

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



HIV/AIDS Bureau

Ryan White HIV/AIDS Program (RWHAP) Integrated HIV/AIDS Planning and Resource Allocation Cooperative Agreement

Funding Opportunity Number: HRSA-19-029
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: January 17, 2019

*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

Rene Sterling, PhD, MHA
Deputy Director, Division of State HIV/AIDS Programs
Telephone: (301) 443-9017
Fax: (301) 594-5224
Email: RSterling@hrsa.gov

Authority: Sections 2606 and 2654(b) of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 RWHAP Integrated HIV/AIDS Planning and Resource Allocation Cooperative Agreement. The purpose of this cooperative agreement is to provide technical assistance to Ryan White HIV/AIDS Program (RWHAP) Parts A and B recipients and their planning bodies regarding: 1) the integration of HIV planning across systems of HIV prevention and care within their jurisdiction; and 2) the development, implementation, monitoring, evaluation, and improvement of Integrated HIV Prevention and Care Plans (Integrated Plans), including Statewide Coordinated Statements of Need (SCSN), submitted to HRSA and the Centers for Disease Control and Prevention (CDC) in response to legislative and programmatic requirements. RWHAP Parts A and B recipients and planning bodies use Integrated Plans to better inform and coordinate HIV prevention and care program planning, priority setting, resource allocation, and continuous quality improvement efforts to meet the HIV service delivery needs within their jurisdictions.

Funding Opportunity Title:	RWHAP Integrated HIV/AIDS Planning and Resource Allocation Cooperative Agreement
Funding Opportunity Number:	HRSA-19-029
Due Date for Applications:	January 17, 2019
Anticipated Total Annual Available FY 2019 Funding:	\$700,000
Estimated Number and Type of Award(s):	Up to one (1) cooperative agreement
Estimated Award Amount:	Up to \$700,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2019 through June 30, 2023 (4 years)
Eligible Applicants:	<p>Eligible organizations may include national organizations; State, local, and Indian tribal governments; institutions of higher education; other non-profit organizations (including faith-based, community-based, and tribal organizations); and academic health science centers.</p> <p>See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at

<http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, November 7, 2018

Time: 2:30 p.m. to 3:30 p.m. ET

Call-In Number: 1-877-918-2310

Participant Code: 2374542

Weblink: https://hrsa.connectsolutions.com/ihap_nofo_ta/

Playback Number: 1-888-458-8114

Passcode: 6529

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the fiscal year (FY) 2019 RWHAP Integrated HIV/AIDS Planning and Resource Allocation Cooperative Agreement. The purpose of this cooperative agreement is to provide tools, training and technical assistance to RWHAP Parts A and B recipients and their planning bodies.

RWHAP Parts A and B recipients and planning bodies submit Integrated Plans/Statewide Coordinated Statements of Need (SCSN) to HRSA and the Centers for Disease Control and Prevention (CDC) in response to legislative and programmatic requirements. Recipients and planning bodies must use Integrated Plans/SCSN to better inform and coordinate HIV prevention and care program planning, priority setting, resource allocation, and continuous quality improvement efforts to meet the HIV service delivery needs within their jurisdictions.

The primary goals of this cooperative agreement are to ensure that RWHAP Part A and B recipients and planning bodies: 1) develop an Integrated Plan/SCSN for their jurisdiction that reflects the community's vision and values regarding how best to develop a comprehensive and coordinated system of HIV prevention and care that can address unmet need among people living with HIV (PLWH); and 2) use the Integrated Plan/SCSN as a guide to end the HIV epidemic within their jurisdiction.

