic infections and co-morbid conditions (e.g., opioid use disorder, STIs, mental health disorders, intimate partner violence, trauma-informed care, and getting to zero HIV transmission).

- How your training program will promote and implement innovative training techniques to engage rural or clinically isolated health care professionals. Discuss your region's distance-based learning capabilities and needs. Include descriptions of a distance-based learning infrastructure to include broadband bandwidth; a secure network by which to broadcast videoconferencing; relevant hardware and equipment (e.g., webcams, microphones, speakers, monitors/screens); and videoconferencing software able to operate with any browser, computer, or mobile device. Existence of distance-based learning infrastructure may reside in the Regional AETC's Central Office or through a written agreement with a local partner or Telehealth Resource Center.
- How your training program will support the cultural and ethnic diversity among trainees and patients served. Describe processes by which trainees will receive skill-appropriate longitudinal support and ongoing training and consultation; include those individuals referred by the NCCC. Also, include how the AETC will provide updated information to individuals who have been trained. Describe a process to identify technical assistance opportunities for health care professionals and agencies/organizations providing direct care for PLWH.
- How you will align training plans with the National HIV/AIDS Strategy and the HIV care continuum, correspond to the work plan and budget, and address the need for training of the HIV workforce in your region with
- A process to collect data on the impact of core training activities on:
  - Provider intent to provide clinical skills in HIV practice
  - Impact of skills applied in HIV practice
  - System adoption of policies or procedures in practice setting (e.g., adoption of SPNS innovative models of care)

### **Minority AIDS Initiative (MAI)**

Please describe your proposed plan for MAI funding to provide education, training and technical assistance to increase the capacity of minority and minority-serving providers to provide HIV care, increase access to HIV care, and decrease disparities in outcomes along the HIV care continuum among minority PLWH. Successful applicants will be required to include the following performance measures in their evaluation of MAI efforts:

- Number of clinical and program staff who provide HIV-related training through the MAI funds in one or more of the following areas: (1) HIV

testing and risk counseling; (2) patient navigation and medical case management; (3) adherence assessment and counseling; (4) alternative models for delivering HIV care (task shifting, telemedicine, emerging technologies, etc.); or (5) cultural competency (racial/ethnic, gender, and sexual orientation)

- Number of community-based, including faith-based, organizations that adopt new or enhanced organizational policies, programs, or protocols in one or more of the following capacity building areas: (1) targeting HIV testing in community settings; (2) increasing the rate of receipt of HIV test results; (3) improving active linkage to, or re-engagement in, care for PLWH; and (4) facilitating effective patient navigation that improves retention in continuous care

### **Practice Transformation (PT) Project**

The purpose of the PT project is to transform clinical practice in alignment with the National HIV/AIDS Strategy as measured by progress along the HIV care continuum. Please describe how your organization will employ a comprehensive training approach incorporating multiple exposures, including coaching, training, and practice facilitation, to assist community health centers to improve outcomes along the HIV care continuum. In the description, you must identify at least three (3) RWHAP-funded Part A and/or Part B subrecipients, and at least three (3) health center programs that

- are not funded by the RWHAP as a recipient or subrecipient; and
- receive operational funding under section 330 of the PHS Act, as amended.

The PT clinical sites may work directly with the Regional AETC central office and/or with a regional partner. At least one-third (33 percent) of them must incorporate innovative replicable SPNS models of care or other evidence-based/informed interventions as part of their intervention approach.

In collaboration with HRSA, Regional AETCs will determine if a project should be terminated when they have met their PT goal(s), or if they are unable to progress towards their goal(s). Recipients must maintain a minimum of six clinics at all times.

Prior to implementation, you must obtain annual concurrence on site selection and on your proposed Practice Transformation work plans, via letters of agreement (**Attachment 4**), from RWHAP Parts A and B Program Directors. If you do not identify practice transformation sites, please include the process by which the AETC will select sites in collaboration with RWHAP Parts A and Part B Program Directors. You must identify all PT sites within two months of award. If you have identified RWHAP or non-RWHAP practice transformation sites, please include letters of agreement with your application.

HRSA-funded health centers must meet the eligibility criteria listed below at the time of application:

- 1) Do not receive operational funding solely under the HRSA HAB Ryan White HIV/AIDS Part C Early Intervention Services Program, either directly or as a subrecipient.
- 2) Did not receive initial (new start) New Access Point Health Center Program funding in FY 2018 or FY 2019.
- 3) Have fewer than five Conditions of Award related to Health Center Program requirements in 60-day phase of Progressive Action, no Conditions of Award in 30-day phase of Progressive Action, not in default status.
- 4) Use an EHR system at all service sites.
- 5) Serve at least 30 percent of total patients who are members of racial/ethnic minority groups, as evidenced by 2016 Uniform Data System (UDS) data.
- 6) Are within a 30-mile radius of a primary care health professional shortage area as reflected within the June 26, 2017 publication of the Federal Register notice ([https://datawarehouse.hrsa.gov/DataDownload/FRN/D\\_BCD\\_HPS\\_A\\_H1\\_FederalRegister.pdf](https://datawarehouse.hrsa.gov/DataDownload/FRN/D_BCD_HPS_A_H1_FederalRegister.pdf)).

Implementation of the PT Project should include continuous quality improvement integrated throughout. You must work with the NEC to respond to the following questions:

- What is the reach of PT Project activities overall and by TA/T modality, frequency, and duration?
- To what extent does participation in PT activities change organizational HIV-related health systems (i.e., changes in policies, procedures, data systems)?
- To what extent were there changes in participating PT Project provider's and staff's ability to provide HIV-related services?
- To what extent did patient outcomes along the HIV care continuum change at participating PT Project clinics?
- What PT activities were associated with improvements in HIV care continuum outcomes?

Evaluation of this project will require collaboration with the NEC, which will serve as the lead to develop the evaluation and provide related technical assistance as needed for recipients and regional AETCs.

