U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

HIV/AIDS Bureau
Division of Community HIV/AIDS Programs

Ryan White HIV/AIDS Part C Capacity Development Program

Announcement Type: Initial – New
Limited Competition

Funding Opportunity Number: HRSA-16-088

Catalog of Federal Domestic Assistance (CFDA) No. 93.918

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: March 28, 2016

Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Release Date: January 14, 2016

Issuance Date*:* **January 14, 2016**

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Authority: Section 2654(c) of title XXVI of the Public Health Service Act, (42 USC 300ff-54(c)), 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), HIV/AIDS Bureau, Division of Community HIV/AIDS Programs is accepting applications for fiscal year (FY) 2016 Ryan White HIV/AIDS Program (RWHAP) Part C Capacity Development Program. The purpose of this program is to assist currently funded RWHAP Part C Early Intervention Services recipients in their efforts to strengthen their organizational infrastructure and to increase their capacity to develop, enhance, or expand access to high quality HIV primary health care services for low-income, uninsured, underinsured, and underserved people living with HIV (PLWH). Applicants may propose an activity that addresses a gap in the HIV care continuum for low-income, uninsured, underinsured, and underserved PLWH in their service area.

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part C Capacity Development Program
Funding Opportunity Number:	HRSA-16-088
Due Date for Applications:	March 28, 2016
Anticipated Total Annual Available Funding:	$1,500,000
Estimated Number and Type of Award(s):	Up to 15 grant(s)
Estimated Award Amount:	Up to $100,000 per year
Cost Sharing/Match Required:	No
Project Period:	September 1, 2016 through August 31, 2017 (1 year)
Eligible Applicants:	This funding opportunity is limited to currently funded RWHAP Part C Early Intervention Services recipients. [See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]

Application Guide

All applicants 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 FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

All applicants are encouraged to participate in a technical assistance (TA) webinar for this funding opportunity. The TA webinar will be held Thursday **February 11, 2016,** from **2:00 – 4:00 PM** Eastern Standard Time. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the FOA. Participation in the pre-application TA webinar is strongly encouraged to ensure the successful submission of the application.
- **Date:** February 11, 2016
- **Time:** 2:00 – 4:00 PM Eastern Time

- **Call-in number:** 1-888-810-6808, Passcode: 2400860
- **Webinar link:** https://hrsa.connectsolutions.com/hrsa-16-088-partc-ta/

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the Ryan White HIV/AIDS Program (RWHAP) Part C Capacity Development Program to assist current Part C recipients in their efforts to strengthen their organizational infrastructure and to increase their capacity to develop, enhance, or expand access to high quality HIV primary health care services for low-income, uninsured, underinsured, and underserved people living with HIV (PLWH). The FY 2016 RWHAP Part C Capacity Development Program provides one-time funds to build local capacity of RWHAP Part C recipients to support a system-wide activity that addresses a gap in their local HIV care continuum.

Funding under this program is not intended to support long-term activities. Instead, the proposed activity should be of a short-term nature and should be completed by the end of the one-year project period for this funding opportunity.

This Funding Opportunity Announcement (FOA) is for existing RWHAP Part C recipients only. Applicants may submit proposals for one of the following categories to address the gaps and need for a comprehensive continuum of outpatient HIV primary care services: 1) HIV Care Innovation or 2) Infrastructure Development. Applicants must select one category and one type of activity from the selected category. Applicants may propose an expansion of activities currently supported with Part C Capacity funding; however, the same activity proposed and funded in FY 2015 will not be considered for funding in FY 2016.

1) HIV Care Innovation
HIV Care Innovation activities should identify and address a specific point or points along the HIV care continuum to target for maximum impact. This funding will assist RWHAP Part C Early Intervention Services (EIS) recipients in supporting a system-wide activity that addresses a gap or gaps in the local HIV care continuum. In addition, HIV Care Innovation activities support the National HIV/AIDS Strategy: Updated to 2020 (NHAS 2020) goals by funding focused activities to address identified gaps in the HIV care continuum. The following types of activities are allowable for funding under this announcement. Applicants applying under this category should select only one of the four activities listed below:

- **HIV Case Finding -** Train designated staff in HIV case finding techniques through local health departments and/or through CDC-funded training centers (http://nnptc.org/) and apply these skills in the clinical setting to link persons into care after HIV testing to address one or both of the following stages of the HIV care continuum: (1) Linkage to HIV medical care or (2) Retention in HIV medical care.

