U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HRSA
Health Resources & Services Administration

HIV/AIDS Bureau
Office of HIV/AIDS Training and Capacity Development

AIDS Education and Training Center National Clinician Consultation Center

Funding Opportunity Number: HRSA-20-072
Funding Opportunity Type(s): New and Competing Continuation
Assistance Listings (CFDA) Number: 93.145

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2020

Application Due Date: January 13, 2020

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
HRSA will not approve deadline extensions for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to 1 month to complete.

Issuance Date: November 14, 2019

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Authority: Section 2692(a) (42 U.S.C. §300ff-111(a)) and section 2693 (42 U.S.C. § 300ff-121) of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009. Funds for the CDC Expanded Testing Initiative, Pre-Exposure Prophylaxis (PrEP), and Post-Exposure Prophylaxis (PEP) are authorized under Sections 301 and 318 of the Public Health Service Act (42 U.S.C. §§ 241 and 247c), as amended. Funds for the Substance Use Warmline are authorized under Section 330 of the Public Health Service Act (42 U.S.C. 254b), as amended.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2020 AIDS Education and Training Center (AETC) Program, National Clinician Consultation Center. The purpose of this program is to provide health care professionals across the United States and its territories with expert consultation on HIV prevention, care, and treatment including diagnosis, testing, antiretroviral therapy, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), perinatal HIV management, hepatitis B and C HIV coinfections, and behavioral health management for people with HIV.

Funding Opportunity Title:	AIDS Education and Training Center National Clinician Consultation Center
Funding Opportunity Number:	HRSA-20-072
Due Date for Applications:	January 13, 2020
Anticipated Total Annual Available FY 2020 Funding:	$ 2,700,000 All awards are subject to the availability of appropriated funds
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to $2,700,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2020 through June 30, 2025 (5 years)
Eligible Applicants:	Eligible applicants include domestic public or private, non-profit entities, schools and academic health science centers. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Monday, December 9**,** 2019
Time: 2:30 – 4 p.m. ET
Call-In Number: 800-369-1934
Participant Code: 6574920
Weblink: **https://hrsa.connectsolutions.com/aids-eatc-nccc-fon-hrsa-20-072/**
Playback Number: 402-998-1061
Passcode: 120919

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the AIDS Education and Training Center Program, National Clinician Consultation Center (AETC-NCCC) Program. The purpose of the AETC-NCCC is to provide immediate expert consultation to health care professionals on HIV prevention, care, and treatment including diagnosis, testing, antiretroviral therapy, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), perinatal HIV management, hepatitis B and C virus HIV coinfections, and behavioral health management for people with HIV.

The program will target six consultation services to front-line health care professionals across the United States and its territories, including but not limited to physicians, physician assistants, advanced practice nurses, nurses, clinical pharmacists, dental professionals, infection control specialists, and emergency medical service providers, with an emphasis on providers caring for minority and disproportionately affected populations.

The AETC-NCCC will support robust marketing of its consultation services in the geographic areas outlined in the Ending the HIV Epidemic: A Plan for America initiative. The AETC-NCCC will also have an important role in providing consultation support to health care providers in rural counties with the highest prevalence and/or incidence of opioid use disorder and injection drug use or at risk of significant increases in hepatitis B and C virus or an HIV outbreak due to injection drug use.

The AETC-NCCC will collaborate with the other components of the Ryan White HIV/AIDS Program's (RWHAP) AETC Program, which consists of the Regional AETCs, the AETC National Coordinating Resource Center (NCRC), and AETCs' practice transformation clinics located in the geographic areas as outlined in the Ending the HIV Epidemic: A Plan for America initiative. As applicable, the AETC-NCCC will also collaborate with other RWHAP funded programs and HRSA- funded health centers, the Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDC), Indian Health Service (IHS), National Institutes of Health Centers for AIDS Research (CFARs), AIDS service organizations (ASOs), community based organizations (CBOs), federal training centers, health professional organizations, state primary care associations, state primary care offices, and other key stakeholders to improve health outcomes for people with HIV.

This Notice of Funding Opportunity (NOFO) will fund one (1) NCCC recipient tasked with serving all 50 states in the United States, the District of Columbia, the U.S. Virgin Islands, Puerto Rico, and the six U.S. affiliated Pacific Jurisdictions (Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau).

2. Background

This program is authorized by sections 2692(a) (42 U.S.C. § 300ff-111(a)) and 2693 (42 U.S.C. § 300ff-121) of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009. Funds for the CDC Expanded Testing Initiative, PrEP, and PEP are authorized under sections 301 and 318 of the Public Health Service Act (42 U.S.C. §§ 241 and 247c), as amended. Funds for the Substance Use Warmline are authorized under Section 330 of the Public Health Service Act (42 U.S.C. § 254b), as amended.

The goal of the AETC Program is to increase the number of health care professionals who are educated to counsel, diagnose, treat, and medically manage people with HIV, and to help prevent high-risk behaviors that lead to HIV transmission. Achieving this mission includes providing training, education, consultation, and clinical decision support to diverse health care providers, allied health professionals, and health care support staff on the prevention and treatment of HIV/AIDS.

The AETC Program consists of eight Regional AETCs, two (2) National Centers - the AETC National Coordinating Resource Center (NCRC) and the AETC-NCCC, and the National Evaluation Contract (NEC). The Regional AETCs provide targeted, multidisciplinary education and training for health care professionals to provide health care services to people with HIV. The NCCC serves as a national resource to provide health care providers with HIV clinical consultation services. The NCRC serves as the central convener, coordinator, and disseminator of the Regional AETC Program and the NCCC. The NEC assesses the regional and national impact of Regional AETC Program activities.