You must select non-RWHAP funded health centers within communities with a high prevalence and/or incidence of HIV with a patient population consisting of at least 30 percent of racial/ethnic minority groups. Give particular attention to those clinics in rural areas. If unable to obtain a minimum of six (6) clinics with at least 30 percent of members of racial/ethnic minority groups, you may submit a request for HRSA consideration of waiver of the requirement for 30 percent minority population served by the clinic. HRSA will consider the waiver of up to one (1) clinic. The waiver request will be considered only for clinics in a rural area that does not meet the 30 percent minority patient

population requirement. Waiver requests must include RWHAP Parts A and B concurrence with approval in the form of a signed letter of agreement.

For clinics identified as part of this project, you must submit a description of how each clinic meets eligibility criteria in your narrative. You must also submit supporting documentation that the identified non-RWHAP funded health clinics are willing to treat PLWH onsite. The clinics you select as a part of this partnership must not be involved in outside projects focused on building the capacity of their providers or their organizational system to provide HIV care.

You should strongly consider assisting clinics' work towards the goals of becoming and maintaining certification as a patient-centered medical home, which includes the components of enhancing access to care, management of patient populations, care coordination, self-care, team-based care, and quality management. Identify clinics based on the ability of the project to increase access to HIV care in a community with demonstrated need. You must propose a training approach that is likely to result in an ability to transform clinical practice and build the capacity of a clinic to provide quality HIV care. Training approach must include how you will increase awareness and uptake of replicable HIV service delivery models. Models include: SPNS HIT Capacity Building for Monitoring and Improving Health Outcomes along the HIV Care Continuum, SPNS Replication of a Public Health Information Exchange to Support Engagement in HIV Care, SPNS System-level Workforce Capacity Building for Integrating HIV Primary Care in Community Health Care Settings - Demonstration Sites, and other SPNS and non-SPNS evidence-based/informed interventions (e.g., CDC and the National Institute of Mental Health (NIMH)).

Data Requirements: You must describe your ability to access and use clinical and support services data, including HHS Common HIV Indicators and the HAB performance measures. These measures are consistent with both the National Academy of Medicine's recommendations for monitoring HIV services and indicators endorsed by the National Quality Forum. The AETC evaluation contractor will serve as the lead and coordinate the measures to be used in the cross-AETC evaluation plan for this project. All data to be collected must be electronically maintained and electronically transferable to the AETC evaluation contractor's web-based data collection system.

You should describe the following elements of this project:

- The process by which ongoing collaboration between AETC and RWHAP Parts A and Part B recipients on practice transformation work plan activities will occur.
- The training resources, including self-learning and instructor-dependent materials, available that you will use in this project.
- The methods that you will use to maintain a longitudinal relationship with participating clinical sites to achieve identified goals.

### **HIV Interprofessional Education (IPE) Project**



Please describe how your organization will design and implement the HIV Interprofessional Education Project (IPE), with the required elements described below. IPE activities must relate to training students in one or more of three broad categories:

- 1) Cohort-based training where an interdisciplinary group of students receives a defined HIV IPE curriculum with specified start and end dates;
- 2) Hands-on clinical learning opportunities, with placement of students in partnering clinical sites;
- 3) Integrating an HIV curriculum or other HIV IPE trainings that students may receive at different or unspecified time points during their course of study (e.g., classroom lectures, didactic presentations, intermittent one-time events, whether provided by health professional program (HPP) faculty or through AETC-sponsored training events).

The IPE program must be designed to affect change at three levels: the student, faculty, and the institutional/health professional program level. Please describe how your proposed IPE program will affect these three levels. The description should include information on selection of educational institutions, faculty affiliated with a participating HPP, recruitment and retention of students, curriculum development or integration, duration and frequency of the trainings, projected number of students, settings for practicum experiences, and practicum requirements.

Develop, at a minimum, one IPE program over the entire project period to meet the following desired outcomes:

- 1) Increased capacity of health care professionals who are able to diagnose, treat and medically manage PLWH as part of an interprofessional health care team and;
- 2) Health care professionals who understand their individual professional role and that of other health professionals in the health care team specifically with regard to the diagnosis, treatment, and prevention of HIV disease and its co-morbidities, including but not limited to substance use/opioid disorder, Hepatitis C virus, and sexually transmitted infections.

You are required to partner with accredited schools of, and graduate departments or programs of, medicine, nursing, pharmacy, and behavioral health (e.g. clinical counselors specializing in opioid treatment, psychiatrists, and social workers). Partners may also include but are not limited to accredited schools of, and graduate departments or programs of, dentistry, behavioral health, social work, public health, and allied health. IPE programs developed must, at a minimum, incorporate hands-on clinical learning opportunities and provide opportunities for students and faculty to reflect on various learning activities. Programs may also include integrated didactic coursework and service learning activities.

The regional AETCs' role is to support the faculties of these schools in this work; the AETCs should not directly train students but faculty should be trained to enhance student intent to practice in a team-based environment, medically managing PLWH. Students who complete the IPE program are encouraged to obtain HIV-focused professional certification, if available for their profession. All students involved in the project through the various

programs must demonstrate IPE competencies as recommended by the Interprofessional Collaborative Practice, [Core Competencies for Interprofessional Collaborative Practice: 2016 Update](#). Interprofessional collaborative practice occurs when multiple health workers from different professional backgrounds work together with patients, families, and communities to deliver the highest quality of care.<sup>3</sup> You must work with the NEC to respond to the following questions:

- What is the reach of IPE Project activities overall and by training modality, frequency, and duration?
- To what extent does participation in IPE activities change institutional-level policies and practices related to building faculty and student core competencies in HIV IPE?
- To what extent were there changes in faculty's capacity to teach HIV IPE core competencies?
- To what extent were there changes in students' skills or practices related to delivering HIV care and services?
- To what extent do participating students intend to provide HIV care and services after program completion?