- **Motivational Interviewing -** Train staff in Motivational Interviewing through the local AIDS Education and Training Centers (AETCs) or other resources to engage patients in care. Work with both staff and patients on retention and facilitate staff application of the training in the clinical setting to address one or more of the following stages of the HIV care continuum: (1) Linkage to HIV medical care, (2) Retention in HIV medical care, or (3) Appropriate prescription of Antiretroviral Therapy (ART).

- **Patient-Based Treatment Adherence -** Implement an innovative, patient-based treatment adherence program to provide long-term adherence support for chronically non-adherent patients and apply the program to address the one or both of the following stages of the HIV care continuum: (1) Appropriate prescription of ART or (2) HIV viral suppression.

- **Patient Chronic Disease Self-Management -** Institute a clinic-wide Chronic Disease Management Program for HIV/AIDS based on the Stanford program or other resources for patient self-management (e.g., http://www.ahrq.gov/research/findings/final-reports/ptmgmt/index.html) to engage patients in long-term disease control and apply the program to address one or both of the following stages of the HIV care continuum: (1) Retention in HIV medical care or (2) HIV viral suppression.

b) Infrastructure Development

Infrastructure development activities should identify and address a specific point or points along the HIV care continuum to be targeted for maximum impact. This funding opportunity will assist RWHAP Part C EIS recipients by promoting organizational infrastructure development and increasing the capacity of organizations to enhance their ability to meet the changing health care landscape. Funding is intended to increase the capacity of the organization to respond to Affordable Care Act opportunities, which leads to the delivery or improvement of HIV primary care services, supports the President's HIV Continuum of Care Initiative and addresses one or more of the NHAS 2020 goals. Applicants applying under this category should select only one of the four activities listed below:

- **Electronic Health Records (EHR) -** Purchasing and implementing EHRs to improve the quality, safety, and efficiency of patient health care. Describe the plan to implement the EHR and the specific linkages to the HIV care continuum stage(s) that will be addressed: (1) Linkage to HIV medical care, (2) Retention in HIV medical care, (3) Appropriate prescription of ART, or (4) Achieving a high HIV viral load suppression rate.

  HAB requires that any EHR or EHR component purchased, in whole or in part, with Federal funds meets the Office of the National Coordinator for Health Information Technology (ONC) requirements for certification. To improve the quality of clinical data collected, HAB further requires that any EHR or EHR component be configured to report appropriate clinical data electronically for HAB reporting (http://www.hrsa.gov/healthit/ehrguidelines.html).

  Additionally, HHS has released standards for the meaningful use of EHRs. This is supported by the Centers for Medicare and Medicaid (CMS) with an incentive program for both Medicaid and Medicare providers. Clinical care providers under RWHAP Parts A [Section 2604 (g)(1) of the Public Health Service (PHS) Act], B [Section 2617 (b)(5)(F) of the PHS Act] and C [Section 2652 (b)(1) of the PHS Act] are required to participate in state Medicaid programs. Consequently, it is expected that such RWHAP recipients and providers will begin to use a certified EHR in the provision of care (http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRincentiveprograms/).

- **Financial Management Systems** - Purchasing and implementing a financial accounting system or software capable of managing multiple sources of funding for HIV primary care services, as well as actual expenses by line item and enhancing the billing process for third party reimbursement. The proposed system can address, but is not to be limited to, budget management topics, such as fiscal oversight, subrecipient monitoring, and tracking

expenditures by cost categories. Applicants are expected to develop protocols and billing policies based on the use of this enhanced system and illustrate how the activity will address one or more of the following stages of the HIV care continuum: (1) Linkage to HIV medical care, (2) Retention in HIV medical care, (3) appropriate prescription of ART, or (4) Achieving a high HIV viral load suppression rate.

- **Management Information System -** Identifying, establishing and strengthening administrative, managerial, and management information system (MIS) structures to offer, enhance, or expand comprehensive HIV primary healthcare especially in the context of the Affordable Care Act. In addition, another activity can be the purchase of software to interface CAREWare with existing electronic health records to specifically improve data collection, reporting, and/or quality improvement activities that will address one or more of the following stages of the HIV care continuum: (1) Linkage to HIV medical care, (2) Retention in HIV medical care, (3) Appropriate prescription of ART, or (4) Achieving a high HIV viral load suppression rate.

According to statute, HRSA shall give preference to entities that provide primary care services in rural areas or to underserved populations in making awards for this program. More information about these preferences can be found in *Section V* of this FOA.

2. Background

This program is authorized by Section 2654(c) of Title XXVI of the PHS Act (42 USC 300ff-54(c)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87). The Capacity Development Program was first authorized by Congress in 2000. It is administered by the HIV/AIDS Bureau's (HAB) Division of Community HIV/AIDS Programs.