National AETCs and the Regional AETCs are required to work together to enhance their individual roles and performance and reduce and eliminate duplication of efforts across the Program. Examples include the development of joint needs assessments, curricula, training programs, marketing activities, and national evaluation tools. For information on components of the current AETC Provider Training Network, please refer to the HRSA HIV/AIDS Bureau (HAB) website.

Ending the HIV Epidemic: A Plan for America

In February 2019, the Administration announced a new initiative, Ending the HIV Epidemic: A Plan for America. This 10-year initiative beginning FY 2020 seeks to achieve the important goal of reducing new HIV infections in the United States to less than 3,000 per year by 2030. The first phase of the initiative will focus on 48 counties, Washington, D.C., San Juan, PR, and 7 states that have a substantial rural HIV burden. By focusing on these jurisdictions in the first phase of the initiative, the U.S. Department of Health and Human Services (HHS) plans to reduce new HIV infections by 75 percent within 5 years. Across the United States, the initiative will promote and implement the four Pillars to substantially reduce HIV transmissions – Diagnose, Treat, Prevent, and Respond. The initiative is a collaborative effort among key HHS agencies, primarily HRSA, CDC, National Institutes of Health (NIH), IHS, and SAMHSA.

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

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

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

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

According to recent data from the 2017 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2010 to 2017, 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 85.9 percent; additionally, racial/ethnic, age-based, and regional disparities have decreased.[1] These improved outcomes mean more people with HIV in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.[2] Scientific

[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2017. http://hab.hrsa.gov/data/data-reports. Published December 2018. Accessed April 1, 2019.
[2] National Institute of Allergy and Infectious Diseases (NIAID). Preventing Sexual Transmission of HIV

advances have shown antiretroviral therapy (ART) preserves the health of people with HIV and prevents sexual HIV transmission. This means that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking people with HIV into care, retaining them in care, and helping them adhere to their ART.

Integrated Data Sharing and Use

HRSA and CDC's Division of HIV/AIDS Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, needs assessments, unmet need estimates, reporting, quality improvement, the development of your HIV care continuum, and public health action. HRSA strongly encourages RWHAP Part F recipients to:

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

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

HRSA strongly encourages complete CD4, viral load (VL) and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems to benefit fully from integrated data sharing, analysis, and utilization. State and health departments may use CD4, VL, and nucleotide sequence data 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 HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

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.

The Minority HIV/AIDS Fund administered by the HHS Secretary's Office, HAB Technical Assistance, and the Special Projects of National Significance (SPNS) Program

Through the Minority HIV/AIDS Fund from the HHS Secretary's Office and through HAB technical assistance cooperative agreements, HRSA HAB has implemented a number of projects that may be useful for RWHAP recipients to consider. Some select examples are:

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

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

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

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

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

- **Dissemination of Evidence Informed Interventions (https://targethiv.org/library/dissemination-evidence-informed-interventions)**

The Dissemination of Evidence-Informed Interventions initiative runs from 2015-2020 and disseminates four adapted linkage and retention interventions from prior SPNS and the Minority HIV/AIDS Fund from the HHS Secretary's Office initiatives to improve health outcomes along the HIV care continuum. The end goal of the initiative is to produce four evidence-informed care and treatment interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing health care 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:

- Participating in discussions for implementation of strategies or tools for enhancement of clinical consultation services;
- Reviewing and providing recommendations (on an as needed basis), including content of clinical consultation services, publications, and other resources;
- Providing assistance in the management and technical performance of activities;
- Participating in the planning and coordination of meetings;
- Assisting the recipient in establishing linkages between this project and other AETC and HAB-supported projects to enhance collaboration;
- Reviewing all project information prior to dissemination; and
- Reviewing conference presentations (oral, poster, roundtable, etc.) for cooperative agreement data activities, products/tools, and/or promising practices and lessons learned.

The cooperative agreement recipient's responsibilities will include:

- Collaborating with HRSA and the other components of the RWHAP AETC Program, which consists of the Regional AETCs and NCRC to achieve program expectations;
- Identifying and responding to training and educational development needs of faculty and staff;
- Collaborating with HRSA as necessary to plan, execute, and deliver technical assistance and training activities;
- Collaborating with HRSA and the NEC (as needed) to support evaluation of the NCCC;
- Submitting training and informational materials to the NCRC for inclusion on the NCRC website, https://www.aidsetc.org/;

- Attending biennial RWHAP recipient meetings in the Washington, D.C. area;
- Attending the biennial AETC program recipients' administrative reverse site visit meetings; and
- Attending the annual RWHAP clinical conference meetings.

2. Summary of Funding

HRSA expects approximately **$2,700,000** to be available annually to fund one recipient under this program. This total amount of $2,700,000 will be funded through the following sources:

- **RWHAP's AETC** – $1,500,000 will be provided from the AETC appropriation. This amount includes approximately a minimum of $300,000 (20 percent) from the Minority AIDS Initiative (MAI). The MAI funds made available under this NOFO are targeted for the purpose of expanding the number of minority and minority-serving health care professionals who are experts on the most up-to-date and appropriate standards of HIV-related treatments and medical care for racial and ethnic minority adults, adolescents, and children with HIV. Activities supported under this NOFO with MAI funds must target health care professionals providing treatment for minority individuals with HIV and other individuals at high risk of contracting HIV.