### **Optional Practice Transformation Expansion (PTE) Project**

To participate in this PTE project, you must select non-RWHAP HRSA-funded health centers that meet the health center criteria previously described for practice transformation projects. You must identify at least two (2) additional non-RWHAP HRSA-funded health centers with a high prevalence and/or incidence of HIV and new HIV diagnoses within rural counties at the highest risk for substance use disorder. This includes the 220 counties identified by the Centers for Disease Control and Prevention (CDC) as being at risk for HIV and Hepatitis C infections due to injection drug use.<sup>4</sup> These health centers are separate from the three (3) health centers selected for the PT project. To determine whether a particular county or census tract is rural, please refer to <http://datawarehouse.hrsa.gov/RuralAdvisor/>. Please visit <https://www.hrsa.gov/opioids> for information on HRSA-supported resources on opioid use disorders.

You must propose a training approach that is likely to result in an ability to transform clinical practice and build the capacity of primary care providers in rural clinics to care for PLWH and mental illness and/or substance use disorders, including opioid use. This may include training on opioid overdose prevention, and increasing awareness of evidence-informed interventions for substance use disorders (e.g., evidence-based pain management strategies). Your training approach may necessitate developing tailored curriculum.

### **Optional CDC Expanded HIV Testing for Disproportionately Affected**

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<sup>3</sup> WHO (2010) Interprofessional teamwork

<sup>4</sup> Van Handel MM et al, "County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States," J Acquir Immune Defic Syndr (2016): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479631/>

## Populations

You may apply for funds to assist health care facilities implement routine HIV testing in accordance with CDC's HIV Testing Recommendations in their geographic areas. As part of this initiative, include a description of how the AETC will meet the objectives and program expectations described below.

Regional AETCs will be expected to provide HIV testing training for clinical practitioners who are not primarily HIV care providers, especially those who are working in communities or clinical settings with populations disproportionately affected by HIV. These activities will be directed to health department jurisdictions currently funded under CDC's health department NOFO PS18-1802: Integrated National HIV Surveillance System and HIV Prevention Programs for Health Departments that was awarded January 1, 2018 and will be directed to the 34 health department jurisdictions formerly funded under CDC's Expanded HIV Testing Program and listed in Table 2.

Successful applicants will be required to report on training activities annually to HRSA and CDC.

- Describe how you will work with health departments designated by CDC for this project.
  - Describe training content and materials you will use in this project.
  - Describe data collection and reporting required by CDC.
- *WORK PLAN -- Corresponds to Section V's Review Criteria 2 (Response) and 4 (Impact)*

Describe the activities or steps that you will use to achieve each of the four programmatic components in the methodology section. Use a time line that includes each activity and identifies responsible staff. **You must include work plans to cover goals, objectives and action steps proposed for the entire project period of five (5) years.** The work plan should clearly delineate the year in which each program activity takes place. You should demonstrate your ability to establish your project and begin operations (including implementation of training activities) during the initial project year. Include the project's work plan in **Attachment 1**. Please use a chart or table format to present and/or summarize the work plan.

The work plan should include goals for the program and must identify objectives and action steps that are specific, measurable, achievable, realistic, and time measurable (SMART). The work plan should consist of goals and objectives that support the need for the service, key action steps, targeted completion dates, responsible person(s), evaluation tools/measurable outcomes, and status (this column would be completed in the future). Include appropriate milestones, any materials/products to be developed, and projected number of trainings by topic and training level, and their relationship to the knowledge and skills gaps identified in the statement of need. Indicate the target completion dates for major activities, and specify the entity/group or person responsible for implementing and completing each activity and the expected outcome measures/tools to show achievement of

the goals and objectives. The work plan should relate to the needs previously identified in the statement of need and closely correspond to the activities described in the program narrative. Note that you must bundle the activities of each regional partner and reflect this in this Regional AETC Work Plan. The action steps are those activities that you will undertake to implement the proposed project and provide a basis for evaluating the program.

The work plan should also describe:

- How you will build and maintain strategic-partnership networks with federal, regional, state, and local organizations to ensure relevancy and timeliness of education, training, and technical assistance provided. Successful applicants will ensure that their training plans are in alignment with the most recent Integrated HIV Prevention and Care Plans submitted by the RWHAP Part A and Part B recipients in your region;
- Existing and/or potential relationships with accredited schools of, and graduate departments or programs of medicine, nursing, behavioral health and pharmacy. These four disciplines are required to be included in your proposed IPE program. This may also include but are not limited to accredited schools of, and graduate departments or programs of, dentistry, social work, public health, and allied health in identified partner institutions to determine the desirability and acceptance of the HIV Interprofessional Education Project.

You must submit a logic model for the design, management and evaluation of their project as part of the work plan within **Attachment 1**. The logic model must demonstrate the connection between the program and the HIV Care Continuum as its long-term outcome. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements and the benefits or changes that result. It is the core of program planning, evaluation, program management and communications. While there are many versions of logic models, for the purposes of this announcement, the logic model should summarize the connections between the:

- Goals of the project (e.g., the mission or purpose of the program);
- Outcomes (i.e., short-term, intermediate, and long-term results of the program);
- Outputs (i.e., the direct products or deliverables of program activities and the targeted participants/populations to be reached);
- Activities (e.g., approach, key interventions, action steps); and
- Inputs (e.g., investments and other resources such as time, staff, money).

Describe the number of trainees anticipated to be trained, by level of training, training site, and discipline.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion 2 (Response)*

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges. Include in this discussion any special barriers to training and education identified among the targeted training audience(s) as well as any specific State and/or local legislation and regulations that may impact the implementation of activities outlined in the work plan. Describe anticipated technical assistance needs in the design, implementation, and evaluation of the project in response to anticipated challenges.
- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria 3 (Evaluative Measures) and 5 (Resources/Capabilities)*

Describe how your organization will report data on PT, Core, MAI, and IPE using data collection instruments provided by the AETC national evaluation contractor. Describe how your organization will report data on training events and trainees to HRSA in accordance with the U.S. Office of Management and Budget regulations, by using the Participant Information Forms (PIF) and the Event Record (ER) [note that these data collection instruments may be subject to change during the project period].

