

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

HIV/AIDS Bureau
Office of HIV Training and Capacity Development
Division of Global HIV Programs

International AIDS Education and Training Center

Announcement Type: New and Competing Continuation

Funding Opportunity Number: HRSA-16-174

Catalog of Federal Domestic Assistance (CFDA) No. 93.266

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2016

Application Due Date: May 23, 2016

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Authority: Public Health Service Act, Title III, Section 307 [42 USC 242I] as amended, and Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601, et seq.]; and Public Law 110-293 (the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008), as reauthorized and amended by Public Law 113-56 (the PEPFAR Stewardship and Oversight Act of 2013).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau is accepting applications for the fiscal year (FY) 2016 International AIDS Education and Training Center Program. The purpose of this program is to provide new approaches to effective and efficient HIV service delivery; strengthen evidence-based comprehensive prevention approaches targeting key populations; and improve diagnosis, linkage, treatment, retention and viral suppression through training, consultation, and technical assistance to countries in sub-Saharan Africa, the Caribbean, Central Asia, Eastern Europe, Latin America, and other countries with significant or increasing HIV and other infectious disease incidence rates.

Funding Opportunity Title:	International AIDS Education and Training Center
Funding Opportunity Number:	HRSA-16-174
Due Date for Applications:	May 23, 2016
Anticipated Total Annual Available Funding:	\$45,000,000
Estimated Number and Type of Award(s):	Up to two (2) cooperative agreement(s) (see further details in Section II.1.Type of Award)
Estimated Award Amount:	Up to \$45,000,000 per year (see further details in Section II.2. Summary of Funding)
Cost Sharing/Match Required:	No
Project Period:	September 30, 2016 through September 29, 2021 (5 years)
Eligible Applicants:	<p>Domestic and foreign public or non-profit private entities, including schools of medicine, nursing, public health, management and public administration, and academic health centers, community-based organizations, faith-based organizations</p> <p>[See Section III-1 of this funding opportunity announcement (FOA) for complete eligibility information.]</p>

Application Guide

All applicants are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguide.pdf>, except where instructed in this FOA to do otherwise. A short video for applicants explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit an application. The webinar will be held on **April 7, 2016** from **10:00 AM - 12:30 PM** Eastern Time. The call-in number for applicants located in the United States (U.S.) is 866-692-4541. Applicants outside of the U.S. should use the call in number from the table below. The pass code for all callers (domestic and international) is 8029730. To join the webinar, the link is: <https://hrsa.connectsolutions.com/dtcd1/>.

Dial in numbers:

Country		Local/Toll Number	Freephone/Toll Free Number
AUSTRALIA	ADELAIDE:	61-8-8121-4880	1-800-657-286
AUSTRALIA	BRISBANE:	61-7-3102-0982	1-800-657-286
AUSTRALIA	CANBERRA:	61-2-6100-1982	1-800-657-286
AUSTRALIA	MELBOURNE:	61-3-9010-7751	1-800-657-286
AUSTRALIA	PERTH:	61-8-9467-5261	1-800-657-286
AUSTRALIA	SYDNEY:	61-2-8205-8122	1-800-657-286
AUSTRIA		43-1-92-81-119	0800-005-265
BELGIUM		32-2-400-9842	0800-4-9738
BRAZIL		55-11-3958-0796	0800-7610641
CHINA	CHINA A:	86-400-810-4782	10800-712-1665
CHINA	CHINA B:	86-400-810-4782	10800-120-1665
DENMARK		45-7014-0299	8088-8323
FINLAND	Land Line:	106-33-204	0-800-9-14613
FINLAND	Mobile:	09-106-33-204	0-800-9-14613
FRANCE	LYON:	33-4-26-69-12-98	080-563-6109
FRANCE	MARSEILLE:	33-4-86-06-00-98	080-563-6109
FRANCE	PARIS:	33-1-76-74-24-93	080-563-6109
GERMANY		49-69-2222-4872	0800-664-4253
HONG KONG		852-3001-3858	800-962-002
INDIA	INDIA A:		000-800-852-1263
INDIA	INDIA C:		1800-300-00468
INDIA	INDIA B:		000-800-001-6235
INDONESIA			001-803-011-3977
ITALY		39-02-3600-6015	800-986-992
JAPAN	OSAKA:	81-6-7739-4782	0066-33-132431