- **CDC** – approximately $700,000 will be provided by CDC to support PrEP and PEP warmlines.

- **Bureau of Primary Health Care (BPHC)** – approximately $300,000 will be provided by BPHC to support a substance use warmline.

- **Ending the HIV Epidemic: A Plan for America initiative** – approximately $200,000 will be provided under the Ending the HIV Epidemic initiative to support the provision of expert consultation to health care professionals on HIV prevention, care, and treatment in the geographic areas targeted by the initiative. Additional effort will be made to ensure that EHE target areas are aware of the expert consultation services available from the NCCC. In the event that the FY 2020 appropriation or other statute fails to authorize this activity, no award for this funding will be made.

You may apply for a ceiling amount of up to $2,700,000 total cost (includes both direct and indirect, facilities and administrative costs).

Additional funding beyond the $2,700,000 may become available through the Minority HIV/AIDS Fund.

You will be responsible for separately tracking and reporting expenditures for RWHAP MAI and the Minority HIV/AIDS Fund.

It is anticipated that the total annual amount of funding available from the Ending the HIV Epidemic initiative over the five-year period of performance could increase from $200,000 to an amount that allows the recipient to provide expanded consultation services to achieve the initiative's five-year goal of a 75 percent reduction in new HIV

infections. Applicants should submit years 2-5 work plans and proposed budgets accordingly. Future year ceiling and award amounts may be adjusted to reflect any changes. In addition, the Notice of Award (NOA) will list funding amounts as they become available. HRSA requires the recipient to submit a revised budget and work plan to appropriately reflect the actual funding amounts provided in the NOA. In the event that additional funding is made available in the future, future year award amounts may be adjusted to reflect any changes.

The NOA will list the actual MAI and Minority HIV/AIDS Fund amounts as they become available. The recipient may be expected to submit a revised budget and work plan to appropriately reflect the actual MAI and Minority HIV/AIDS Fund amounts provided in the NOA.

The actual amount available for each of these activities will not be determined until enactment of the final FY 2020 federal appropriation. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for these purposes, HRSA can process applications and award funds in a timely manner. The period of performance is July 1, 2020 through June 30, 2025 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for AETC-NCCC, MAI, Minority HIV/AIDS Fund, CDC, BPHC, and the Ending the HIV Epidemic: A Plan for America initiative activities in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

HRSA may reduce recipient funding levels beyond the first year if the recipient is unable to fully succeed in achieving the goals listed in their application.

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

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit entities, schools, and academic health science centers. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

IV. APPLICATION and Submission Information

1. Address to Request Application Package

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

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

2. Content and Form of Application Submission

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

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

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **65 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You, on behalf of the applicant organization certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where you are unable to attest to the statements in this certification, an explanation shall be included in Attachment 10: Other Relevant Documents.

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

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 Application Guide* (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), applicants must develop their proposed projects to include clinical consultation on HIV care and treatment in the following six areas:

1. General HIV Care and Treatment
2. PEP

3. PrEP
4. Perinatal HIV Care and Management
5. Treatment and Management of viral Hepatitis B and C HIV Coinfections
6. Behavioral Health Management for People with HIV

Applicants must establish five warmlines and one hotline to provide clinical consultation on the six areas noted above. More specifically, a hotline must be used to facilitate the consultation services for Perinatal HIV Care and Management and warmlines should be designated to facilitate consultation services for General HIV Care and Treatment; PrEP; PEP; Treatment and Management of viral Hepatitis B and C HIV Coinfections; and Behavioral Health Management for People with HIV. Applicants may also use internet-based technology to provide consultation services. Additional criteria for each of the consultation areas are outlined below.

1. General HIV Care and Treatment: Provide clinical consultation for health care professionals on the care and treatment of people with HIV and those at high risk for HIV.

(a) General HIV clinical consultation must be provided by clinicians experienced in HIV care and treatment. General HIV clinical consultation should include, and not be limited to, the following areas:

- HIV diagnostic techniques
- Antiretroviral treatment options (initial therapy, adherence, drug-drug interactions, toxicity, etc.)
- Treatment of opportunistic infections
- Non-occupational post exposure prophylaxis
- HIV-related oral disease
- Treatment of sexually transmitted infections
- Pediatric HIV care
- HIV primary care management
- Cancer screening and diagnosis
- Palliative care
- Key/special populations (e.g., older adults with HIV, patients in correctional settings, patients who are homeless, and sexual, gender, racial, and ethnic minority populations)

(b) You must have consultation service available to service users from 9:00 a.m. to 8:00 p.m. Eastern Time, seven days a week through a toll-free warmline telephone number and through an online mechanism (e.g., chat box). You must have a mechanism in place to receive requests and provide a timeframe for responses during off-hours and weekends when the service is not operational. You should coordinate the responses with the requestor's availability.

(c) The program must have the capacity to handle a minimum of 350-550 calls per month relating to the care and treatment of HIV and HIV related clinical care issues.

2. Post-exposure Prophylaxis (PEP): Provide clinical consultation for health care professionals on treatment and management of occupational and non-occupational exposure to HIV and other blood borne pathogens (e.g., viral hepatitis B and C)

(a) PEP consultation must be provided by clinicians experienced in managing occupational and non-occupational exposures to HIV and other blood borne pathogens consistent with the most recent United States Public Health Service (USPHS) Guidelines for the Management of Occupational Exposures to HIV and Recommendations for PEP and USPHS Guidelines for Antiretroviral PEP After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV including:

- Assessing risk of occupational and non-occupational exposures
- Deciding when to start PEP
- Selecting the best PEP regimen
- Duration of HIV follow-up testing

(b) You must have PEP consultation service available to service users through a toll-free PEPline telephone number and through an online mechanism (e.g., chat box) from 9:00 a.m. to 8:00 p.m. Eastern Time, seven days a week. You must have a mechanism in place to receive requests and provide immediate responses to service users with post-exposure questions during off-hours when the service is not operational. You should coordinate the responses with the requestor's availability.