This cooperative agreement will help ensure state and local health departments have the knowledge, skills, tools, and other materials to ensure meaningful, efficient, and collaborative integrated planning processes. The funded entity will work in collaboration with HRSA and CDC to accomplish the following key objectives:

- 1) Establish measures and methods for obtaining feedback from RWHAP Parts A and B recipients and their planning bodies, evaluating the process and outcome of cooperative agreement activities, and using feedback and evaluation findings to improve future work.
- 2) Identify, describe, and disseminate through cooperative agreement activities the common challenges, successes, and promising or best practices among RWHAP Part A and B recipients and planning bodies in their integrated planning processes, and in their attainment of goals outlined in Integrated Plans/SCSN.
- 3) Develop strategies, tools, training, and technical assistance for RWHAP Part A and B recipients and planning bodies to support the development, implementation, monitoring, evaluation, and improvement of Integrated Plans/SCSN.
- 4) Support RWHAP Part A and B recipients in developing and improving resource allocation methodologies that align with prioritized needs and support implementation of Integrated Plans/SCSN.
- 5) Deliver targeted technical assistance to select jurisdictions in need of additional instruction or support regarding integrated planning processes.
- 6) Facilitate peer learning opportunities across RWHAP Part A and B recipients and planning bodies.

2. Background

This cooperative agreement is authorized by the technical assistance authorities in the RWHAP legislation, codified at Title XXVI of the Public Health Service Act. This program will build upon and enhance work conducted under the previous cooperative agreement, RWHAP Integrated HIV Planning Implementation (Funding Opportunity Number HRSA-16-082), with an increased focus on priority setting and resource allocation. This focus will help ensure that RWHAP resources are used efficiently and effectively across HIV systems of care. The goal of the RWHAP is to improve the availability and quality of HIV/AIDS services for low income, uninsured, and underinsured individuals and families. The RWHAP reaches more than 500,000 individuals each year.

HRSA's HIV/AIDS Bureau (HAB) and CDC's Division of HIV/AIDS Programs (DHAP) developed guidance to support the submission of an Integrated Plan/SCSN to meet legislative and programmatic requirements of both federal agencies. RWHAP Parts A and B recipients and planning bodies must use Integrated Plans/SCSN to better inform and coordinate HIV prevention and care program planning, priority setting, resource allocation, and continuous quality improvement efforts to meet unmet needs within their jurisdictions. These unmet needs include provision of HIV prevention, care, and treatment services, in addition to services addressing co-occurring conditions such as behavioral disorders, including opioid use disorder, hepatitis C virus (HCV), and sexually transmitted infections (STI).

Integrated Plans/SCSN support goals of the National HIV/AIDS Strategy and establish a plan for realizing those goals along the HIV care continuum. The development, monitoring, and evaluation of Integrated Plans/SCSN requires extensive communication, collaboration, and data sharing across federal, state, territorial, local, and non-governmental partners. Improving outcomes across the HIV care continuum requires Integrated Plans/SCSN to support interventions with demonstrated effectiveness in addressing identified unmet need.

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 NHAS 2020 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 United States. The HIV care continuum has five main “steps” or stages that include HIV diagnosis, linkage to care, retention in care, antiretroviral use, and viral suppression. The HIV care continuum provides a framework that depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication. It 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.

RWHAP recipients are encouraged to assess the outcomes of their programs along this continuum of care. Recipients should work with their community and public health partners to improve outcomes across the HIV care continuum. HRSA encourages recipients to use the [performance measures](#) developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

According to recent data from the [2016 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. 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.¹ These improved outcomes mean more PLWH in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.² Scientific advances have shown that antiretroviral therapy (ART) preserves the health of PLWH and prevents sexual HIV transmission. This means that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking PLWH into care, retaining them in care, and helping them adhere to their ART.

Integrated Data Sharing and Use

HRSA and CDC’s DHAP support integrated data sharing, analysis, and utilization for the purposes of program planning, needs assessments, unmet need estimates, reporting, quality improvement, the development of your

¹ 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.

² National Institute of Allergy and Infectious Disease (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: <https://clinicaltrials.gov/> NCT00074581 NLM Identifier: NCT00074581.