JAPAN	TOKYO:	81-3-5539-5186	0066-33-132431
LUXEMBOURG		352-27-000-1327	
MEXICO			001-866-597-6485
NETHERLANDS		31-20-718-8595	0800-020-1390
NEW ZEALAND		64-9-970-4766	0800-450-735
NORWAY		47-21-590-071	800-14640
PANAMA			011-001-800-5072087
PHILIPPINES		63-2-858-3745	
PORTUGAL			8008-14060
SINGAPORE		65-6883-9225	800-120-4660
SOUTH AFRICA			080-09-80421
SOUTH KOREA		82-2-6744-1078	00798-14800-7192
SPAIN		34-91-414-25-39	800-300-059
SWEDEN		46-8-566-19-396	0200-884-641
SWITZERLAND		41-44-580-6401	0800-120-038
THAILAND			001-800-1206-66055
UNITED KINGDOM	BIRMINGHAM:	44-121-210-9038	0808-238-6018
UNITED KINGDOM	GLASGOW:	44-141-202-3238	0808-238-6018
UNITED KINGDOM	LEEDS:	44-113-301-2138	0808-238-6018
UNITED KINGDOM	LONDON:	44-20-3043-2497	0808-238-6018
UNITED KINGDOM	MANCHESTER:	44-161-601-1438	0808-238-6018
USA		1-517-466-2153	866-692-4541

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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for the International AIDS Education and Training Center (IAETC) program. The IAETC program is aligned with HRSA's mission to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs. The IAETC program will implement activities globally that are in alignment with the President's Emergency Plan for AIDS Relief (PEPFAR) 3.0 and its focus on reaching the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 global treatment targets and, ultimately, PEPFAR's plan to reach epidemic control of HIV. The mechanism will also reflect a continued emphasis on impact, data, sustainability, and accountability through all aspects of the global HIV response.

The goal of this program is to improve health outcomes for people living with HIV (PLWH) along the HIV treatment cascade by building sustainable health systems, including a global workforce with the right skills, mix, and distribution to respond to HIV and other population health priorities in countries in sub-Saharan Africa, the Caribbean, Central Asia, Eastern Europe, Latin America, and other countries with significant or increasing HIV and other infectious disease incidence rates. The program objectives are to:

- Identify, pilot, evaluate, and scale up new approaches to effective and efficient HIV service delivery through technical assistance, consultation and training;
- Strengthen evidence-based comprehensive prevention approaches by targeting key populations including adolescent girls and young women; and
- Improve diagnosis, linkage, treatment, retention and viral suppression through training, consultation, and technical assistance.

To meet the aforementioned objectives, the IAETC program will focus on the following areas:

Support practice transformation. In this context, practice transformation is the process by which providers transform primary care and improve efficiency and effectiveness in the health care system to reflect principles of integrated quality HIV care. Activities include “change management concepts” including but not limited to: engaged leadership; a quality improvement strategy; empanelment or linking patients with specific providers to ensure the continuity of the patient-provider relationship; continuous and team-based healing relationships, including cross-training staff to allow team members to play various roles; organized, evidence-based care, including the use of decision support systems; patient-centered interactions to increase patients' involvement in their own care; enhanced access to ensure patients have access to care and their clinical information after office hours; and care coordination to reduce duplication of services and costs. Activities will include the use of human resources for health (HRH) data to target interventions and create efficient and sustainable delivery practices that optimize HRH to improve outcomes.

Improve access to prevention and care for key populations as well as adolescent girls and young women. Efforts to include persons at highest risk for HIV infection in prevention, treatment and care services are necessary to achieve epidemic control. Programs need support, including access to evidence-based information, training and capacity development, to

implement effective models of service delivery designed to address the social and structural barriers impeding PEPFAR progress in meeting its goals. Potential activities include adapting HRSA's existing domestic and international evidence-based models of HIV care for key populations in clinical settings and mentoring programs. Strategies to address stigma and discrimination in low resource country settings, and pilots to offer Pre-Exposure Prophylaxis (PrEP) to populations at higher risk of acquiring HIV will be piloted, evaluated and as appropriate scaled up.