(c) The program must have the capacity to handle a minimum of 600-1000 calls per month on occupational post-exposure.

3. Pre-exposure Prophylaxis (PrEP): Provide clinical consultation for health care professionals on pre-exposure prophylaxis guidelines for HIV prevention in high risk populations.

(a) PrEP consultation must be provided by clinicians with expertise in managing PrEP as part of an HIV prevention regimen for those at risk for HIV. Consultation should reflect information from the most recent USPHS Guidelines for PrEP for the Prevention of HIV Infection in the United States including:

- Medication regimen
- Adherence issues
- Testing protocols
- Initial and follow-up laboratory evaluations
- Transitioning from PEP to PrEP

(b) You must have PrEP consultation service available to users through a toll-free PrEPline telephone number and through an online mechanism (e.g., chat box) from 9:00 a.m. to 8:00 p.m. Eastern Time, seven days a week. You must have a mechanism in place to receive requests and provide immediate responses to service users with questions on PrEP during off-hours when the service is not operational. You should coordinate the responses with the requestor's availability.

(c) Support robust marketing of the PrEPline and online consultation services to clinicians in the geographic areas as outlined in the Ending the HIV Epidemic: A Plan for America initiative.

4. Perinatal HIV Care and Management: Provide clinical consultation for health care professionals on the care and management of pregnant women with HIV and their exposed infants and include a Perinatal Care Referral Service to connect them to expert HIV providers.

(a) Perinatal consultation must be provided by expert clinicians using the latest Department of Health and Human Services (HHS) Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States including:

- Indication and interpretation of rapid maternal HIV testing
- Antiretroviral interventions to prevent perinatal HIV transmission
- Antiretroviral therapy during pregnancy
- Management of newborns exposed to/or born with HIV
- Managing HIV-positive pregnancies with late presentation to care
- Safer conception options for couples with HIV

(b) You must have perinatal consultation and referral service available to service users 24-hours a day, seven days a week through a toll-free Perinatal Hotline telephone number and through an online mechanism (e.g., chat box). A mechanism must be in place to provide immediate responses to requests for perinatal consultation and/or referral.

(c) The program must have the capacity to handle a minimum of 35-50 calls per month on perinatal HIV related issues and assist clinicians in linking pregnant women with HIV and their exposed infants to appropriate care.

5. Treatment and Management of Hepatitis B and C HIV Coinfections: Provide clinical consultation for health care professionals on the treatment and management of Hepatitis B and C HIV coinfections.

(a) Hepatitis B and C HIV coinfections consultation must be provided by expert clinicians and based on the latest science on Hepatitis B and C screening, testing, staging, monitoring, and treatment including:

- Hepatitis B and C HIV coinfections
- Regimen selection & dosing
- Drug interactions
- Prior Hepatitis C Virus (HCV) treatment failure
- Management of clinical problems such as cirrhosis and renal disease
- HCV transmission & prevention
- HCV in special populations (e.g., pregnancy, co-occurring substance use disorders)

(b) You must have Hepatitis B and C HIV coinfections consultation and referral service available to service users through a toll-free HEPline telephone number and through an online mechanism (e.g., chat box) from 9:00 a.m. to 8:00 p.m. Eastern Time, seven

days a week. You must have a mechanism in place to receive requests and provide immediate responses to service users with questions during off-hours when the service is not operational. You should coordinate the responses with the requestor's availability.

(c) The program must assist clinicians in linking people with Hepatitis B and C HIV coinfections to the most appropriate care.

6. Behavioral Health Management in People with HIV: Provide clinical consultation for health care professionals on behavioral health management in people with HIV.

(a) Behavioral health management consultation must be provided by clinicians with expertise in behavioral health management in people with HIV and should include, but is not limited to:

- Behavioral health evaluation, treatment, and management
- Use of buprenorphine and methadone maintenance
- Non-opioid chronic pain management
- Approaches to suspected misuse, abuse, or diversion of prescription opioids
- Opioid-based pain regimens to reduce risk of misuse and toxicity
- Opioid withdrawal management – Naloxone administration
- Harm reduction strategies and overdose prevention
- Managing substance use in special populations (e.g., pregnancy, HIV, hepatitis)

(b) You must have behavioral health management consultation service available to service users 24-hours a day, seven days a week through a toll-free substance use warmline telephone number and through an online mechanism (e.g., chat box). You must have a process in place to receive requests and provide immediate responses to users with questions during off-hours when the service is not operational. You should coordinate the responses with the requestor's availability.

(c) The program must assist clinicians in linking people with HIV and co-occurring behavioral health needs to the most appropriate care.

(d) Target behavioral health management consultation service to HRSA and non-HRSA funded health centers in the counties and jurisdictions at risk for significant increases in hepatitis infection or an HIV outbreak due to injection drug use.

HRSA has several investments targeting opioid use disorder and substance use disorder across its Bureaus and Offices that you may be able to leverage. For information on HRSA-supported resources, technical assistance, and training, visit here: https://www.hrsa.gov/opioids.