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. To the extent possible, program activities should strive to support the four primary goals of NHAS 2020:

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

Updated in 2015, the NHAS 2020 has fully integrated the objectives and recommendations of the HIV Care Continuum Initiative (see below) and the Federal Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities. The Strategy also allows for opportunities to refresh the ongoing work in HIV prevention, care, and research.

Advances in four key areas are of critical focus for the next five years and recipients should take action to align their organization's efforts with the Strategy around these key areas:

- Widespread testing and linkage to care, enabling people living with HIV to access treatment early;

- Broad support for people living with HIV to remain engaged in comprehensive care, including support for treatment adherence;
- Universal viral suppression among people living with HIV; and
- Full access to comprehensive PrEP services for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.

More information on how recipients can support the NHAS 2020 can be found here: https://aids.gov/federal-resources/national-hiv-aids-strategy/overview/

HIV Care Continuum
Identifying people infected with HIV and linking them to HIV primary care with initiation and long-term maintenance of life-saving ART are important public health steps toward the elimination of HIV in the United States. The continuum of interventions that begins with outreach and testing and concludes with HIV viral load suppression is generally referred to as the HIV care continuum or the care treatment cascade. The HIV care continuum includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of ART, and ultimately HIV viral load suppression.

The difficult challenge of executing these lifesaving steps is demonstrated by the data from the CDC, which estimate that only 30 percent of individuals living with HIV in the United States have complete HIV viral suppression. Data from the 2013 Ryan White Service Report (RSR) indicate that there are better outcomes in RWHAP funded agencies with approximately 79 percent of individuals who received RWHAP-funded HIV primary care being virally suppressed. Such findings underscore the importance of supporting effective interventions for linking HIV-positive individuals into care, retaining them in care, and helping them adhere to their combination 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, so that individuals diagnosed with HIV are linked and engaged in care and started on ART as early as possible. HAB 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.

The HIV care continuum measures also align with the HHS Common HIV Core Indicators approved by the Secretary. RWHAP recipients and providers are required to submit data through the RSR. Through the RSR submission, HAB currently collects the data elements to produce the HHS Common HIV Core Indicators. HAB will calculate the HHS Common Core Indicators for the entire RWHAP using the RSR data to report six of the seven HHS Common HIV Core Indicators to the Department of Health and Human Services, Office of the Assistant Secretary for Health.

II. Award Information

1. Type of Application and Award

Type of applications sought: New

Funding will be provided in the form of a grant.

2. Summary of Funding

This program expects to provide funding during federal fiscal year 2016. Approximately $1,500,000 is expected to be available to fund up to 15 recipients. Applicants may apply for a ceiling amount of up to $100,000. The project and budget period is one (1) year (September 1, 2016 – August 31, 2017).

The Division of Community HIV/AIDS Programs will only fund <u>one</u> activity proposed under one category (HIV Care Innovation or Infrastructure Development). The same activity proposed and funded in FY 2015 will not be funded in FY 2016.

Entities applying for funding under this announcement (HRSA-16-088 RWHAP Part C Capacity Development Program) that also receive funding under (HRSA-16-087 RWHAP Part D Supplemental) must be able to demonstrate the ability to administer multiple federal awards (if successful) and to ensure adequate quality controls, staffing, and impartiality. Duplication of activities funded under HRSA-16-087 RWHAP Part D Supplemental is not allowable.

Effective December 26, 2014, all administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Guidance [2 CFR 200](#) as codified by HHS at [45 CFR 75](#), which supersede the previous administrative and audit requirements and cost principles that govern federal monies.

By law, no more than 10 percent of a RWHAP Part C award can be used for administrative expenses, including planning and evaluation, and excluding costs of a clinical quality management program. Administrative expenses are those costs incurred by the recipient for grant management and monitoring activities. Please see Policy Clarification Notice (PCN) #15-01 (http://hab.hrsa.gov/manageyourgrant/policiesletters.html) for additional information.

III. Eligibility Information

1. Eligible Applicants

Eligibility is limited to currently funded RWHAP Part C Early Intervention Services recipients.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that fail to address the programmatic goals and requirements outlined in this FOA will not be considered for review. In addition, applications that exceed the ceiling amount of $100,000 will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

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 the applicant's **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.

Maintenance of Effort - The recipient must agree to maintain non-federal funding for early intervention services at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the award [as authorized by Section 2664(d) of the PHS Act].

The maintenance of effort (MOE) requirement is important in ensuring that RWHAP funds are used to supplement existing recipient expenditures for HIV-related care and treatment services and to prevent RWHAP Part C funds from being used to offset specific HIV-related budget reductions at the recipient level.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA *requires* applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 application package associated with this FOA following the directions provided at Grants.gov.