Enhance use of data to support disease control. Develop or refine health information systems with the goal of enhanced integration of HIV treatment and surveillance and laboratory data to foster more efficient collection, monitoring and tracking of health outcomes of PLWH. Potential activities include using HIV surveillance data to identify HIV-diagnosed individuals not in care, link them to care or re-engage patients into HIV services and support the HIV treatment continuum. Data to care programming involves capacity building for implementation and surveillance-based outreach to promote HIV care engagement and antiretroviral use.

Strengthen health professionals' academic programs and in-service training and continuing education units. Strengthen the education, training, consultation and clinical decision making support for health care providers, allied health professionals, and other staff who prevent, diagnose, and treat HIV and associated communicable and non-communicable co-morbidities. Activities may include efforts to intensify collaboration between Ministries of Health and Education as well as health professions councils/regulatory bodies and their respective contributions to the HRH dialogue.

Enhance and develop policies, legislation and regulation that support health system strengthening. Facilitate policy and regulatory development, analysis of health worker training systems curricula reform, faculty education, continuing professional development, retention, institutionalization, and leadership while aligning these activities with the national plans. Activities will support Ministries of Health and regulatory bodies develop, implement, design and enforce regulations to enhance their health systems.

Enhance capacity for interprofessional practice. The capacity for educators of health profession students to model and teach interprofessional practice is foundational to achieving a workforce that can provide high quality and safe HIV care utilizing the strengths of diverse team members. Activities will include creating partnerships to engage medicine, nursing, dentistry, public health, allied health, pharmacy, behavioral and other relevant health programs and cadres. Efforts to enhance curricula to reflect interprofessional competencies as well as clinical mentoring will create effective and efficient delivery of HIV care impacting patient outcomes and will be a critical part of the awarded recipients' program.

Other programmatic requirements:

PEPFAR Monitoring, Evaluation, and Reporting (MER):

- The recipient's Evaluation and Performance Measurement Plan must align with the strategic information guidance established by the Office of the U.S. Global AIDS Coordinator (OGAC) and other HRSA requirements, including PEPFAR's MER strategy.
- Site Improvement through Monitoring System (SIMS). SIMS is a PEPFAR site visits performed by the US Government to increase accountability and monitoring. HRSA or its

designee will undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HRSA or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation of activities and use of HRSA funding under this cooperative agreement, and must require a provision to this effect in all subawards or contracts financed by funds under this award. PEPFAR Branding - All PEPFAR-funded programs or activities must adhere to PEPFAR branding guidance, which includes guidance on the use of the PEPFAR logo and/or written attribution to PEPFAR. PEPFAR branding guidance can be found at <http://www.pepfar.gov/reports/guidance/branding/index.htm>.

2. Background

This program is authorized by the Public Health Service Act, Title III, Section 307 (42 USC 242I) as amended, and under Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601, et seq.] and Public Law 110-293 (the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008), as reauthorized and amended by Public Law 113-56 (the PEPFAR Stewardship and Oversight Act of 2013).

PEPFAR began in 2003, as the world grappled with the severity of the AIDS crisis. The first phase of PEPFAR focused on building an emergency response. The second phase emphasized sustainability through working closely with partner governments, promoting mutual accountability and sustainability. During this phase, an emphasis was placed on increasing the impact of PEPFAR's investments by scaling up access to antiretroviral treatment (ART), preventing mother-to-child transmission (PMTCT) and voluntary medical male circumcision (VMMC). The current phase, otherwise known as PEPFAR 3.0, is focused on sustainable control of the epidemic to ultimately achieve an AIDS-free generation.

UNAIDS has set an ambitious treatment target to help end the global AIDS epidemic. By 2020, 90 percent of all PLWH will know their HIV status; 90 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and 90 percent of all people receiving antiretroviral therapy will have viral suppression. More information can be found at http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf

To achieve these treatment targets, PEPFAR's new emphasis is on aligning geographic and programmatic activities so that the highest-risk populations can access care as efficiently and effectively as possible.

Five action agendas drive PEPFAR 3.0's plan to control the epidemic. The action agendas are listed below.