Other Program Requirements

HRSA expects the recipient to:

- Provide consultation service at no cost to the service users through toll-free (warmlines and hotlines) telephone numbers and through the use of internet-based technology such as chat boxes for clinicians who prefer online consultation;
- Target the audience consistent with the target audience for the regional AETC programs: health care providers who care for people with HIV or at high risk for HIV;
- Provide information which is consistent with the most recent USPHS guidelines and HHS recommendations related to the care and treatment of people with HIV and HIV co-morbidities;
- Utilize multiple modalities to reach the largest number of clinicians possible by understanding how clinicians access and retrieve information to provide optimum care for their patients. Responses should be provided through the service users' preferred method;
- Provide consultation services in both English and Spanish and demonstrate cultural competency and an understanding of the cultural issues affecting both clinicians and their patients;
- Provide follow-up referrals and information for service users such as referring the users/providers to the regional AETCs for future education and training activities, and provide a link to targeted reference and educational materials;
- Document the demographics of service users, clinical consultation questions, the number of calls received through service lines, the time the calls were made, measure of user satisfaction, call resolution rate, and follow-up;
- Provide semi-annual data and reports that demonstrate the effectiveness and impact of the clinician consultation services, working collaboratively with HRSA HAB and/or a HRSA designated evaluation center to establish reporting needs;
- Develop online educational resources to be distributed in follow-up contact with service users and made available to the regional AETCs and the AETC National Coordinating Resource Center for use in their training and consultation services; and
- Provide quarterly reports to the regional AETCs on consultation services provided to clinicians in the AETC service areas. You must design this quarterly communication to assist the regional AETCs in enhancing their needs assessment and program planning activities.

Marketing

The recipient will:

- Develop and implement a comprehensive marketing plan utilizing a variety of marketing tools and strategies, including online and social media mechanisms to target health care providers throughout the United States and its territories, with an emphasis on physicians, physician assistants, advanced practice nurses, nurses, clinical pharmacists, dental professionals, and providers caring for minority and disproportionately affected populations;

- Target professional organizations that represent the target audiences including, but not limited to CBOs, ASOs, primary health care associations, state primary care offices, RWHAP planning councils/planning bodies, and RWHAP recipients;
- Support robust marketing of all telephone lines (warmlines and hotlines) and web-based consultant services with greater emphasis on marketing the PrEP Line in the geographic areas as outlined in the "Ending the HIV Epidemic: A Plan for America" initiative;
- Provide quarterly webinars in HRSA funded clinics including AETC practice transformation clinics, and HRSA and non-HRSA funded health centers located in the geographic areas as outlined in the "Ending the HIV Epidemic: A Plan for America" initiative;
- Collaborate with AETC practice transformation clinic coaches to market consultation services and training resources to clinic providers;
- Target HRSA and non-HRSA funded health centers in the counties and jurisdictions at risk for significant increases in hepatitis infection or an HIV outbreak due to injection drug use; and
- Ensure adequate personnel to coordinate marketing activities.

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. The narrative should be succinct, self-explanatory, consistent with forms and attachments, and well organized so that reviewers can understand the proposed project.

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

- *INTRODUCTION -- Corresponds to Section V's Review Criterion #1 (Need)* Briefly describe the purpose of the proposed project. Clearly articulate your planned approach for providing expert HIV clinical consultation to health care professionals on the six consultation services. This section should demonstrate an understanding of the HIV/AIDS epidemic including the Ending the HIV Epidemic: A Plan for America initiative, HIV care delivery systems, the evolving HIV treatment options and associated challenges, and their impact on the clinical consultation needs of health care professionals practicing at the community level. The problems described by the applicant should be supported by, at a minimum, a preliminary statement of need, described below, and should be reflected in the applicant's program plan, associated work plans, and budgets.

- *NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 (Need)* Describe the need for an adequately trained HIV workforce in the U.S. in terms of current shortages of health care providers who are knowledgeable and motivated to deliver high-quality HIV care and treatment. Describe knowledge gaps in the current HIV health workforce focusing on the six consultation services in the

section on Program-Specific Instructions. Clearly provide sufficient evidence to support the need for a national level clinical consultation service for clinicians to improve health outcomes in people with HIV and those at risk for HIV. Include a concise summary of the literature demonstrating a comprehensive understanding of the six consultation services. Provide data whenever possible to support the information. Discuss any relevant barriers that the project hopes to overcome. This section will help reviewers understand the need for the proposed project.

- *METHODOLOGY -- Corresponds to Section V's Review Criterion #2 (Response)* Propose methods that you will use to address the stated needs and meet each of the previously described program-specific requirements and expectations. Please include how your organization will address the need to provide health care professionals with a national resource to obtain timely and appropriate responses to clinical questions on:

  1) General HIV Care and Treatment
  2) PEP
  3) PrEP
  4) Perinatal HIV Care and Management
  5) Treatment and Management of Hepatitis B and C HIV Coinfections
  6) Behavioral Health Management for People with HIV

  - Discuss your capabilities and infrastructure to support a state of the art consultation center including broadband bandwidth; a secure network by which to broadcast videoconferencing; relevant hardware and equipment (e.g., webcams, microphones, speakers, monitors/screens); and videoconferencing software able to operate with any browser, computer, or mobile device. Include how your organization will remain current with new advances in digital communication technology and the changing HIV landscape.
  - Describe how your organization will identify and select expert clinical consultants and your process for ongoing staff training and performance improvements to remain up to date with the latest science and USPHS and HHS guidelines and recommendations for the care and treatment of people with HIV.
  - Discuss your plan for collaboration with the Regional AETCs and the AETC NCRC to enhance the Regional AETCs' training and consultation services. All AETCs must work closely with the NCRC to support development of national HIV provider competencies and curricula, dissemination of training materials, and marketing. Collaboration may include participation on the NCRC's advisory board.
  - Discuss your plan for collaboration with HRSA funded health centers, AETC practice transformation clinics and/or coaches and other organizations to market consultation services.
  - Describe how your organization will support the Ending the HIV Epidemic: A Plan for America initiative. Discuss your plan for robust marketing of consultation services to providers working in the 48 counties and the cities

of Washington, D.C. and San Juan, Puerto Rico and the 7 states with a substantial rural HIV burden.