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 Application Guide* provides instructions for the budget, budget justification, 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. All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide* except where instructed in the FOA to do otherwise.

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 **30 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 FOA. Standard Office of Management and Budget (OMB) -approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the 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 the announcement.

Program-Specific Instructions

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

i. Project Abstract

See Section 4.1.ix of HRSA's *SF-424 Application Guide*. In addition to the requirements listed in the SF-424 Application Guide, applicants must include the following information in the Abstract:

- "FY16 Part C Capacity Development Program," as the Project Title
- A summary of the proposed capacity development activity to improve health outcomes along the HIV care continuum with the specific stage(s) in the HIV care continuum to be addressed by the activity
- The amount requested for the one-year project period
- **The statutory preference requested, if applicable**

The project abstract must be single-spaced and limited to one page in length.

ii. Project Narrative

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

Use the following section headers for the Narrative:

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

  This section should briefly describe the purpose of the proposed project. It should be clearly stated that the applicant is requesting funding for one activity within either the HIV Care Innovation or Infrastructure Development categories as listed. Discuss why the applicant's local community and/or organization is in need of capacity development funds and how the proposed activity will strengthen organizational interventions to improve health outcomes along the HIV care continuum. The introduction section should address how the proposed project will meet one or more of the NHAS 2020 goals. If the proposed project is an expansion of a previously funded activity, clearly describe how the proposed activity builds upon and furthers the objectives of the previously funded activity in maximizing impact on the local HIV care continuum. The applicant must also indicate if they are requesting a statutory preference (see *Section V* of this FOA). Please address one activity from the list below for your FY 2016 RWHAP Part C Capacity Development Program:

  1) HIV Care Innovation Activities:

- HIV Case Finding;
- Motivational Interviewing;
- Patient-Based Treatment Adherence; or
- Patient Chronic Disease Self-Management.

2) Infrastructure Development Activities:
- Electronic Health Records (EHR);
- Financial Management Systems; or
- Management Information System.

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

In this section, describe the unmet need based on the applicant's evaluation of the gaps in the HIV care continuum in their current service area. Reference the specific proposed activity under the HIV Care Innovation or the Infrastructure Development option. Use and cite the pertinent demographic data whenever possible to support the information provided. Please discuss any relevant barriers in the current service area that the application intends to address.

- For each of the HIV care continuum stages, provide the organization's data for calendar years 2014 and 2015; a table format is strongly encouraged. Please use the same numerators and denominators as outlined for the HHS Common HIV Core Indicators. (http://www.aids.gov/pdf/hhs-common-hiv-indicators.pdf; http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html)

- Describe the specific target population(s) for the proposed activity, if applicable. The proposed activity may address a gap across the entire HIV care population or it may address a subgroup in the applicant's organization. For example, if the applicant wishes to address the gap in retaining young Men who have Sex with Men (young MSM) in care, the table needs to include data for that sub-population for each stage of the HIV care continuum, i.e., total number of young MSM, number of young MSM newly diagnosed with HIV, number of young MSM linked to care within 30 days of diagnosis, number of young MSM retained in care, number of young MSM prescribed ART, and number of young MSM who are virally suppressed.

  The data that outline the specific target population for the proposed activity is best presented in a table format which lists the stages vertically in the left hand column (HIV diagnosis, linkage to HIV care within 30 days of diagnosis, retention in HIV medical care, ART among persons with HIV medical care, and viral load suppression among persons in HIV medical care). Horizontally, across the top of the table, provide data for calendar years 2014 and 2015. Data for each numerator and denominator must be provided as whole numbers together with the calculated percentage (numerator/denominator). Clearly define the data provided, including the definitions of the numerators and denominators that are used. Applicants may provide community data for the specific stages, if available, as a comparison.

- Describe current gaps in HIV primary care services within the applicant's current service area. Based upon the applicant's internal evaluation, define the gap(s) in the

HIV care continuum and describe the services that are lacking. Provide a brief description to justify the need for grant support to build capacity to address the needs of the targeted populations through the identified HIV Care Innovation activity or the Infrastructure Development activity.

- After describing the gaps in HIV primary care services, describe the corresponding significant barriers that impact access to care and the stages of the HIV care continuum for the local HIV program and community. For example, available services may be inaccessible due to distance, culture, eligibility requirements, etc.

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

In this section, propose the methods that will be used to address the selected activity, identify expected collaboration and coordination efforts and strategies, and describe how the applicant proposes to continue the activity at the end of the project period when the period of federal funding ends.

- **Collaboration and Coordination:** In describing the activity proposed to address one aspect of the HIV care continuum, clearly outline the needed partners for the proposed project. The outline of the partnerships and collaborations should include the tasks that each partner proposes to perform, the responsible party of the partner, and the amount of funds, if any, allocated to the partner.