  - Describe how your organization will implement a standardized method to monitor and evaluate program activities and ongoing data collection, to ensure they meet the training needs in the region and maintain alignment with the National HIV/AIDS Strategy, HIV Care Continuum and MAI.
  - Describe how your organization will ensure that regional partners are capable of conducting data collection for each required component of the Regional AETC program.
  - Describe how your organization will ensure that the training materials are consistent with the most recent U.S. Department of Health and Human Services guidelines for the treatment of HIV.
  - Describe how your organization will deliver technical assistance to regional partners as needed to ensure programmatic goals and objectives are accomplished.
  - Describe how your organization will work with the AETC national evaluation contractor to implement a comprehensive national evaluation to measure (annually and for the entire project period) the impact of education, training, and technical assistance activities on trainees' knowledge, skills, behaviors, and on the HIV workforce, improved access to care in the community, clinical practice transformation, and patients' clinical outcomes.
  - Describe how your organization will collect information to respond to the Core Training, MAI, PTP and IPE data collection tools provided by the NEC.
  - Describe how your organization will identify training and educational development needs of faculty and staff of the proposed project.
  - Specify the current experience, skills, and knowledge of the organization to assess the education and training needs of health care professionals in the entire proposed service area.

- Discuss any examples of previous projects that reflect the expertise of proposed staff, as well as proficiency in working collaboratively with other organizations to evaluate projects on a regional and national scale.
- Indicate how you will ensure your full participation in a multi-site evaluation, including the collection and reporting of relevant quantitative and qualitative process and outcome measures to the AETC evaluation contractor.
- Indicate how you will ensure your organization/institution's participation and collaboration with other AETC recipients in any focused studies proposed by the AETC Evaluation Contractor.

### **Quality Management**

Please describe:

- Your organization's quality management plan, which should include quality management infrastructure; ongoing monitoring of data collection for completeness and accuracy; the performance measures used to assess implementation, efficiency, and impact; and quality improvement activities to be undertaken.
  - How the plan will identify staff responsible for the quality management activities.
  - How program staff will monitor, measure, and track program goals, objectives and activities, especially those outlined in the approved work plan; and deliver technical assistance to local and regional partners as needed.
  - How the education and training activities reflect the needs of the population to be trained, are delivered in an effective manner, are reflective of the current knowledge base, are acceptable at the trainee level, and incorporate adult learning principles.
  - How you will evaluate trainers' performances and analyze results to make improvements.
- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion 5 (Resources/Capabilities)*

#### **Organizational Structure**

Please describe the mission of your organization and how the AETC Program fits within the scope of this mission. Provide an organizational chart (**Attachment 5**). Please describe your organizational structure with respect to strategic partnerships throughout the region, and include a rationale for the organizational structure. You must review the policies and procedures related to the organization structure and governance at least annually and update as needed. HRSA expects each Regional AETC central office to work closely with states, counties and cities in the region. You may do this by formal relationships with education and training sites (local and regional partners) or another mechanism. Whatever the partnership model or mechanism used, you must demonstrate that the education and training needs of the entire region, including each state/territory, will be adequately covered without duplication of effort, and that local and regional partners' activities and expenditures will be monitored appropriately. The total number and nature of local and regional partner relationships should be reasonable, realistic, based upon on epidemiology and gaps in access to care, and demonstrate coordination without duplication of

services. Local and regional partners must be included in strategic planning, local needs assessments, marketing and outreach, training, evaluation, and quality improvement activities of AETCs. In addition, Regional AETCs and their partners must collaborate with states, RWHAP Part A jurisdictions, and HIV planning bodies in their region to plan for HIV services that address gaps in access to care and improve health outcomes. Please describe how your organization will collaborate with RWHAP Parts A and B recipients in your region to target clinical training resources to areas of the region identified as having worse health outcomes or less access to HIV medical care. You must provide letter(s) of agreement from the regional RWHAP Parts A and Part B recipients.

You must base the allocation and distribution of award funds to the local and regional partners on HIV epidemiology and gaps in access to care.

### **Staffing**

Please describe the qualifications of the individuals selected for the required project positions listed below. All required staff should be located within the region for which you are applying to serve.

- **Project Director:** This individual should have the experience and ability to manage a federal award, provide oversight and direction to the program's activities, and ensure that the day-to-day operations of the regional AETC are conducted well. They should have prior experience with HIV/AIDS prevention, care, and treatment programs. They should provide leadership and visibility for the program among clinical and public health colleagues and organizations. The level of effort should range between 0.5 and 1.0 full-time equivalent (FTE).
- **Clinical Director:** This individual should have experience caring for PLWH, including prescribing antiretroviral therapy, and experience with provider training. S/He should be able to develop and review training content. This individual should be a licensed physician. The level of effort should be at least 0.1 FTE.
- **Fiscal representative:** This individual should have the capacity to fiscally manage a federally funded training program, including expertise in written agreements with outside entities such as subcontractors.
- **Oral Health Director:** This individual should be a licensed dentist or oral surgeon with recognized HIV oral health care expertise in the region to be responsible for overseeing regional oral health training.
- **Lead Evaluator:** This individual should have the knowledge, skills, and experience to oversee a multi-state evaluation plan that aligns with the national evaluation activities of the AETC Program.
- **Data Manager:** This individual should have the knowledge, skills, and experience to assist in data collection and reporting.

If you choose to have local or regional partners, please describe the qualifications of each local and/or regional partner director (required for each partner). These individuals should have the ability to manage receipt of funds from a federal award and should be involved, as requested, in activities planned by the Regional AETC Central Office. These individuals should have

experience in networking with service providers in the region, in order to form partnerships.

Please describe how your personnel and faculty reflect the diversity of health professionals, including gender and racial/ethnic diversity existing among both trainees and patients in the region.

### **Content Expertise**

Please describe your experience in the field of adult training and education for health care providers, allied health care professionals, ancillary support staff, adult learning theory, curriculum development, and organizational change.