HIV care continuum, and public health action. HRSA strongly encourages RWHAP Part B 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 in reaching the National HIV/AIDS Strategy 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' HIV surveillance systems. CD4 and VL data can be used to identify cases, stage of HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in 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 requires that all CD4 results (counts and percentages) and all VL results be reported to the National HIV Surveillance System (NHSS). Where laws, regulations, or policies are not aligned with these recommendations, states/territories should consider strategies to best implement these recommendations within current parameters or consider steps to resolve conflicts with these recommendations. In addition, NHSS also requires reporting HIV-1 nucleotide sequences from genotypic resistance testing to monitor prevalence of all 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. SPNS related tools can be found at the following locations:

- [Integrating HIV Innovative Practices \(IHIP\) Intervention or Strategy \(https://careacttarget.org/ihip\)](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 \(https://careacttarget.org/library/replication-resources-spns-systems-linkages-and-access-care\)](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 \(https://nextlevel.careacttarget.org/\)](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

Type(s) 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:

- Make available experienced HRSA HAB and CDC DHAP personnel to inform, support, or participate in the design, planning, development, and/or delivery of cooperative agreement activities and materials.
- Ensure cooperative agreement activities build upon past progress, success, and lessons learned by providing access to materials and information from previous work in this area.

- Coordinate communication and develop partnerships with personnel from HRSA, CDC, other federal agencies, and other federally-funded training and capacity building programs.
- Participate in the design, development, direction, and/or delivery of procedures, strategies, tools, training, technical assistance, and peer learning activities, including the selection of jurisdictions to receive targeted training and technical assistance.
- Provide ongoing monitoring and review of the design, development, direction, and/or delivery of cooperative agreement activities, including procedures, evaluation measures, and quality improvement efforts for accomplishing the goals of the cooperative agreement.
- Review and provide substantive and stylistic input on cooperative agreement materials and activities.
- Participate, as appropriate, in conference calls, meetings, and learning sessions that are conducted to support cooperative agreement activities.
- Participate in cooperative agreement trainings, technical assistance, or other meetings with RWHAP recipients, subrecipients, and other stakeholders.
- Inform methods for evaluating the process and outcome of cooperative agreement activities, and use findings to inform future work.
- Participate in the dissemination of cooperative agreement activities, progress and results (e.g., formal or informal presentations to internal and external stakeholders, presentations at national or regional conferences), including best practices and lessons learned.

The cooperative agreement recipient's responsibilities will include:

- Assess the training and technical assistance needs of RWHAP Parts A and B recipients and their planning bodies related to the integration of HIV planning processes across prevention and care service delivery systems, and the development, implementation, monitoring, evaluation, and improvement of Integrated Plans/SCSN.
- Establish measures and methods for obtaining feedback from RWHAP Parts A and B recipients and their planning bodies, evaluating the process and outcome of cooperative agreement activities, and using feedback and evaluation findings to improve future work.
- Identify and describe common challenges and successes among RWHAP Part A and B recipients and planning bodies in their development and submission of Integrated Plans/SCSNs, in their establishment of integrated planning processes, and in their attainment of proposed goals. Use these findings to inform cooperative agreement activities and suggest opportunities for enhancing work in this area.
- Assess and disseminate promising or best practices, tools, and tips to inform and guide the work of RWHAP Part A and B recipients and planning bodies in their integrated planning processes and attainment of proposed goals.
- Develop strategies, tools, training and technical assistance to support RWHAP Part A and B recipients in developing and improving resource allocation methodologies that 1) align with prioritized needs, 2) support implementation of

Integrated Plans/SCSN with their jurisdictions, and 3) support attainment of proposed goals.

- Develop opportunities for meaningful engagement and learning among peers across RWHAP Part A and B recipients and planning bodies. These methods and models should utilize or build upon existing platforms and engagement opportunities (e.g., national meetings or conferences).
- Conduct content analyses of Integrated Plans/SCSN submitted by RWHAP Part A and B recipients to inform development of strategies, tools, training, and technical assistance; and to identify promising or best practices, tools, and tips for dissemination.
- Based on HRSA HAB and CDC DHAP review of and feedback on Integrated Plans/SCSN submitted by RWHAP Part A and B recipients, deliver targeted technical assistance to select jurisdictions to support improvement in integrated planning activities.
- In response to feedback from HRSA, CDC, and/or RWHAP Part A and B recipients and planning bodies, modify approaches to the content, design, and/or delivery of strategies, tools, training, and technical assistance to improve their quality, utility or effectiveness.
- Disseminate promising or best practices, project accomplishments, results from project evaluation activities, and other pertinent information to key stakeholders and constituents.
- Plan for sustainability of cooperative agreement activities or resources after the period of federal funding ends.
 - NOTE: HRSA HAB expects successful cooperative agreement applicants to sustain key elements of their projects (e.g., strategies, services, resources), including those that have been effective in improving integrated planning processes within RWHAP Parts A and B.
- Ensure meaningful support and collaboration with key stakeholders in design, development, implementation, and evaluation of all activities, including development of this application.
- Provide HRSA HAB with a complete, updated, and accessible copy of all federally supported materials, including online content, prepared under this cooperative agreement in an electronic zip file format on an annual basis for the duration of the project.