  Letters of Support and/or Letters of Commitment from each partner and/or collaborating entity should be included in **Attachment 7**.

- **Sustainability:** Explain how the applicant will maintain or continue the efforts set forth in this project beyond the project period. For example, describe how the applicant will support maintenance of systems, newly trained staff, or the activity that addresses the identified gap in the HIV care continuum at the conclusion of the one-year project period.

  Applicants should include a description of the plan for the dissemination of information and/or products developed as a result of this capacity development program to other providers in the community and/or collaborators to this project. The intent is to outline how lessons learned will be shared to enhance the capacity of HIV care throughout the local community.

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

The Work Plan should contain both a narrative section and a table, as outlined below. In the Work Plan, the applicant should identify the proposed activity and discuss how the activity is expected to address the specified stage of the HIV care continuum, and how the activity is to be implemented. For example, if the application proposes to partner with the regional AETC to provide Motivational Interviewing training, provide a description of the training curriculum, the number of persons to be trained, which staff would be designated for the training, how the training will be applied to the appropriate stage of the HIV care continuum, and how the results will be monitored. As another

example, if the application proposes to put in place a Management Information System to improve data collection, reporting, and quality improvement activities, describe how the selection of the new information system would occur, the number of persons to utilize the system, how the system will be used to improve a selected stage of the HIV care continuum, and how the results of the new data system will be monitored.

Preferably in a table format, the Work Plan should include:
- A **Problem Statement**(s) that identifies the specific stage(s) in the HIV care continuum to be addressed (1-2 sentences);
- A description of each **Goal** that corresponds to a problem statement (1-2 sentences) which identifies the specific stage(s) in the HIV care continuum to be addressed;
- A description of each **Objective** that corresponds to a goal (1 sentence); should include how each objective addresses the corresponding stage(s) of the HIV care continuum;
- A listing of **Key Action Steps** for each objective (1-2 sentences), such as types of training to be completed and the number of staff to be trained; and
- A targeted **Completion Date** (Month/Year) for each objective and each action step.

Submit the Work Plan as **Attachment 4**. The detailed Work Plan must be submitted for the 12-month project period of **September 1, 2016 – August 31, 2017.**

As part of the project narrative and separate from the Work Plan (Attachment 4), include a narrative regarding the approach to address the targeted activity. List all action steps that will be necessary to implement the capacity development proposal and accomplish the proposed objectives. If applicants propose an activity that reaches across a group of entities, it is expected that the activity will be tailored to the specific needs of the targeted populations, and use applicable performance measures for evaluation.

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

Discuss challenges that are likely to be encountered in designing and implementing the activity described in the Work Plan, and in measuring improvement in the HIV care continuum in the applicant's HIV program and/or community. Discuss the approaches that will be used to resolve such challenges.

Challenges discussed should be specific to the proposed activity and relate to either the overall goal(s) or objective(s) proposed within the Work Plan.

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

The two (2) required components of this section are:

(1) **Data Collection and Management:** In this section, describe the data collection system and the method(s) used to collect and monitor the outcomes of the proposed activity in the work plan. Discuss the mechanisms to be used for tracking and monitoring the proposed activity and the impact of the activity on the stage of the HIV care continuum.

The proposal should clearly outline how data are collected, verified, and reported to involved staff and consumers.

(2) **Project Evaluation:** In this section, describe the evaluation activities, including quality management that will be used by the HIV program to assess the impact of the proposed capacity development activity aimed at reducing the identified gaps along the applicant's HIV care continuum.

Provide a brief description of the Clinical Quality Management (CQM) program, if applicable, and other resources that will be devoted to the evaluation, including the performance measures, timeline, and expected outcomes for the proposed HIV care continuum activity. Discuss how the evaluation results will be disseminated to staff, consumers, and the community.

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

In this section, describe the current capabilities and expertise of the applicant organization, e.g., staff skills, current capacity to provide services, the cultural competence needed to reach target populations, evaluation capabilities, and experience in administering federal funds. Be specific in describing current experience related to implementing a system of change and knowledge of how to identify, address and revise new health care models or systems. In this section, the applicant may want to highlight key staff with pertinent expertise and include the details based on past performances and successes.