Please describe the organizational expertise (Regional AETC central office, local and regional partners) in the required topics listed below. You should state which entity possesses the expertise in each of these areas. A matrix or table may be helpful to organize this section. Regional AETCs will be expected to maintain high levels of expertise in HIV clinical services and social support resources, and keep current with cutting edge knowledge of comprehensive clinical treatment for HIV in areas such as:

- Diagnosis and clinical management of PLWH;
- HHS Antiretroviral Treatment Guidelines (<http://aidsinfo.nih.gov/>);
- HIV prevention;
- Distance learning;
- Vaccinations for PLWH;
- Cultural competency;
- Curriculum development for adult education and training programs for health professionals;
- Interprofessional health care teams;
- Organizational change management;
- Practice transformation;
- Health care delivery systems (including but not limited to care coordination, billing and coding, etc.);
- Health information technology;
- The health care environment in their region, with an emphasis on services for the medically underserved, including mental health and substance abuse services;
- Oral health conditions of PLWH;
- Special expertise in pediatric, adolescent, and perinatal HIV;
- HIV pharmacology;
- Hepatitis B/HIV coinfection;
- Hepatitis C/HIV coinfection;
- Tuberculosis;
- Reproductive health;
- Substance use disorder diagnosis and treatment;
- Mental illness diagnosis and treatment;
- Opioid use disorder diagnosis and treatment;
- Interprofessional education;
- National HIV/AIDS Strategy;
- HIV Care Continuum;



- Intimate Partner Violence;
- Health care provider competencies for HIV care.

In order to maintain expertise, it is appropriate to utilize AETC funds to ensure that the AETC regional faculty receives ongoing training to support their work within the AETC. This may include training on the latest developments in the clinical treatment of HIV/AIDS, cultural competency, innovative models of capacity building, adult education theory, and interactive training techniques. Note that training supported by this program should not supplant training the individual would be expected to receive as part of his/her regular duties.

### **Key Collaborations**

Describe how your organization will work collaboratively and partner with other regional and national AETC recipients:

- Describe how your organization will work with the **AETC National Coordinating Resource Center (NCRC)**. Regional AETCs must work closely with the NCRC to support development of national HIV provider competencies and curricula, dissemination of training materials, and marketing. Collaboration may include participation in the NCRC's advisory board.
- Describe how your organization will work with the **AETC evaluation contractor**. Regional AETCs must work closely with the AETC evaluation contractor to support data collection, analysis and evaluation activities.
- Describe how your organization will work with the **AETC National Clinicians' Consultation Center (NCCC)**. Regional AETCs should utilize the resources of the NCCC on complex clinical consultations, pre- and post-exposure prophylaxis, and prevention of perinatal HIV transmission. Collaboration may also include participation in its advisory board.
- Describe how your organization will work collaboratively with the other Federal training centers. The programs and their corresponding federal agencies include:
  - Addiction Technology Transfer Centers (Substance Abuse and Mental Health Services Administration);
  - HIV/STD Prevention Training Centers (Centers for Disease Control and Prevention);
  - Capacity Building Assistance Programs (Centers for Disease Control and Prevention);
  - TB Regional Training and Medical Consultation Centers (Centers for Disease Control and Prevention);
  - Title X National Training Centers (Office of Population Affairs); and
  - Viral Hepatitis Resource Center (Centers for Disease Control and Prevention).

Describe how your organization will work with other HRSA- and HAB-supported programs, including the following:

- [Telehealth Resource Centers](#) (TRC) are HRSA-funded programs with the purpose of providing technical assistance to health care organizations, health care networks, and health care providers in the implementation of cost-effective telehealth programs to serve rural and medically underserved areas and populations.
- [TargetHIV \(https:// www.TargetHIV.org/\)](https://www.TargetHIV.org/) and other HRSA-funded websites provide resources to the entire RWHAP community. Regional AETCs should seek resources available on this website to avoid duplication of effort.
- Center for Quality Improvement and Innovation (<https://www.careacttarget.org/cqii>)
- RWHAP planning bodies and RWHAP recipients
- HRSA-funded Health Centers
- Local community based organizations (CBOs)
- AIDS Service Organizations (ASOs)
- State Primary Health Care Associations and State Primary Care Offices
- HRSA-funded Community Health Centers (CHCs) and non-HRSA funded CHCs
- Rural Health Clinics/Centers
- Local academic institutions including HBCUs, HSIs, and TCUs
- HRSA and HHS Regional Offices

Please describe the strategy to identify, recruit and develop faculty for this project.

<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.	
<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.
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**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.

Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at eight percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and sub-grants and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

**Program-specific line item budget:**

In addition to the information in the SF424A, you must submit a program specific line-item budget as **Attachment 8**. The line-item budget must include, as separate columns, amounts for the Regional AETC, Practice Transformation Project, IPE Project, MAI, and if requested, Practice Transformation Expansion, and CDC HIV Testing Initiative for the first budget period from July 1, 2019 – June 30, 2020. **The total cost amount for the Regional AETC base, Practice Transformation Project, IPE Project, MAI, Practice Transformation Expansion, and CDC HIV Testing Initiative must not exceed the total regional ceiling amount reflected in Table 1 under Section II 2. Summary of Funding.** For each column that lists the separate grant program activities, include subcategories for administrative and training costs. Include a final column with program totals for each row and column. Include in the budget as a line item funding to be provided to each contracted education and training site (local and regional partners). If a local partner is located in the same institution as the Central Office, ensure that the budget clearly delineates Central Office costs from local partner costs. Please note that you must allocate at least 40 percent of your budget to the Practice Transformation Project and at least 10 percent to the HIV IPE Project. You must also allocate 20 percent of the total proposed budget to MAI activities as outlined on the Notice of Award. This 20 percent may overlap with Core Training, PT or IPE budget activities. If the region for

which you are applying has four or more states with a low prevalence of minority HIV cases and you have an inability to meet the practice transformation requirements, you may submit a request for HRSA consideration of a waiver of the 40 percent practice transformation allocation. The waiver request should include a detailed description of allocation of funds to a practice transformation project in a rural and/or underperforming HIV clinic that does not meet the practice transformation requirement.

NOTE: HRSA recommends that the budgets be converted or scanned into a PDF format for submission. Do not submit Excel spreadsheets. HRSA recommends that you submit the program-specific line item budget in table format, as a single table in PDF format.