2. Summary of Funding

HRSA expects approximately \$700,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$700,000 total cost (includes both direct and indirect, facilities and administrative costs) per year.

The period of performance is July 1, 2019 through June 30, 2023 (four years). Funding beyond the first year is subject to the availability of appropriated funds for Ryan White HIV/AIDS Program (RWHAP) Integrated HIV/AIDS Planning and Resource Allocation Cooperative Agreement in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible organizations may include national organizations; state, territorial, local, and Indian tribal governments; institutions of higher education; other non-profit organizations (including faith-based, community-based, and tribal organizations); and academic health science centers.

Applicants have the option to submit proposals with collaborating organizations if the partnership enhances the approach, capability and reach of the cooperative agreement.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically. HRSA encourages you to apply through [Grants.gov](https://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're reading this 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 take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) 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 9: Other Relevant Documents.

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

Program-Specific Instructions

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

i. Project Abstract

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

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative:

- ***INTRODUCTION -- Corresponds to Section V's Review Criterion #1 – Need***

Briefly describe the purpose of and need for the proposed project. Include a brief discussion that exhibits an expert understanding of or expertise in the issues related to the activities included in this NOFO among your employees, subcontractors, and any partnering/collaborating organizations.

Briefly describe your overall approach to meeting project goals. Include a brief discussion that exhibits expert understanding of or expertise in HIV planning processes, impact of integrated planning processes, and development of effective partnerships across key stakeholders.

- ***NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 – Need***

Describe your understanding of and relevant work related to the National HIV/AIDS Strategy, the HIV care continuum, data sharing and integration, and implementation of evidence-informed interventions. Describe the current state of HIV prevention and care planning, and an assessment of challenges and opportunities facing RWHAP Part A and B recipients and planning bodies that may impact the proposed project.

Discuss why RWHAP Part A and B recipients and planning bodies may need the strategies, tools, training, technical assistance, and other support provided through the proposed project. Use and cite data whenever possible to support the information provided.

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

Discuss the methods and approaches you will use to address the stated purpose in Section I.1., and fulfill each of the recipient responsibilities listed in Section II.1. of this NOFO.

Describe how you will support RWHAP Part A and B recipients and planning bodies in establishing effective integrated planning processes, maximizing collaboration within and across progress and jurisdictions at a state or territory level, and obtaining meaningful community engagement. Collaborative approaches for health departments and planning bodies may include the following:

- Merging planning bodies for HIV prevention and care, ensuring cross program representation on separate planning bodies, and/or combining meetings;
- Conducting joint and comprehensive needs assessments;
- Exploring alternate approaches for more effective allocation of resources toward goals and objectives included in Integrated Plans/SCSNs or other plans to end the HIV epidemic;
- Sharing data and information regarding progress and plans;
- Aligning or combining related projects; and
- Other approaches for streamlining the integrated planning process.

Describe how you will support RWHAP Part A and B recipients and planning bodies in obtaining and using data and information regarding HIV resources, HIV service utilization, and the impact of HIV at a community or group level, which are essential to state, territory and local decision-making. These data are critical for prioritizing identified needs and information, informing the allocation of resources to address those needs, and measuring progress towards improving health outcomes across the HIV care continuum. Data also are critical for demonstrating success and improving quality.

To support data integration and use, describe how you will support RWHAP Part A and B recipients and planning bodies in establishing protocols and systems for ongoing data and information sharing across federal, state, territorial, local, and non-governmental partners, programs, and providers.

Include innovative strategies, procedures and activities for collaborating meaningfully with HRSA HAB, CDC DHAP, and other federal agencies and programs; efficiently implementing the proposed project; and effectively meeting the purpose, goals and objectives of the cooperative agreement. Describe strategies that you will use for maintaining engagement of RWHAP Part A and B recipients and planning bodies over the entire project period.