- **Impact Action Agenda** - focuses resources and leverages finances to address the most vulnerable populations; driven by the need to do the right things in the right places at the right time.
- **Efficiency Action Agenda** – focuses on increasing transparency, oversight and accountability across PEPFAR and its interagency partners to ensure every taxpayer dollar is optimally invested and tracked.
- **Sustainability Action Agenda** - focuses on ensuring that when we and partner countries have scaled up interventions and reached epidemic control, the services, systems,

financing and policies required to maintain that control are readily available to PEPFAR beneficiaries and countries.

- **Partnership Action Agenda** – focuses on achieving greater impact through deeper collaboration and focused investment, which includes sharing responsibility with our partners—including the private sector, civil society, faith-based organizations, multilaterals and bilaterals (including but not limited to the Global Fund and UNAIDS) — to achieve an AIDS-free generation.
- **Human Rights Action Agenda** – focuses on protecting human rights and addressing the human rights challenges of those affected by the disease, as various forms of stigma and discrimination as well as harmful laws and policies reduce access to essential health services, and undermine efforts toward effective responses to HIV/AIDS.

More information can be found at: <http://www.pepfar.gov/about/strategy/>.

HRSA has been a significant contributor to PEPFAR’s achievements. HRSA’s work builds on the agency’s domestic and international experience and expertise by improving outcomes along the treatment cascade for PLWH. Domestically, HRSA’s programming, including the Ryan White HIV/AIDS Program (RWHAP) supports care and treatment by: 1) increasing the supply and distribution of providers to underserved communities and high HIV/AIDS disease burden areas, and 2) training health professions in community, and team-based care delivery and 3) strengthening clinical competencies to improve efficiency and effectiveness in HIV care services. Internationally, the IAETC program has helped meet these goals.

Under the leadership of OGAC, as part of the U.S. Government’s global HIV response, HRSA works with host countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the host country’s strategic plan.

The IAETC program has worked in Haiti, India, China, Ukraine, Botswana, Cote d’Ivoire, Ethiopia, Malawi, Mozambique, Namibia, South Africa, Kenya and Tanzania. Areas of focus include pre and in-service training for human resources, strategies to prevent HIV/TB transmission, Continuous Quality Improvement approaches, systematic research to guide clinical and educational programming, and policy work that addresses structural barriers to health workers’ effectiveness. The IAETC program also provides direct technical assistance to Ministries of Health, supports institutional capacity building, and works to maximize local, regional and national health information systems. In addition, IAETC coordinates, trains, and supports high-impact prevention and care activities such as VMMC and PMTCT programs.

The applicant will detail the approach and activities necessary and sufficient to achieve the overarching objectives and purposes of this project. Illustrative examples of activities are provided below.

Progress towards achieving the anticipated results must be tracked by outcomes and outputs. Progress towards targets should be disaggregated by year, country, and other factors as outlined in the applicant’s Monitoring and Evaluation Plan, detailed in Section IV. Illustrative indicators are also provided below.

Objective #1: Identify, pilot, evaluate, and scale up new approaches to ensure effective and efficient HIV service delivery through technical assistance, consultation and training.

Illustrative Indicators:

- Increase in the number of persons who test positive for HIV who are identified, linked to, and maintained in care
- Increase in the number of persons prescribed ART
- New effective, efficient, and sustainable models of HIV service delivery are scaled up in high burden areas
- Increase in the use and applicability of viral load monitoring

Illustrative Activities:

- **Test and Start.** New evidence suggests early antiretroviral treatment prevents many comorbidities associated with AIDS events including cardiovascular disease and cancer. Implementation of Test and Start will require increased demand for scaling up HRH, improvements in HIV testing, linkage to care and significant policy and programmatic changes at the government and site level. Using the experience with [Option B+](#) e-learning as a model, HRSA will work to ensure this new approach is appropriately integrated into practice via competency based curricula, in-service training, continuous professional development and clinical practice guidelines. HRSA's work with regulatory bodies will also benefit governmental efforts to improve access to ARTs for vulnerable populations and ensure scopes of practice are aligned with clinical realities.
- **Support effective and efficient models of HIV care.** PEPFAR countries seeking to scale up treatment need support to double the number of people on ART. This will take the development and implementation of innovative and efficient HIV service delivery models. HRSA has worked domestically and globally to assess and study new models of service delivery, train navigators (e.g., community health workers, peer advocates, outreach workers, etc.) to provide linkage to prevention, care and essential support services and to enhance retention and adherence to ART. This includes work to assess the scale up and cost of clinical care in various settings.