The following information should be included:

- Describe the particular organizational skills or capabilities that will contribute to the applicant's ability to implement the proposed capacity development activity. Include a summary of the existing staff and vacant positions for the key personnel of the applicant's HIV program involved in this project and their roles in the project implementation in the Staffing Plan, **Attachment 3**.
- Describe how the proposed capacity development activity will assist the organization to address the HIV care continuum in the local community.
- Describe how PLWH and/or organizations that represent them are being included in the decision making process for the execution of the capacity development activity. HAB supports the concept of consumer driven change and therefore participation of PLWH is critical in the implementation of any activity that will have a long-term effect on reducing a local gap in the HIV care continuum.

NARRATIVE GUIDANCE

In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.

Narrative Section	**Review Criteria**

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

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 Application Guide.* Please note: the directions offered in the SF-424 Application Guide differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and the additional budget instructions provided below.

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.

By law, no more than 10 percent of a RWHAP Part C award can be used for administrative expenses, including planning and evaluation and excluding costs of a clinical quality management program. Administrative expenses are those costs incurred by the recipient for grant management and monitoring activities. Please see PCN #15-01 (http://hab.hrsa.gov/manageyourgrant/policiesletters.html) for additional information.

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) 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." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information.

iv. Budget Justification Narrative

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

v. Attachments

Please 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 will not count toward the page limit (**Attachment 2, if applicable**). **Each attachment must be clearly labeled**.

Attachment 1: Program-specific Line Item Budget (Required)

Submit a reasonable, allowable and allocable program-specific line item budget. **NOTE:** It is recommended that the budgets be converted or scanned into a PDF format for submission. Do not submit Excel spreadsheets. It is recommended that the Capacity Development-specific line item budget be submitted in table format, listing the object class categories (Personnel, Fringe Benefits, etc.) in a column down the left hand side. The amount requested on the SF-424A and the amount listed on the program-specific line item budget must match. Under the Personnel Section of the line item budget, each position that is necessary to execute the capacity development activity should be listed by position title with the name of the individual, their title within the organization or noted if vacant. In addition, the full time equivalent (FTE) should be designated or "in-kind" if work activity will not be charged to the capacity development grant. The budget must relate to the activity proposed in the Project Narrative.

Attachment 2: Indirect Cost Rate Agreement, if applicable and if it has changed in the past year (not counted in the page limit)

Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA's *SF-424 Application Guide) (Required)*

Attach a Staffing Plan which lists the key personnel who will be involved in the implementation of the proposed capacity development activity. Key personnel is defined as the Program Director and other individuals who contribute to the programmatic development or execution of a project/program in a substantive, measurable way, whether or not they receive salaries or compensation under the grant. This may include the program coordinator, medical director, CQM staff, and data monitoring staff, if appropriate. For each listed person on the staffing plan, include their role, responsibilities, credentials, if applicable, and the allocated FTEs. Only include brief job descriptions for key personnel vacancies for the proposed Capacity Development activity and limit to two pages total in length.

Attachment 4: Work Plan (Required)

Attach the Work Plan for the project that includes all information detailed in Section IV. ii. Project Narrative. As stated, a table is preferred to outline the Work Plan.

Attachment 5: Maintenance of Effort Documentation (Required)

Applicants must provide a baseline aggregate expenditure for the proposed activities for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

Applicants must submit a description of consistent data set of non-Federal funds for the applicant's previous fiscal year that is counted towards the MOE and methodologies for calculating MOE expenditures. Also include a brief narrative explaining any changes in the data set where HIV-related expenditures have been reduced or where the purpose of the HIV-related expenditure has changed.

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┌─────────────────────────────────────────────────────────────────────┐
│                      NON-FEDERAL EXPENDITURES                       │
│                                                                     │
│  ┌──────────────────────────────┬──────────────────────────────┐   │
│  │ Applicant's FY Prior to      │ Applicant's current FY of    │   │
│  │ Application                  │ Application                  │   │
│  │ (Actual)                     │ (Estimated)                  │   │
│  │ Actual prior FY non-federal  │ Estimated current FY non-    │   │
│  │ funds expended for early     │ federal funds designated for │   │
│  │ intervention services        │ early intervention services  │   │
│  │ proposed in this application.│ proposed in this application.│   │
│  │                              │                              │   │
│  │ Amount: $_____        │ Amount: $_____        │   │
│  └──────────────────────────────┴──────────────────────────────┘   │
│                                                                     │
└─────────────────────────────────────────────────────────────────────┘
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Attachment 6: Request for Funding Preference

>   To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify the preference. Include documentation of this qualification. The justification must demonstrate clearly that the proposed target populations to be served meet the rural and/or underserved qualifications. See Section V.2.

Attachment 7: Letters of Support and/or Commitment

>   Provide letters of support and/or commitment from each organization identified in the application as a partnering and/or collaborating/coordinating organization that will work with the applicant organization in implementing the capacity development project. The letters must be dated, and should clearly identify the role of the organization in the proposed capacity development activity, the tasks that each entity proposes to perform, the responsible party of the partner, and the amount of total cost funds, if any, for each organization.