- Discuss your plan for targeting HRSA and non-HRSA funded health centers in the counties and jurisdictions at risk for significant increases in hepatitis infection or an HIV outbreak due to injection drug use. Include how your program will target rural or clinically isolated health care professionals throughout the U.S. and its territories.
- Describe the development and implementation of a plan to market consultation services to health care professionals throughout the U.S. and its territories. Discuss how your organization will market services to professional organizations that represent the target audiences including, but not limited to CBOs, ASOs, primary health care associations, state primary care offices, RWHAP planning councils/planning bodies, and RWHAP recipients. Also, include methods your organization will use to reach and appeal to providers who prefer text messaging to telephone calls.
- Discuss your proposed plan to use MAI funds to provide education, training, and technical assistance to increase the capacity of minority and minority-serving providers to provide HIV care, increase access to HIV care, and decrease disparities in outcomes along the HIV care continuum among racial and ethnic minorities.

- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 (Response) and #4 (Impact)*
  Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities.

  - Describe strategies to promote and provide the six consultation services on a national level to front-line health care providers, minority and minority serving providers, health care providers serving in rural areas with high burden of HIV and substance use disorders, and providers within the geographic areas outlined in the Ending the HIV Epidemic: A Plan for America initiative.
  - Discuss your plan to link and coordinate with the regional and national AETCs, other RWHAP funded programs, HRSA funded health centers, ASOs, CBOs, health professional organizations, state primary care associations, state primary care offices, and other stakeholders.
  - The work plan should include goals, objectives and outcomes that are SMART (specific, measurable, achievable, realistic, and time measurable) for the entire project period of five years. Please use a table format for the work plan and upload as **Attachment 1**.
  - In addition to the work plan, you must submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the

purposes of this notice, the logic model should summarize the connections between the:
  - Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
  - Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
  - Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
  - Target population (e.g., the individuals to be served);
  - Activities (e.g., approach, listing key intervention, if applicable);
  - Outputs (i.e., the direct products of program activities); and
  - Outcomes (i.e., the results of a program, typically describing a change in people or systems).

You can find additional information on developing logic models at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 (Response)*
  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve identified challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 (Evaluative Measures)*
  - Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards achieving the goals and objectives of the project including work on ending the HIV epidemic. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities. The program performance evaluation should also identify measures and methodological approaches for demonstrating how and when expected outcomes are to be achieved.
  - Clearly articulate the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.
  - Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and consultation service delivery. Also, include any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 (Resources/Capabilities)*
  - Briefly describe your organization's current mission, structure, and scope of activities, and how these elements all contribute to your organization's ability to conduct the program requirements and meet program expectations. Include an organizational chart **(Attachment 5)**. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe how you will routinely assess and improve the program to meet the unique needs of the HIV health workforce and the communities they serve.
  - Describe your organization's experience in the field of adult training and education for health care providers, adult learning theory, curriculum development, social media, web development, information technology, information sharing and dissemination, and organizational change. Also, describe the strategy to identify, recruit, and develop expert clinical consultants for this project.

  - **Staffing: Key Personnel**
    You must demonstrate extensive experience in HIV disease and disease management, and program administration and monitoring as appropriate. Please describe the qualifications of the individuals selected for the required project positions below:

    - Project Director: This individual should have the experience and ability to manage a federal award and provide oversight and direction to the program's activities. The individual should have prior experience with HIV/AIDS prevention, care, and treatment programs. They should provide leadership and visibility for the program among clinical and public health colleagues and organizations. The level of effort should range between 0.5 and 1.0 full-time equivalent (FTE).
    - Clinical Director: This individual should have clinical experience caring for people with HIV, including prescribing antiretroviral therapy and PrEP and PEP regimens, and experience with developing provider training content for consultations. This individual should be a licensed physician. The level of effort should be at least 0.5 FTE.
    - Program Manager/Director: This individual should demonstrate extensive experience in management, program administration and monitoring as appropriate. The level of effort should be at least 1.0 FTE.
    - Fiscal Representative: This individual should have the ability to fiscally manage a federally funded training program, and the skills to act as a responsible steward of Federal funds, ensuring actions are financially sound and allowable, including expertise in written agreements with outside entities such as subcontractors.
    - Lead Evaluator: This individual should have the knowledge, skills, and experience to coordinate and conduct all aspects of the program evaluation, including development of tools and methods to institute measureable program goals, develop and implement a data analysis

plan, monitor program implementation and assess program effectiveness.

- Data Manager: This individual should have the knowledge, skills, and experience to assist in data collection and reporting.
- Marketing Coordinator: This individual should have the ability to design, implement, and manage the overall marketing strategy of the program, including creative content development; direct marketing of consultation services at events, HRSA funded health centers, AETC practice transformation clinics, etc.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.