You should include the travel amount for trainees that is essential to the proposed projects. List the training to be accomplished, the number of trips involved, the destinations, and the number of individuals for whom funds are requested. The training budget should reflect all costs associated with the education and training activities performed by both the recipient and by contractors. This includes the portion of staff salaries dedicated to development and implementation of training events and activities.

The administrative budget should reflect all costs borne by your organization and your partners in your role as the administrator of the regional AETC award. The administrative budget does not include the costs associated with the education and training function you may perform within the region. Examples of administrative costs may include:

- Personnel costs, fringe benefits, and proportion of full time equivalent of staff members responsible for the management of the project, such as the Project Director, or Project Coordinator. In-kind staff effort should be included.
- Portion of staff salaries spent on supervision activities, project management, technical assistance to contractors, or data collection.
- Secretarial or clerical support designated specifically for coordination/administrative tasks. NOTE: You must split and allocate between both budgets the salaries for staff that perform both administrative and direct training functions.
- Portion of rent, utilities, telephone, other facility support costs, supplies, and insurance that represent the proportion of administrative activities performed by the recipient.
- Indirect costs based on the listed direct costs for this activity (See below for instructions relating to indirect costs).
- Travel, meeting, mailing, and other costs associated with administration/coordination of the regional AETC program. You must include in your administration costs the following required travel.
- Attendance at biennial RWHAP Recipient meetings in the Washington, D.C. area.
- Attendance at biennial Regional AETC Reverse Site Visit in the Washington, D.C., area for at least two staff members, including the Project Director.

- Attendance at annual RWHAP Clinical Conference.

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, Title II § 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.

Indirect costs under training awards to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at eight percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and sub-grants and subcontracts in excess of \$25,000 are excluded from the direct cost base for purposes of this calculation.

#### **iv. Budget Narrative**

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#). In addition, the AETC Program requires the following:

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. For subsequent budget years, the budget justification narrative should include only information which differs from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification must be concise. Do not use the justification to expand the project narrative.

State proposed and likely future sources of in-kind financial resources, and identify what mechanisms you will use to track these resources as part of the overall program budget.

#### **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. ii. Project Narrative. Include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

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

Keep each job description to one page in length as much as 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 one (1) letter of agreement each from RWHAP Parts A and Part B recipients for core training and Practice Transformation work plans. 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(s). Make sure any letters of agreement are signed and dated.

*Attachment 5: Project Organizational Chart*

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

*Attachment 6: Tables, Charts, etc.*

Include to give further details about the proposal (e.g., Gantt or PERT charts, flow charts), if desired

*Attachment 7: For Multi-Year Budgets-5<sup>th</sup> Year Budget (NOT counted in page limit)*

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5<sup>th</sup> year as an attachment. Use the SF-424A Section B. See Section 4.1.iv of HRSA's [SF-424 Application Guide](#).

*Attachment 8: Program Specific Line Item Budget*

*Attachment 9: Request for Funding Preference*

To receive a funding preference, include a statement that you are eligible for a funding preference and identify the preference. Include documentation of this qualification. See [Section V.2](#).

*Attachments 10 – 15: Other Relevant Documents*

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a

commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

### **3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number 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](#).

**UPDATED [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. Read the [updated FAQs](#) to learn more.

[SAM.gov](#) is experiencing high volume and delays. If you have tried to create or update your SAM.gov registration but have not been able to complete the process, you may not be able to apply for a HRSA funding opportunity via Grants.gov in a timely manner prior to the application deadline. If so, please email [DGPwaivers@hrsa.gov](mailto:DGPwaivers@hrsa.gov), per the instructions in Section 3.6 of your HRSA Application Guide.

**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.**

## Submission Dates and Times

### Application Due Date

The due date for applications under this NOFO is *December 10, 2018 at 11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 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.

## 4. Intergovernmental Review

The Regional AIDS Education and Training Centers is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

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

## 5. Funding Restrictions

You may request funding for a period of performance of up to up to five (5) years, at no more than the amounts stipulated in Section II.2 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.

The General Provisions in Division B, Title II 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) 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 the following FY, as required by law.

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

- International HIV/AIDS training activities.
- Payment for any item or service to the extent that payment has been made (or reasonably can be expected to be made), with respect to that item or service, under any state compensation program, insurance policy, federal or state benefits program, or any entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Service).
- Cash payment to intended recipients of RWHAP services.
- Clinical quality management.
- International travel.
- Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval).



- HIV test kits.
- Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy.
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.
- Pre Exposure Prophylaxis (PrEP) medications and related medical services or Post-Exposure Prophylaxis (PEP), as the person using PrEP or PEP is not living with HIV and therefore not eligible for RWHAP funded medication.

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 of applications and to assist you in understanding the standards against which your application will be judged. 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. See the review criteria outlined below with specific detail and scoring points.

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 Regional AETC Program has six (6) review criteria:

#### *Criterion 1: NEED (15 points) – Corresponds to Section IV's Introduction and Needs Assessment*

##### *Extent to which the applicant:*

- Identifies the gaps and support needs in the region with regard to knowledge and ability of health care professionals to counsel, diagnose, treat, and medically manage people with HIV disease, and to help prevent high-risk behaviors that lead to HIV transmission, with emphasis on novice providers.
- Describes the target population to be trained, including specifics for recruitment and training of minority health care professionals and health care professionals who care for minority HIV-infected patients.