Discuss why the methodology chosen is appropriate for this project. Discuss how the chosen methodology aligns with the overview provided in the Needs Assessment section and will contribute to the success of the proposed project over the entire project period.

NOTE: Applicants with subcontractors or formal partners/collaborators must provide information on how the applicant will ensure effective lines of communication and consistent, timely, high quality work from each organization.

▪ ***WORK PLAN -- Corresponds to Section V's Review Criteria #2 – Response and #4 – Impact***

Describe the action steps you will use over the duration of the four-year project period to implement the methods discussed in the Methodology section, including methods for project implementation, dissemination, sustainability, and meaningful collaboration. Be sure all methods discussed in the Methodology section are included and appropriately described in the work plan. Identify and describe the

type and number of materials and opportunities to be developed (e.g., tools, trainings, technical assistance) and appropriate milestones (e.g., a significant or important event in the project period). Include activities and/or materials that allow for continued impact after the period of federal funding ends.

Develop a time-framed and measureable work plan in table format that corresponds with the work plan narrative and include as **Attachment 1**. The work plan table should identify for each project activity, developed material, and provided opportunity, the specific action steps, intended target population, measureable outcome, targeted end date, and person(s) responsible for implementation. The work plan must include clear goals, objectives, and outcomes that are SMART (specific, measureable, achievable, realistic, and time measurable). The work plan must include the goals, objectives, and action steps for the entire four-year project period, and be broken out by each year of the project.

NOTE: Applicants with subcontractors or formal partners/collaborators must describe and delineate the action steps completed by each organization in the work plan narrative and table.

- ***RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 – Response***

Discuss barriers or challenges that you are likely to encounter in designing and implementing the proposed methods and activities to address the stated purpose in Section I.1, and fulfill recipient responsibilities listed in Section II.1 of this NOFO.

Discuss barriers or challenges collaborating with federal agencies, federally-funded programs, and other key partners; and maintaining engagement of RWHAP Part A and B recipients and planning bodies throughout the entire project period.

Propose effective approaches for resolving discussed challenges.

- ***EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 – Evaluative Measures, #4 – Impact, and #5 – Resources/Capabilities***

State the anticipated or intended impact of the proposed activities on RWHAP Part A and B recipients and planning bodies, integrated planning, priority setting and resource allocation, systems of HIV prevention and care, and outcomes along the HIV care continuum. Discuss your plan for the program performance evaluation, including process, outcome and/or impact evaluation. Describe how the proposed evaluation plan will allow you to determine whether you were successful in realizing this anticipated or intended outcome or impact.

Describe how you will monitor processes, track progress toward fulfilling the goals and objectives of the project, and measure outcomes over time. Describe how you will assess best practices for integrated HIV prevention and care planning in collaboration with HRSA HAB and CDC DHAP, including potential selection criteria. Identify specific performance measures and corresponding benchmarks you will use to support process, outcome and/or impact evaluation. Identify the data collection and analytical strategies, methods, systems, tools, and/or techniques that you will use.

Describe how you will share with key stakeholders and/or broadly disseminate evaluation findings, best practices, and/or accomplishments to advance work in this area. Describe how you will use evaluation findings to support continuous quality improvement across project activities and throughout the entire project period.

Describe the current experience and technical knowledge and skills of employees or contractors who will implement the program performance evaluation, and identify any materials published and previous work of a similar nature.

Describe any potential obstacles for implementing the program performance evaluation, and how you plan to address those obstacles.

- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 – Resources/Capabilities**

Provide information on your organization's current mission, values, structure, and scope of work.

Describe the ability, capacity, expertise, and past experience held by your organization and any subcontractors/partners/collaborators that demonstrate an ability to fulfill the stated purpose in Section I.1., and the recipient responsibilities listed in Section II.1. of this NOFO. Describe past performance managing collaborative federal grants at the national level, including examples of the extent to which required activities and materials were completed. You should demonstrate a minimum four-year history of experience doing work directly related to the proposed project on a national scale.