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

iii. Budget

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

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

Program-specific line item budget:
In addition to the information in the SF-424A, you must submit a program specific line-item budget as **Attachment 8**. The line-item budget must include, as separate columns, amounts for each program activity.

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

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

The administrative budget should reflect all costs borne by your organization and your partners in your role as the administrator of the AETC-NCCC award. Examples of administrative costs may include:

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

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.

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

iv. Budget Narrative

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

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

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

v. Attachments

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

Attachment 1: Work Plan

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative. Also include the required logic model in this attachment. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 3: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in Attachment 2, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

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

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

To give further details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 7: 5th Year Budget

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you will need to submit the budget for the 5th year as an attachment. Use the SF-424A Section B, which does not count in the page limit: however, any related budget narrative does count. See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachment 8: Program Specific Line Item Budget

Attachment 9: Request for Funding Preference

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

Attachments 10 – 15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

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

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

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

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

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

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (http://www.grants.gov/)

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

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within the SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is ***January 13, 2020 at 11:59 p.m. ET***. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The AETC-NCCC is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $2,700,000 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), pursuant to the Continuing Appropriations Act, 2020, and Health Extenders Act of 2019 (P.L. 116-59), Division A, § 101(8), are in effect at the time this NOFO is posted. Please see Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these or other restrictions will apply, as required by law in subsequent appropriations acts for FY 2020. HRSA will issue an NOA that references the final FY 2020 appropriations act.

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

- Payment for any item or service to the extent that payment has been made (or reasonably can be expected to be made), with respect to that item or service, under any state compensation program, insurance policy, federal or state benefits program, or any entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Service.
- Cash payment to intended recipients of RWHAP services.
- Clinical quality management.
- International travel.
- Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval).
- HIV test kits.
- Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy.
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.
- PrEP medications and related medical services or PEP, as the person using PrEP or PEP is not living with HIV and, therefore, not eligible for RWHAP funded medication.

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

all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

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

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The AETC-NCCC has six review criteria. See the review criteria outlined below with specific detail and scoring points.

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

The extent to which the application:

- Describes the need for an adequately trained HIV workforce in the U.S. in terms of current shortages of health care providers who are knowledgeable and motivated to deliver high-quality HIV care and treatment;
- Describes knowledge gaps in the current HIV health workforce focusing on the six consultation services;
- Demonstrates an understanding of the current HIV landscape including Ending the HIV Epidemic: A Plan for America initiative, NHAS 2020, HIV care delivery systems, the evolving HIV treatment options and associated challenges, and their impact on the clinical consultation needs of health care providers practicing at the community level;
- Clearly provides sufficient evidence to support the need for a national level clinical consultation service for clinicians to improve health outcomes in people with HIV and those at risk for HIV;
- Includes a concise summary of the literature demonstrating a comprehensive understanding of the six consultation services as described in the program requirements;
- Discusses potential barriers the project hopes to overcome;
- Describes problems that are supported by a preliminary statement of need.

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

The extent to which the applicant:

- Proposes methods to address the stated needs and responds to the "Purpose" and to each of the previously described program requirements and expectations in this NOFO;
- Describes the proposed activities, goals, and objectives of the identified project and their capability to address the problem and attain the project objectives;
- Addresses the six consultation services to provide health care professionals across the U.S. and its territories with timely and appropriate responses to clinical questions on: 1) General HIV care and treatment, 2) PEP, 3) PrEP, 4) Perinatal HIV care and management, 5) Treatment and management of Hepatitis B and C HIV coinfections, and 6) Behavioral health management for people with HIV;
- Discusses the organization's capabilities and infrastructure to support a state of the art consultation center including broadband bandwidth; a secure network to broadcast videoconferencing; call center software and relevant hardware and equipment (e.g., telephones, webcams, microphones, speakers, computers, monitors/screens) and how the project will remain current with new advances in digital communication technology and the changing HIV landscape;
- Describes how their organization will identify and select expert clinical consultants and their process for ongoing staff training and performance improvements to remain up to date with the latest science and HHS clinical guidelines;
- Discusses planned collaboration with the Regional AETCs and the AETC-NCRC to enhance the Regional AETCs' training and consultation services; collaboration with the Bureau of Primary Health Care funded health centers, AETC practice transformation clinics and/or coaches, and other organizations;
- Discusses methods for targeting providers working in HRSA funded health centers in rural counties with the highest burden of substance use disorders/opioid abuse in people with HIV and strategies to target rural and/or clinically isolated health care professionals throughout the U.S. and its territories;
- Describes how their organization will support the Ending the HIV Epidemic: A Plan for America initiative and plan for robust marketing of consultation services to providers working in the 48 counties and the cities of Washington DC and San Juan, Puerto Rico and the 7 states with a substantial rural HIV burden;
- Describes a comprehensive plan to market consultation services to health care professionals throughout the U.S. and its territories including a plan to target services to professional organizations that represent the target audience such as CBOS ASOs, primary health care associations, state primary care offices, RWHAP planning bodies, RWHAP recipients and health care providers who prefer text messaging to telephone calls; and
- Describes a plan to meet the requirements for MAI funds to provide education, training, and technical assistance to increase the capacity of minority and minority-serving clinicians to provide HIV care, increase access to HIV care,

and decrease disparities in outcomes along the HIV care continuum among minority people with HIV.