- Identifies training needs among Historically Black Colleges and Universities (HBCU), Hispanic Serving Institutions (HSI), Tribal Colleges and Universities (TCU) in the region.
  - Demonstrates collaboration with Part A and B recipients to target resources to areas identified as having worse health outcomes or less access to HIV medical care.
  - Assesses training needs within local, county, state public health programs, local AIDS service organizations, CBOs, health professional organizations, State Primary Care Associations, State Primary Care Offices, and academic institutions.
  - Proposes to ensure training plans are in alignment with corresponding city, county, and the Integrated HIV Prevention and Care Plans.
  - Demonstrates an understanding of the issues related to strategic planning for health care system-level change including the methods for practice transformation.
  - Describes its ability to assess existing and/or potential students of accredited schools of, and graduate departments or programs of, medicine, nursing, and behavioral health (ex. clinical counselors specializing in opioid treatment, psychiatrists, social workers). Additional programs may also include but are not limited to accredited schools of, and graduate departments or programs of, dentistry, public health, behavioral and allied health as identified partner institutions for the HIV Interprofessional Education Project.
- *Criterion 2: RESPONSE (35 points) – Corresponds to Section IV’s Methodology, Work Plan, and Resolution of Challenges*
  - **Methodology**
  - Extent to which:
    - The applicant describes methods for building and maintaining strategic partnership networks with federal, regional, state, and local organizations to ensure relevancy and timeliness of education, training, and technical assistance to be provided.
    - The applicant describes the Practice Transformation project to improve patient outcomes along the continuum by integrating principles of the medical home model, patient centered care, integrated HIV care and behavioral health services, and replicable SPNS models of care and other evidence-based interventions.
    - Practice transformation expansion project training approach is feasible to result in increased capacity of primary care providers in rural clinics to care for PLWH and substance use disorders (if applicable);
    - The organization describes increasing awareness and uptake of SPNS HIV service delivery models and other evidence based interventions, such as from the CDC and the National Institute of Mental Health (NIMH) to meet the needs of staff training and HIV education. The applicant demonstrates the ability to provide training to faculty and curriculum support in an effort to strengthen the HIV workforce with interprofessional education.
    - The proposed plan is likely to enhance the capacity of minority and minority-serving HIV health care professionals.
    - Training and education methods selected for the target populations, as well as

topics identified, are appropriate with an emphasis on methods that will most likely result in an increase in knowledge, skills, positive change in behaviors and practices of health care professionals to improve patient outcomes along the HIV Care Continuum.

- The applicant obtained Parts A and B concurrence on work plans for Core Training and Practice Transformation (letters of agreement for Core Training and Practice Transformation).
- The proposed plan describes method for increased awareness and uptake of replicable HIV service delivery models (SPNS and other non-SPNS evidence-based, evidence-informed interventions and best practice models)
- The applicant demonstrates the use of innovative training techniques to engage rural or isolated health care professionals and a discussion of region's distance learning capabilities.
- Plans for training are practical and reflect geographical, cultural and service system barriers for trainees and their patient populations.
- The applicant trains on universal HIV testing, as per the CDC Expanded Testing Initiative expectation (if applicable).

- **Work Plan**

- Strength, clarity and feasibility of the applicant's work plan and its goals over the entire project period.
- Extent to which the applicant's work plan addresses the identified needs and program activities the applicant described in Section IV.
- Extent to which the work plan is realistic and contains objectives that are specific, measurable, achievable, relevant and time-bound (SMART) to implement the proposed project.
- Extent to which objectives are aligned with the goals of the National HIV/AIDS Strategy and MAI (when applicable) and integrates the HIV Care Continuum as indicators of success.
- If applicant is establishing an AETC Program for the first time, extent to which the work plan adequately builds in time to develop the program.
- Extent to which the logic model is able to connect program activities to the HIV Care Continuum

- **Resolution of Challenges**

- Extent to which the applicant identifies possible challenges that are likely to be encountered during the planning and implementation of the project described in the work plan.
- Extent to which the applicant identifies realistic and appropriate responses to be used to resolve those challenges.
- Strength and clarity of the applicant's description of anticipated technical assistance needs in the design, implementation and evaluation of its project, to be used in resolution of challenges.

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

- Strength and feasibility of the applicant's plan to collect data for the program activities described in this announcement.

- Evidence of the applicant’s ability to evaluate whether and how the trainings offered are meeting the needs in the region.
  - Evidence of the applicant’s ability to evaluate how the practice transformation projects are improving patient outcomes along the HIV care continuum.
  - Evidence of the applicant’s ability to evaluate how participation in IPE activities changes institutional-level policies and practices related to building faculty and student core competencies in HIV IPE.
  - Extent to which applicant’s proposed data management/evaluation staff have demonstrated experience in:
    - Conducting clinical quality improvement and/or data collection and have an understanding of the Health Center Program’s Uniform Data System (UDS) and the RSR;
    - Assessing the education and training needs of health care professionals and health care organizations and;
    - Assessing the impact of program training, education and technical assistance on the knowledge, skills, behaviors and practices of health care professionals.
  - Adequacy of the organization’s capacity to manage, collect, utilize, and report program data which captures educational and training program information and individual participant information from all project funded activities, including ability to track longitudinal training encounters per trainee.
  - Evidence of applicant’s electronic database to collect data and electronically transfer data.
  - Strength and clarity of the applicant’s description of the quality management plan, feasibility and reasonableness of the QM process to ensure complete and accurate data, and extent to which the applicant identified performance measures/indicators to be used as part of the quality management plan.
  - Extent to which the applicant demonstrates the ability to educate, train and provide technical assistance to healthcare professionals that is consistent with the most recent U.S. Department of Health and Human Services National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards) and treatment guidelines for the treatment of HIV/AIDS.
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- *Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Work Plan*
  - *The extent to which:*
    - The applicant demonstrates that the entire region is adequately covered and meets the needs of each state/territory within the region.
    - The proposed training will likely impact minority HIV health care professionals and minority-serving HIV health care professionals, and their ability to increase access to high quality HIV care for high risk minority and underserved patient populations.
    - The project will increase HIV clinical service capacity in the proposed geographic region, with special emphasis on RWHAP Part A and B areas.
    - Training and education strengthens service delivery linkages for health care professionals and their patients.
    - Training, education, and technical assistance proposed will meet the goals of the National HIV/AIDS Strategy and are aligned with the HIV care continuum.

- CHC partners identified for the Practice Transformation Project will increase capacity and access to care in an area of demonstrated need.
- The training approach proposed for the Practice Transformation Project will result in a transformed clinical practice and build the capacity of the partner CHCs to provide HIV care.

*Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV’s Organizational Information*

**Organizational Structure**

- Strength and clarity of the organizational structure with respect to strategic partnerships between the Regional AETC central office and states, counties, and cities in the region.
- Extent to which the organization demonstrates that the education and training needs of the entire region are covered
- Extent to which the number and nature of regional partners are practical with inclusion of regional partners in strategic planning, local needs assessments, marketing and outreach, training, evaluation, and quality improvement activities.
- Strength and clarity of the funding distribution process to regional partners.

**Staffing**

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

**Content expertise**

Extent to which the applicant:

- Demonstrates content expertise as described in Section IV.
- Has extensive experience in the field of adult training and education for health care providers, allied health care professionals, ancillary support staff, adult learning theory, curriculum development, and organizational change.
- Demonstrates experience, skills, and knowledge in the diagnosis, treatment and prevention of HIV disease, interprofessional practice and education, organizational management, and systems development.
- Demonstrates expertise and capacity to support the HIV/AIDS training and education needs across the entire region identified.

- Demonstrates the capacity to incorporate new treatment information into education and training activities, including rapid dissemination of late-breaking scientific findings and updates to the HHS Antiretroviral treatment guidelines.
- **Key collaborations**
- Strength and clarity of the applicant's description of its plans for ongoing linkages and coordination with other RWHAP-funded HIV care sites, HRSA-funded clinics and other CHCs in the proposed geographic region.
- Adequacy of description, or plans to engage HBCUs, HSIs, TCUs and other minority training institutions for clinical care training, interprofessional education and collaboration, and AETC faculty development.
- Strength, clarity, and feasibility of the applicant's description of its plans for linkages with local, county, and state public health programs; local AIDS service organizations; health professional organizations; State Primary Care Associations; State Primary Care Offices; Telehealth Resource Centers; and academic institutions.
- Adequacy of description, or plans for coordination with the several components of the AETC Network (e.g., other Regional AETCs, NCRC, NCCC, and AETC Evaluation Contractor).
- *Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Justification*
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable and appropriate to the proposed work plan and scope of work.
- The extent to which budget reflects a reasonable allocation of funds to administrative versus training/education costs.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- Evidence of adherence to the eight percent (8 percent) limit on indirect costs (applicants other than State, local, or Indian tribal governments).
- Evidence of adherence to the allocation guidelines provided in Section II and Section IV: 20 percent of the budget should reflect activities consistent with the MAI.
- Evidence of adherence to the allocation guidelines provided under the Budget section: at least 40 percent of the budget to the Practice Transformation Project and at least 10 percent to the HIV IPE Project.
- Strength and clarity of the presented budget narrative in justifying each line item in relation to the goals and objectives of the project.
- Strength and clarity of the presented budget narrative in justifying and providing defined deliverables with all written agreements between the Regional AETCs and the partners.
- Appropriateness of projected number of trainees by discipline, modality training, and training site as related to the budgeted cost per training and the needs identified in the region.

## 2. Review and Selection Process

The independent 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.

### Funding Preferences

This program provides a funding preference for some applicants, as authorized by Section 2692(a)(2) of the Public Health Service Act. HRSA will place applicants receiving the preference in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. The Objective Review Committee will determine the funding preference and will grant it to any qualified applicant that demonstrates that they meet both of the following criteria as submitted in **Attachment 9**:

HRSA shall give preference to qualified projects that:

- Train, or result in the training of, health professionals, who will provide treatment for minority individuals and Native Americans with HIV/AIDS and other individuals who are at high risk of contracting such disease;
- Train, or result in the training of, minority health professionals and minority allied health professionals to provide treatment for individuals with such disease; and train, or result in the training of, health professionals and allied health professionals to provide treatment for Hepatitis B or C and HIV co-infected individuals.

## 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 prior to the start date of July 1, 2019. 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 Notice of Award (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 on a bi-annual basis. Further information will be available in the award notice.

#### **Other required reports and/or products:**

- 1) Participant Information and Event Record data report: AETCs must use and submit to HRSA the standard AETC data collection instruments; the PIF 38 and the Event Record [note that these data collection instruments



may be subject to change during the project period]. Recipients must submit the Data Report online in the Electronic Handbooks (EHBs) system at <https://grants.hrsa.gov/webexternal/home.asp> on an annual basis.

- 2) Final Report: A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goals and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences over the entire project period. Recipients must submit the final report online in the EHBs system at <https://grants.hrsa.gov/webexternal/home.asp>.
- 3) Recipients who received funds for CDC's NOFO PS18-1802: Integrated National HIV Surveillance System and HIV Prevention Programs for Health Departments will be expected to report data on the activities related to this source of funds. The data to be reported will include the number, location, and description of training events, number of trainees, successes, and challenges. HRSA will provide further details in the award notice.
- 4) Minority AIDS Initiative Report: Recipients will be expected to report project activities related to the MAI. The data to be reported will include the number, location, and description of training events, number of trainees, successes, and challenges. HRSA will provide further details in the award notice.

## **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:

Sherrilyn Crooks, PA-C  
Chief, HIV Education Branch  
Office of HIV/AIDS Training and Capacity Development  
HIV/AIDS Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 09N110

Rockville, MD 20857  
Telephone: (301) 443-7662  
Email: [scrooks@hrsa.gov](mailto:scrooks@hrsa.gov)

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

Grants.gov Contact Center  
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)  
Email: [support@grants.gov](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**

### **Logic Models**

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>.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. You can find information on how to distinguish between a logic model and work plan at the following website:

<http://www.cdc.gov/healthyouth/evaluation/pdf/brief5.pdf>.

### **Technical Assistance**

HRSA has scheduled following technical assistance webinar.

Day and Date: Tuesday, November 13, 2018  
Time: 3 – 4:30 p.m. ET  
Call-In Number: 1-888-989-6490  
Participant Code: 6692465  
Weblink: [https://hrsa.connectsolutions.com/fy19\\_rae\\_tc/](https://hrsa.connectsolutions.com/fy19_rae_tc/)

HAB will record the TA webinar and make it available on the TargetHIV website. Also available will be a Frequently Asked Questions document, which will be continuously updated on:

<https://targethiv.org/library/funding-opportunity-part-f-aetc-regional-training-centers-hrsa-19-035>

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

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