Provide a Staffing Plan and Job Descriptions for Key Personnel as **Attachment 2**. Include Biographical Sketches of Key Personnel as **Attachment 3**. The staffing plan, job descriptions, and biographic sketches should support the narrative description of your ability, capacity, expertise and experience described in the narrative.

Provide an organizational chart for the proposed project as **Attachment 4**. The organizational chart should be a one-page figure that depicts the organizational structure of only the proposed activities to be funded through this cooperative agreement, not the entire organization, and it should include subcontractors and other significant partners/collaborators.

NOTE: To address these goals, objectives, and priorities, applicants may submit proposals with collaborating organizations if the partnership enhances the approach, capability, and reach of the cooperative agreement.

Provide any relevant letters of agreement or contract documents exhibiting partner commitment to the proposed project as **Attachment 5**. Applicants proposing subcontractors or other significant partners/collaborators must provide information on how you will monitor and assess performance of activities completed by partner organizations, and how the individual efforts of the partner organization help to implement the activities in the cooperative agreement overall work plan.

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures (4) Impact and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

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

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-

supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

In addition, the RWHAP ACE TA Center program requires the following:

- The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” See Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.
- *Project Activity Budget.* Applicants must submit a separate program-specific line item budget for each year of the four-year project period. Upload the budget as an attachment to the application as Attachment 7. Note: If indirect costs are included in the budget, please attach a copy of the organization’s indirect cost rate agreement as Attachment 8. Indirect cost rate agreements will not count toward the page limit.

iv. Budget Narrative

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

v. Attachments

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

Attachment 1: Work Plan Table

Attach the work plan in table format that corresponds with the work plan narrative detailed in Section IV. ii. Project Narrative.

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

Keep each job description to one page in length or less. Include the roles, responsibilities, and qualifications of key project staff.

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: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including any subcontractors or significant partners/collaborators.

Attachment 5: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

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

Attachment 6: Tables, Charts, etc.

Provide any additional tables and charts with additional details about the proposed project (e.g., Gantt or PERT charts, flow charts).

Attachment 7: Program Specific Line Item Budget

You must submit a separate program-specific line item budget with a separate budget for each year of the four-year project period. NOTE: HRSA recommends that you convert or scan the budget into PDF format for submission. Do not submit Excel spreadsheets. Please submit the line item budget in table format. The budget should include personnel name and title, fringe benefits, total personnel costs, consultant costs by individual consultant, supplies, staff travel, other expenses by individual expense, total direct costs, indirect costs, and total costs. Include annual salary and total project full-time equivalent (FTE).

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

Attachment 8: Indirect Cost Rate Agreement, if applicable

If indirect costs are included in the budget, please attach a copy of the organization's indirect cost rate agreement. **Indirect cost rate agreements will not count toward the page limit.**

Attachment 9-15: 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, 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.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *January 17, 2019 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.

5. Intergovernmental Review

The RWHAP Integrated HIV/AIDS Planning and Resource Allocation Cooperative Agreement is not 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.

6. Funding Restrictions

You may request funding for a period of performance of up to four (4) years, at no more than \$700,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), 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 may not use funds under this announcement for the following purposes:

- Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, Department of Housing and Urban Development funding for housing services, other RWHAP funding including the AIDS Drug Assistance Program);
- To directly provide housing or health care services (e.g., HIV care, counseling, and testing) that duplicate existing services;
- Clinical research;
- Provision of direct health care;
- International travel;
- Pre-Exposure Prophylaxis (PrEP) or non-occupational post-exposure prophylaxis (nPEP) medications or related medical services. As outlined in the [June 22, 2016 RWHAP and PrEP program letter](#), the RWHAP legislation provides grant funds to be used for the care and treatment of PLWH, thus prohibiting the use of RWHAP funds for PrEP medications or related medical services, such as physician visits and laboratory costs. However, RWHAP Part C recipients and subrecipients may provide prevention counseling and information, which should be part of a comprehensive PrEP program.
- HIV test kits;
- Cash payments to intended recipients of services;
- Syringe Services Programs - Purchase of sterile needles or syringes for the purposes of hypodermic injection of any illegal drug. Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy (see: <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>);
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual;
- Purchase or improvement of land; and
- Purchase, construction, or major alterations or renovations on any building or other facility (see [45 CFR part 75](#) – subpart A Definitions).