Work Plan

- Strength, clarity and feasibility of the applicant's work plan and its goals over the entire project period;
- Extent to which the applicant's work plan addresses the identified needs and program activities the applicant described in Section IV;
- Extent to which the work plan is realistic and contains objectives that are specific, measurable, achievable, relevant and time-bound (SMART) to implement the proposed project;
- Extent to which the work plan includes linkages and coordination with the regional and national AETCs, other RWHAP funded programs and non-RWHAP HRSA funded health centers and other stakeholders;
- Extent to which objectives are aligned with the goals of the NHAS 2020, the Ending the HIV Epidemic: A Plan for America initiative and MAI (when applicable) and integrates the HIV care continuum as indicators of success; and
- Extent to which the logic model is able to connect program activities to the HIV care continuum.

Resolution of Challenges

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

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

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess achievement of the program objectives; with direct correlation between the project and results.

The extent to which the applicant:

- Discusses a plan for evaluating the project performance that will contribute to continuous quality improvement, including how the evaluation will monitor ongoing processes and progress towards achieving the goals and objectives of the project.
- Includes descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, approaches to monitoring project implementation to inform continuous quality improvement efforts, and expected outcomes of the funded activities; and
- Clearly describes the systems and processes that will support the project's

performance management requirements, including how the organization will effectively track and manage performance outcomes data to allow for accurate and timely reporting to HRSA/HAB and how the data will be used to inform project development and the delivery of consultation services.

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

The feasibility and extent to which the applicant proposes:

- Activities to achieve each of the objectives proposed during the entire period of performance of the project;
- Strategies to increase HIV testing, retention, linkage to care, and viral suppression via promotion of the six consultative services and PrEP;
- Activities to enhance the size and capacity of the HIV clinical workforce, including minority or minority serving across the United States; and
- Activities to increase the ability of providers to deliver comprehensive care and treatment (e.g. integration of behavioral health and HIV).

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

The extent to which:

- The project personnel are qualified by training and have experience in HIV disease and disease management, program administration and monitoring, and other skills to successfully implement and carry out the project;
- The applicant has the capabilities, quality, and availability of facilities and personnel to fulfill the needs and requirements of the proposed project including but not limited to performance evaluation, quality improvements measures, data collection and management, and the ability to manage federal funds;
- The organization's current mission, structure, and scope of activities contribute to its ability to conduct the program requirements and meet program expectations;
- The proposed staffing plan (Attachment 2) and project organizational chart (Attachment 5) aligns with the project description and proposed activities;
- The staffing plan includes sufficient personnel with adequate time to successfully implement all of the project activities throughout the project as described in the work plan; and
- The current organizational structure and mission, proposed staff, and scope of current activities contributes to the applicant's ability to conduct the proposed program and meet the expectations of the program requirements.

Criterion 6: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's Budget and Budget Narrative

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives;
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable and appropriate to the proposed work plan and scope of work;

- The extent to which the budget reflects a reasonable allocation of funds to administrative versus training/consultation costs;
- Evidence of adherence to the eight percent (8 percent) limit on indirect costs (applicants other than State, local, or Indian tribal governments);
- Evidence of adherence to the allocation guidelines provided in Section II and Section IV;
- Strength and clarity of the budget narrative in justifying each line item in relation to the goals and objectives of the project.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. See Section 5.3 of HRSA's *SF-424 Application Guide* for more details.

Funding Preferences
This program provides a funding preference for some applicants, as authorized by Section 2692(a)(2) of the Public Health Service Act. 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 receive full and equitable consideration during the review process. The Objective Review Committee will determine the funding preference and will grant it to any qualified applicant that demonstrates that they meet both of the following criteria as submitted in **Attachment 9**:
HRSA shall give preference to qualified projects that:

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

3. Assessment of Risk

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect

cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the NOA prior to the start date of July 1, 2020. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

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

Requirements of Subawards
The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards. See 45 CFR § 75.101 Applicability for more details.

Data Rights
All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or

otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular federally supported effort will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's data rights.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report(s).**
   The recipient must submit a progress report to HRSA on a bi-annual basis. Further information will be available in the NOA.

2) **Other required reports and/or products**.
   Final Report: A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goals and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences over the entire project period. Recipients must submit the final report online in the HRSA Electronic Handbooks system at https://grants.hrsa.gov/webexternal/home.asp.

   Minority AIDS Initiative Report: HRSA requires the recipient to track and report project activities related to the MAI. HRSA will provide further details in the NOA.

   Ending the HIV Epidemic: A Plan for America initiative Report: HRSA requires the recipient to track and report project activities related to the Ending the HIV Epidemic: A Plan for America initiative. HRSA will provide further details in the NOA.

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:

Sherrillyn Crooks, PA-C
Chief, HIV Education Branch
Office of HIV/AIDS Training and Capacity Development
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09N110
Rockville, MD 20857
Telephone: (301) 443-7662
Email: scrooks@hrsa.gov

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 EHBs. For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Logic Models

You can find additional information on developing logic models at the following website: http://www.acf.hhs.gov/sites/default/files/fysb/prep-logic-model-ts.pdf.

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

logic model and work plan at the following website:
https://www.cdc.gov/eval/steps/step2/index.htm.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Monday, December 9, 2019
Time: 2:30 – 4 p.m. ET
Call-In Number: 800-369-1934
Participant Code: 6574920
Weblink: **https://hrsa.connectsolutions.com/aids-eatc-nccc-fon-hrsa-20-072/**
Playback Number: 402-998-1061
Passcode: 120919

Tips for Writing a Strong Application

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