Objective #2: Strengthen evidence-based comprehensive prevention approaches targeting key populations as well as adolescent girls and young women.

Illustrative Indicators:

- Increase the number of key populations tested, diagnosed, linked or engaged in care, prescribed ART and virally suppressed
- Increase the number of High-risk HIV-negative (HRN) persons receiving evidence – based effective prevention services including PrEP
- Reduce the number of PLWH and HRN who experience stigma and discrimination as barriers to care and treatment
- Improve sustainability index scores (index is designed to measure the sustainability of national HIV responses) by strengthening Ministries of Health (MOH) and civil society
- Increase the number of private sector health care workers providing quality HIV prevention, care, and treatment services

Illustrative Activities:

- **Support comprehensive HIV prevention with HRN persons.** Help MOH develop a framework (policies, training, supervision, and compensation) for and support the development of “navigators” (e.g., community health workers, peer advocates, outreach workers, etc.) to provide or refer to prevention and essential support services. HRSA has extensive experience in referring HRN persons to required and/or recommended prevention and essential support service providers offering PrEP, and post-exposure prophylaxis (PEP) including non-occupational post-exposure prophylaxis, as appropriate.
- **Support evidence-based approaches that mitigate structural drivers that increase young women and adolescent girls' HIV risk.** Many health professions institutions offer programs to girls in late adolescence when they are highly vulnerable to threats including survival sex, early marriage and school dropout. Supporting health professions education institutions provides the infrastructure for disseminating HIV-related prevention messages consistent with PEPFAR’s [DREAMS](#) initiative. Peer trainers/mentors could readily be developed from nursing classes and others in the community. HRSA's lessons learned in reaching and empowering young women and adolescent girls as part of its Ryan White HIV AIDS Program Part D work will inform activities to support the evidence-based approaches of the DREAMS initiative.
- **Reduce stigma and discrimination.** Reaching 90-90-90 will require addressing stigma and discrimination as barriers to care. These continue to negatively impact clients and providers. HRSA’s expertise in this area provides lessons that can be adapted to pre-service, in-service, and retention/deployment efforts. Activities can include
 - stigma and discrimination content in training curricula for pre-service and in-service training,
 - strengthening the capacity of civil society organizations,
 - developing interventions to address cultural stigma at the facility and community level,
 - reduce stigma and discrimination by providing health care workers the skills and tools necessary to ensure patients’ rights, informed consent, confidentiality, treatment and non-discrimination.

Objective #3: Improve diagnosis, linkage, treatment, retention and viral suppression through training, consultation, and technical assistance.

Illustrative Indicators:

- Improve health outcomes, clinical process outcomes, quality of care, and patient safety as a result of professional training
- Increase applicability of health professional competencies
- Improve patient satisfaction
- Improve utilization rates
- Improve patient experience
- Increase adherence rates
- Improve use of professional competencies
- Improve recruitment, deployment, compensation, and retention of HIV/AIDS health workers at moderate- and high-volume sites and/or high HIV-burden areas
- Decrease percentage of vacant posts
- Improve geographic distribution of health care workers

Illustrative Activities:

- **Create enabling environments to support task-shifting.** Engage and provide training and technical assistance at the appropriate levels of the health system (planning, regulatory, training, etc.) to enable community health workers, other para-professionals and/or peer navigators to play a key role in diffusing and reinforcing prevention, care and treatment principles.
- **Train and consult with allied health professionals engaged in HIV services.** Training and capacity development initiatives will be designed to respond to common dilemmas relating to the decision-making and pharmacovigilance of ART provision including PrEP and PEP. In-service trainings and capacity development activities designed to address basic and complex HIV treatment issues (e.g., diagnosis, antiretroviral therapy, prophylaxis and treatment of opportunistic infections and the switch to second line ART) will be an important aspect of this work.
- **Prioritize interprofessional practice competencies.** The deficiencies of quality and safety of the health care delivery system cannot be addressed by any one health professional group alone. There is a gap between the training of health professionals and the actual practice needs. HRSA's focus on interprofessional education reflects a commitment to and experience promoting curricula to help prepare current and future health professionals for enhanced team-based care which is patient centered and community/population oriented.
- **Build organizational capacity of civil society to achieve epidemic control.** This includes creating a greater understanding of the continuum of civil society engagement by developing skills, tools, techniques and best practices to help PEPFAR teams, civil society and government work together to increase community awareness, engage in planning and service design, and become advocates to increase transparency and accountability. This work may also include efforts to assist civil society organizations to become implementers; coupling organizational assessments of fiscal, administrative and program systems with capacity building technical assistance to strengthen organizational capacity to address the issues of sustainability. These activities include skills development and training designed to foster meaningful engagement between PEPFAR teams and civil society organizations in the PEPFAR Country Operational Plan (COP) process.
- **Enhance substantive linkages between the health professions education institutions and the health care facilities.** Capitalizing on best practices and lessons learned from HRSA's Nursing Education Partnership Initiative (NEPI) and the Medical Education Partnership Initiative (MEPI), activities should strengthen the linkages between clinical sites and education institutions in a manner that is deliberate, consistent, and mutually beneficial. In addition, strengthening and formalizing the relationships between teaching institutions and health care facilities addresses both workforce shortages and ensures new graduates are able to translate their education into independent practice faster and more safely. The relationships between the educational institutions and health care facilities may be reflected in Memoranda of Understanding (MOUs) that specify residency programs, and continuing professional development agreements. Supported activities should nurture sustainable collaborations with PEPFAR countries.
- **Strengthen Human Resource Information Systems (HRIS) for enhanced human resource management.** Provide technical assistance to country governments to help develop or strengthen human resource information systems and health workforce registries that can enhance HRH planning, production, recruitment, to production to deployment and retention. The current inability to plan, track, absorb, and deploy trained

providers greatly inhibits effective and efficient workforce deployment to high burden areas.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New and Competing Continuation

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

As a cooperative agreement, **HRSA Program involvement will include:**

- Provide consultation and technical assistance in planning, operating, and evaluating program activities, including the identification and selection of in-country partners.
- Facilitate the coordination and collaboration among program partners, such as the office of OGAC, other HHS Agencies, the United States Agency for International Development (USAID), foreign governments, and other key stakeholders.
- Facilitate efforts in the provision of technical assistance and training to specified individuals and organizations.
- Participate, as appropriate, in the planning and producing of any conferences, meetings, or workgroups to be conducted during the project period.
- Maintain an ongoing dialogue with the IAETC concerning program plans, policies and other issues that have major implications for any activities under the Cooperative Agreement.
- Review, provide comments, recommendations, and approvals for documents, curricula, program plans, budgets, contracts, personnel (including consultants and contractors), revisions of work plans, etc., prior to printing, dissemination or implementation.
- Organize an orientation meeting with the awardee(s) to brief them on applicable U.S. Government, HHS, and PEPFAR expectations, regulations and key management requirements as well as report formats and contents. The orientation could include meetings with staff from HHS agencies and the orientation of OGAC.
- Review and approve recipients' annual work plan and detailed budget, as part of the PEPFAR Country Operational Plan review and approval process, coordinated by OGAC.
- Review and approve recipients' monitoring and evaluation plan, including for compliance with the strategic information guidance established by OGAC.
- Meet on a quarterly basis with awardee(s) to assess quarterly technical and financial progress reports and modify plans as necessary.
- Meet on an annual basis with awardee(s) to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for subsequent year, as part of the PEPFAR review and approval process for Country Operational Plans, coordinated by OGAC.
- Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans. This could include expert technical assistance and targeted training activities in specialized areas, such as strategic

information, project management, confidential counseling and testing, palliative care, treatment literacy, and adult learning techniques.