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 RWHAP Integrated HIV/AIDS Planning and Resource Allocation Cooperative Agreement has six (6) review criteria:

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment

- The extent to which the applicant (including employees, subcontractors, and partners/collaborators) demonstrates an expert understanding of or expertise in:
 - The primary goals, objectives, and priorities of this cooperative agreement;
 - The need for strategies, tools, training, technical assistance, and other support provided through the proposed project;
 - Goals of the National HIV/AIDS Strategy;
 - Use of the HIV care continuum as a framework for measuring and improving health care outcomes;
 - State, territorial, and local health department HIV planning processes, including key steps or stages in the process, key participants in the process, and key stakeholders;
 - Potential impacts of an integrated HIV prevention and care planning process and development of an Integrated Plan/SCSN on HIV outcomes;
 - Development of effective partnerships across federal, state, territorial, local, and non-governmental organizations; and

- Integrated data sharing, analysis, and utilization for all stages of the integrated planning process (especially priority setting and resource allocation), quality improvement, program development and evaluation, and public health action.
- The applicant's use of data to support information provided.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

Methodology (20)

- The strength of proposed methods for:
 - Addressing the stated purpose in Section I.1 of this NOFO, and
 - Fulfilling each of the recipient responsibilities listed in Section II.2 of this NOFO.
- The extent to which proposed methods:
 - Include innovative strategies, procedures, and activities for:
 - collaboration with federally-funded programs that may participate in or benefit from the proposed project,
 - project implementation, and
 - meeting the purpose, goals and objectives of the cooperative agreement;
 - Align with the applicant's understanding of integrated planning and the need for the proposed project;
 - Will contribute to the success of the proposed project over the four-year project period; and
 - Support sustainability of the project after the period of federal funding ends.
- If subcontractors or other partners/collaborators are proposed, the strength of proposed methods for ensuring effective lines of communication and consistent, timely, high quality work from each organization.

Work Plan (15)

- The extent to which the work plan narrative:
 - Aligns with and supports the proposed methodology;
 - Provides an adequate level of detail for understanding how the applicant will implement all cooperative agreement requirements;
 - Includes action steps pertaining to project implementation, dissemination, sustainability, and meaningful collaboration;
 - Identifies and describes the type and number of activities, resources or opportunities to be developed; and
 - Includes appropriate milestones to ensure adequate progress over the four-year project period.
- The extent to which the work plan table:
 - Aligns with the work plan narrative;
 - Includes clear goals, objectives, and outcomes that are SMART (specific, measureable, achievable, realistic, and time measurable); and
 - Provides action steps across the entire four-year project period and is specific to each year of the project period.

- If subcontractors or other partners/collaborators are proposed, the extent to which each organization's action steps are clearly described and delineated across the work plan narrative and table.

Resolution of Challenges (5)

- The extent to which the application demonstrates an understanding of the barriers and challenges that are likely to be encountered when:
 - Designing and implementing proposed methods and activities to address the stated purpose in Section I.1, and fulfill recipient responsibilities listed in Section II.1 of this NOFO;
 - Collaborating with federal agencies, federally-funded programs, and other key partners; and
 - Maintaining engagement of RWHAP Part A and B recipients and planning bodies.
- The strength of proposed approaches for addressing identified barriers and resolving identified challenges.

Criterion 3: EVALUATIVE MEASURES (5 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity

- The extent that the program performance evaluation plan will contribute to:
 - Ongoing monitoring of processes and progress toward project goals and objectives as described in the work plan, and
 - Continuous quality improvement across project activities throughout the four-year project period.
- The strength and feasibility of:
 - proposed plans for monitoring and evaluating performance over time, including the strategies, methods, systems, tools, and techniques used for data collection and analysis;
 - proposed approach for assessing best practices for integrated HIV prevention and care planning in collaboration with HRSA and CDC; and
 - proposed performance measures and benchmarks for process and outcome evaluation.
- The extent to which the application demonstrates an understanding of the challenges that are likely to be encountered when implementing the proposed program performance evaluation plan.
- The strength of proposed approaches for resolving identified challenges.
- The strength of employees and contractors who will implement the program performance evaluation.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Work Plan, and Evaluation and Technical Support Capacity

- The strength and feasibility of the proposed performance evaluation plan for determining whether the applicant was successful in realizing the anticipated or intended outcome or impact.
- The extent to which the proposed work plan will contribute to the anticipated or intended impact of proposed activities on RWHAP Part A and B recipients and

planning bodies, integrated planning, priority setting and resource allocation, systems of HIV prevention and care, and outcomes along the HIV care continuum.