Attachments 8 – 15: Other Relevant Documents

>   Include here any other documents that are relevant to the application.

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

Applicant organizations must obtain a valid DUNS number and provide it in their application. Each applicant 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 it has 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 an applicant/recipient organization has 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://fedgov.dnb.com/webform/pages/CCRSearch.jsp)
- 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*.

Applicants that fail to allow ample time to complete registration with SAM or Grants.gov 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 FOA is *March 28, 2016 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The RWHAP Part C Capacity Development Program 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.

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to one year, not to exceed $100,000 total cost.

Funds under this announcement may not be used for the following purposes:

- Ongoing service delivery, primary medical care, research or prevention activities
- Purchase or improvement of land
- Purchase, construction, or major alterations or renovations on any building or other facility
- Payments for the provision of early intervention services or any such service to the extent that payment has been made or is expected to made by another source of funding, including those under any State compensation program, under an insurance policy, or under any Federal or State health benefits program (except for a program administered by

or providing the services of the Indian Health Service); or by an entity that provides health services on a prepaid basis
- Pre-award costs
- Syringe services programs
- Long-term activities. Instead, the activities should be of a short-term nature with a targeted completion by the end of the one-year project period

By law, no more than 10 percent of a RWHAP Part C award can be used for administrative expenses. Administrative expenses are those costs incurred by the recipient for grant management and monitoring activities. Please see PCN #15-01 (http://hab.hrsa.gov/manageyourgrant/policiesletters.html) for additional information.

The budget must support and relate directly to the proposed capacity development goals, objectives and action steps as outlined in the work plan.

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) 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." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information.

All program income generated as a result of awarded funds must be used in an "additive" manner for the purposes for which the award is made, and may only be used for allowable costs under the award. Please see PCN #15-03 Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income (http://hab.hrsa.gov/manageyourgrant/policiesletters.html) for additional information.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

Review Criteria are used to review and rank applications. The RWHAP Part C Capacity Development Program has six (six) review criteria:

Criterion 1: Need	20 points
Criterion 2: Response	25 points
Criterion 3: Evaluative Measures	10 points
Criterion 4: Impact	15 points
Criterion 5: Resources/Capabilities	10 points
Criterion 6: Support Requested	20 points
TOTAL	**100 points**

Criterion 1: NEED (20 points) – Corresponds to Section IV's Introduction and Need Sections

- For applicants that propose an activity previously funded under RWHAP Part C Capacity Development, clear demonstration that the proposed activity is not the same activity funded in FY 2015, but instead builds upon and furthers the objectives of the previously funded activity in maximizing impact on the local HIV care continuum.
- The clarity of description of the gap(s) in the applicant's HIV care continuum to be addressed by the proposed activity.
- The completeness of the baseline data reported by the applicant for each stage in the local HIV care continuum for calendar years 2014 and 2015 with clear numerators and denominators that align with the HHS Common HIV Core Indicators.
- The extent to which the applicant provides a clear justification for the need for capacity development funds in the proposed service area and for the identified target population(s) based on the identified gap(s) in their HIV care continuum.
- The extent to which the applicant provides a clear description of the current HIV service delivery system regarding the gaps in the HIV care continuum.
- The extent to which the applicant demonstrates a thorough understanding of the barriers that impact the stages of the HIV care continuum to be addressed by the proposed project.

Criterion 2: RESPONSE (25 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges Sections

- The extent to which the applicant fully demonstrates how the activity will enhance their ability to meet the changing health care landscape, including increasing their capacity to respond to Affordable Care Act opportunities and meet the goals of NHAS 2020.
- The extent to which the proposed Work Plan activities (**Attachment 4**) address the gap(s) as described by the applicant.
- The clarity and strength of the roles for identified partners in the proposed project, and the tasks for each partner as described in the letters of support.
- The extent to which the applicant fully and clearly describes the proposed activities and connection to the HIV care continuum stage(s) being addressed.

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

- The strength and feasibility of the proposed mechanisms to monitor the impact of the proposed activity on a specific point or points of the HIV care continuum.
- The strength and feasibility of the proposed data collection system to collect, verify, and report information about changes in the local HIV care continuum in a timely manner.