The cooperative agreement recipient's responsibilities will include:

- Identify, pilot, evaluate, and scale up new approaches to effective and efficient HIV service delivery in targeted regions/countries through technical assistance, consultation and training. (This may need to be allocated among two award recipients depending on the number and capacity of award recipients).
- Strengthen evidence-based comprehensive prevention approaches by targeting key populations as well as adolescent girls and young women. Improve diagnosis, linkage, treatment, retention and viral suppression through training, consultation, and technical assistance.
- Collaborate with HRSA, U.S. Government field teams, other U.S. Government agencies, and other key stakeholders as applicable, to achieve program objectives.
- Engage in ongoing consultation with HRSA and field teams as applicable, on program implementation and inform HRSA in a timely manner on barriers encountered.
- Identify activities to be planned jointly and include HRSA input and approval.
- Consult with HRSA and key stakeholders, develop and execute a final monitoring and evaluation plan including establishing a final list of indicators, baseline data and performance targets for each indicator. The monitoring and evaluation plan will be revised as appropriate on an ongoing basis.
- Participate in monitoring activities including but not limited to Site Improvement Monitoring System (SIMS) and comprehensive site visits.

2. Summary of Funding

This program expects to provide funding during federal fiscal years 2016 – 2020. Subject to the availability of funds, an estimated \$45,000,000 is expected to be available annually to fund up to two (2) recipients for a five (5) year project period. Applicants may apply for a ceiling amount of up to \$45,000,000 per year. This information is only an estimate and does not obligate HRSA in any way. The final award amount will depend on the number of award recipients selected. One or two awards will be made. Estimated funding amounts may increase or decrease at any time based on current and future appropriations. Funding beyond the first year is dependent on the availability of funds, satisfactory recipient performance, and the determination that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic and foreign public and non-profit private entities, including schools and academic health science centers. Faith-based and community-based organizations, Indian Tribes, and tribal organizations are eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that fail to address the programmatic goals and requirements outlined in this FOA will not be considered for review.

Applications that request amounts that exceed the ceiling amounts will be considered non-responsive and will not be considered for funding under this announcement.

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

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** applicants for this FOA to apply electronically through Grants.gov. Applicants must download the SF-424 Research and Related (R&R) application package associated with this FOA following the directions provided at [Grants.gov](https://www.grants.gov).

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 R&R Application Guide](#) provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *R&R Application Guide* in addition to the program specific information below. All applicants are responsible for reading and complying with the instructions included in HRSA's [SF-424 R&R Application Guide](#) except where instructed in the FOA to do otherwise.

See Section 8.5 of the [SF-424 R&R Application Guide](#) for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, including biographical sketches (bio sketches), and letters of commitment and support required in HRSA's [SF-424 R&R Application Guide](#) and this FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit (Exception: Biographical Sketch in Appendix A of the *R&R Application Guide* **does** count in the page limit). Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge applicants to take appropriate measures to ensure the application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Where the prospective recipient is unable to attest to any of the statements in this certification, such prospective recipient shall attach an explanation to this proposal.

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

Program-Specific Instructions

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

i. Project Abstract

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

In addition to the information required in the Guide, the abstract must include the following information:

Briefly describe the proposed project and the efforts to be undertaken to strengthen global health care systems and infrastructures with an emphasis on countries in sub-Saharan Africa, the Caribbean, Central Asia, Eastern Europe, Latin America, and other countries with significant or increasing HIV and other infectious disease incidence rates. Include the professional cadres who will be targeted for training and capacity building services. Describe the relevance of the proposed program to the needs, priorities, and circumstances of PEPFAR funded countries and how the proposed program fits into the overall PEPFAR 3.0 strategy.

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

ii. *Project Narrative*

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

Use the following section headers for the Narrative:

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

This section should briefly describe the background, justification for the program, and the proposed areas of geographic focus and populations served. These choices should demonstrate that the applicant understands the unique impact of the HIV/AIDS epidemic in these areas and on the local population, and the concomitant challenges to HIV/AIDS care as well as the priorities of PEPFAR and OGAC. This should all be framed around education and training needs for the regions' health care professionals.

Please provide a clear and succinct description of the technical assistance, training and capacity development activities that will address the needs of health care providers to improve health outcomes for PLWH along the HIV treatment cascade and build a sustainable health workforce to achieve epidemic control in resource constrained environments. This section should demonstrate an understanding of international public health issues, the HIV/AIDS epidemic and global care delivery systems, PEPFAR priorities, the evolving HIV treatment options and associated challenges, and their impact on meeting the needs of clinical health care professionals for pre-service and in-service training. The problems described should be supported by, at a minimum, a preliminary statement of need, described below, and they should be reflected in the program plan, associated work plans and budgets.