- The strength and feasibility of the performance evaluation plan for ensuring:
 - Proposed actions are successfully implemented and documented, in accordance with the work plan;
 - Evaluation findings are shared and/or broadly disseminated; and
 - Evaluation findings are used to support continuous quality improvement across project activities and throughout the entire project period.
- The strength and feasibility of proposed performance measures and corresponding benchmarks for evaluating the scope and complexity of the proposed project.
- The adequacy of proposed activities and/or resources for:
 - Having a positive impact after the period of federal funding ends (i.e., sustainability); and
 - Supporting the goals of the National HIV/AIDS Strategy and improving outcomes along the HIV care continuum.

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

- The strength and relevance of the applicant organization's current mission, values, structure, and scope of work to the purpose, goals and objectives of this cooperative agreement
- The strength and appropriateness of the applicant's proposed staffing plan and job descriptions (Attachment 2), key personnel (Attachment 3), subcontractors or partners/collaborators (if any), and project organizational chart (Attachment 4) to the size and complexity of the proposed project.
- The extent to which the applicant and partner organization(s) demonstrate the abilities, capacity, expertise and experience necessary to fulfill the stated purpose in Section I.1, and the recipient responsibilities listed in Section II.1 of this NOFO.
- If subcontractors or other partners/collaborators are proposed,
 - the strength and feasibility of the proposed methods to monitor and assess their performance, and
 - the extent to which partner organization(s) efforts help implement or strengthen the proposed methods, work plan, performance evaluation plan, or other activities under the cooperative agreement.
- The extent that the applicant clearly demonstrates experience with and current expertise in:
 - RWHAP Part A and B legislative and programmatic requirements;
 - HIV service delivery planning, needs assessment, resource allocation, and priority setting;
 - Data and evaluation;
 - Quality improvement;
 - National HIV/AIDS Strategy and HIV care continuum;
 - Evidenced-informed interventions for improving HIV outcomes;
 - Collaboration and meaningful engagement with state, territorial, and local health departments; and

- Design, development and delivery of tools, training, and technical assistance for HIV prevention and care service delivery programs.
- The extent that the application demonstrates significant experience in successfully managing collaborative federal awards, including example of the extent to which activities or materials were completed. Applicants should be able to demonstrate a minimum of four years prior experience of developing and disseminating technical assistance to RWHAP Parts A, B, and/or CDC HIV Prevention recipients.

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

This includes the reasonableness of the proposed budget for each year of the four-year project period in relation to the objectives and the anticipated results. The extent to which the application:

- Demonstrates a realistic, adequately justified budget that is associated with the activities to be completed given the scope of work;
- Provides budget line items that are adequate and appropriate for proposed project activities;
- Clearly identifies key personnel who have adequate time devoted to the project to achieve project objectives; and
- Provides a clear justification of proposed staff, contract and other resources.

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.

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](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of July 1, 2019.

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 **semi-annual** basis. Further information will be available in the award notice.
- 2) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

VII. Agency Contacts

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

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

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

Rene Sterling, PhD, MHA
Acting Director, Division of State HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09W50
Rockville, MD 20857
Telephone: (301) 443-9017
Fax: (301) 443-8143
Email: RSterling@hrsa.gov

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

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

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

HRSA Contact Center

Telephone: (877) 464-4772

TTY: (877) 897-9910

Web: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

VIII. Other Information

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, November 7, 2018

Time: 2:30 p.m. to 3:30 p.m. ET

Call-In Number: 1-877-918-2310

Participant Code: 2374542

Weblink: https://hrsa.connectsolutions.com/ihap_nofo_ta/

Playback Number: 1-888-458-8114

Passcode: 6529

Tips for Writing a Strong Application

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