- The strength of the proposed CQM program, if applicable, and other resources that will be devoted to the evaluation component of the project including the performance measures, timeline and expected outcomes.
- The strength of the proposed plan for the dissemination of evaluation results to staff, consumers and the community.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Methodology and Work Plan Sections

- The strength and feasibility of the proposed sustainability plan demonstrating how the agency will support the maintenance of systems, staff, or activities listed in the Work Plan at the conclusion of the project period.
- The extent to which the applicant fully demonstrates the level of impact the proposed project will have on the applicant's and the local community's HIV care continuum when implemented.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity, and Organizational Information Sections

- The organization's capacity to fulfill the proposed project as demonstrated by qualified staff and partnerships, depth of experience, knowledge of system change, and the infrastructure to extend change into the community.
- The extent to which the staffing plan (**Attachment 3**) is consistent with the project description and proposed activity.
- The extent to which the applicant demonstrates that PLWH will be involved in the decision making process for the execution of the proposed capacity development activities.

Criterion 6: SUPPORT REQUESTED (20 points) – Corresponds to Section IV's Budget and Budget Narrative Section

- The extent to which costs, as outlined in the budget (**SF-424A** and **Attachment 1**) are clearly delineated and reasonable given the scope of work.
- The extent to which the budget justification narrative fully explains each line item and justifies the resources requested, including proposed staff.
- The extent to which the applicant clearly demonstrates that key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

Please see Section 5.3 of HRSA's *SF-424 Application Guide*.

HRSA will use other factors in addition to merit criteria in selecting applications for federal award. For this program, HRSA will use preferences as defined below.

Funding Preferences
This program provides a funding preference for some applicants as authorized by Section 2654(c) of title XXVI of the PHS Act, (42 USC 300ff-54(c)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87). Applicants receiving the preference

will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. Funding preference will be granted to any qualified applicant that specifically requests the preference and demonstrates that they meet the criteria for the preference as follows:

Qualification 1: RURAL AREAS
An applicant can request funding preference if it is providing primary care services in a rural community. Rural communities are those that are NOT designated a metropolitan statistical area (MSA). An MSA, as defined by OMB, must include one city with 50,000 or more inhabitants. MSAs are also urbanized areas (defined by the Bureau of the Census) with at least 50,000 or more inhabitants and a total MSA population of at least 100,000 (75,000 in New England). Rural communities may exist within the broad geographic boundaries of MSAs. For more information, see http://www.hrsa.gov/ruralhealth/aboutus/definition.html. For a list of those areas, refer to http://datawarehouse.hrsa.gov/RuralAdvisor.

Qualification 2: UNDERSERVED
An applicant can request funding preference if it provides primary care services to an underserved population. Underserved populations include communities and affected subpopulations which are underserved with respect to HIV related health services. These gaps in HIV related health services must be defined and documented in the application and may include inadequate and/or unavailable services.

If requesting a funding preference, please include the request and justification as **Attachment 6**.

3. Assessment of Risk

The Health Resources and Services Administration 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 (CFR § 75.205 Federal Awarding Agency Review of Risk Posed by Applicants).

The decision not to make an award or to make an award at a particular funding level, is discretionary and is not subject to appeal to any HHS Operating Division or HHS official or board.

4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 1, 2016. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's *SF-424 Application Guide*.

3. Reporting

The successful applicant under this FOA must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activity:

1) **Progress Reports:** The recipient must submit a progress report to HRSA on a semi-annual basis (due 6 months after the project period start date). Further information will be provided in the award notice. Awardees will be expected to provide end of the project period outcome data and demonstrate the impact of the project's activity in addressing the gap in the HIV care continuum. Further information will be provided in the award notice.

2) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 2 CFR 200 Appendix XII.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this FOA by contacting:

Potie Pettway
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Room 10NWH04
Rockville, MD 20857
Telephone: (301) 305-3093
Fax: (301) 305-3093
E-mail: ppettway@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting:

Michelle Li, MPH
Senior Policy Advisor
HAB Division of Community HIV/AIDS Programs
Attn: RWHAP Part C Capacity Development
Health Resources and Services Administration
5600 Fishers Lane, Room 09N15
Rockville, MD 20857
Telephone: (301) 443-3995
Fax: (301) 443-1839
E-mail: MLi@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should 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, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
E-mail: support@grants.gov
iPortal: 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, 8:00 a.m. to 8:00 p.m. ET:

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:

HAB's Division of Community HIV/AIDS Programs is sponsoring a pre-application TA webinar for this funding opportunity. The technical assistance webinar with be held on Thursday, February 11, 2016. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of this funding announcement. Participation in the pre-application TA webinar is optional.

- **Date:** February 11, 2016
- **Time:** 2:00 – 4:00 PM Eastern Time
- **Call-in number:** 1-888-810-6808, Passcode: 2400860
- **Webinar link:** https://hrsa.connectsolutions.com/hrsa-16-088-partc-ta/

IX. Tips for Writing a Strong Application

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