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

This section outlines the needs of the health care professionals and students to be served. Clearly provide sufficient evidence to support the need for HIV health workforce training and capacity development in resource constrained settings to improve health outcomes of PLWH and those at risk of contracting HIV. Describe knowledge gaps in the current HIV/AIDS workforce among PEPFAR funded countries. Provide a concise synthesis of relevant literature that demonstrates a comprehensive, up-to-date understanding of the issues related to education and training needs in the proposed areas of geographic focus.

- Describe and document the target populations in PEPFAR funded countries as well as the challenges posed in the provision of HIV care. Provide a concise summary of the literature demonstrating a comprehensive understanding of health systems strengthening and human resources for health in resource constrained settings. Applicants must include data to show where gaps exist that hamper health outcomes for PLWH.
- Describe the challenges associated with providing pre-service and in-service training in resource constrained settings.

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

Describe in detail the proposed project's objectives, goals and intended outcomes. Objectives should be specific, measurable, realistic, and achievable within the project period. Clearly relate the project objectives and goals to the program expectations outlined in this FOA. Activities must reflect the goals outlined in PEPFAR 3.0. This section must include a plan for promoting sustainability through capacity building and hand-over of decision-making to relevant host country decision-makers. Applicants will be expected to describe how they will work with relevant Ministries and national bodies, District Management and Specialist Teams and other managers in districts, sub-districts, and facilities.

Describe the key activities proposed for accomplishing project goals and objectives including, but not limited to, any proposed changes to the delivery of clinical resources for HIV/AIDS providers. Describe how the project aligns with the illustrative activities (pages 5-8) and will supply health care providers with appropriate technical assistance, training and capacity development services to:

- 1) Support practice transformation including the use of data to target interventions, and create efficient and sustainable delivery practices that optimize HRH to improve outcomes;
- 2) Improve access to prevention and care for key populations as well as adolescent girls and young women;
- 3) Enhance use of data to support disease control. This must include efforts to develop or refine health information systems and technology to use HIV surveillance data to identify HIV-diagnosed individuals not in care, link them to care or re-engage patients into HIV services and support the HIV treatment. It may also include the integration and use of relevant measures of HIV treatment, surveillance and laboratory data for more efficient and cost effective collection, monitoring and tracking of health outcomes of PLWH along the HIV treatment cascade;
- 4) Enhance and develop policies and regulation that support health system strengthening. Examples may include analysis of health worker training systems, curricula reform, faculty credentialing, continuing professional development requirements, retention policies procedures, licensure for health professionals and regulatory codes of practice;
- 5) Strengthen health professionals' academic programs and in-service training and continuing education units. Describe how the applicant's organization will build capacity among educators of health professionals to model and teach interprofessional education, training, and practice to achieve a workforce that can provide high quality and safe care. Outline key pre-service approaches to address the identified needs; and
- 6) Enhance capacity for interprofessional practice. Outline key in-service approaches to address identified needs. This approach should reflect interprofessional practice as a priority. Use of coaching and mentoring models and distance education are encouraged for both pre- and in-service initiatives.

Clearly describe the technical approach/methods for implementing the proposed project and meeting the needs described above. Activities should reflect a focus on sustainability considerations from the outset of the project. The section should include:

- How the applicant's organization will build and maintain strategic partnerships with relevant Ministerial, civil society, other U.S. Government-funded programs, and other relevant stakeholders to ensure relevancy and timeliness of education, training and

technical assistance. Successful applicants will ensure that their plans are in alignment with current PEPFAR priorities and corresponding national strategic plans.

- How the education and training strategies proposed in this program will support, complement, scale-up, or innovate on existing efforts funded by PEPFAR.
- A description of the training and technical assistance modalities that the applicant's organization will use to improve the knowledge, skills and behaviors of HIV health care professionals, which will ultimately impact clinical patient outcomes. Include innovative training techniques to engage clinically isolated health care professionals. Distance learning should be included as a strategy.
- A plan to disseminate program findings, lessons learned and promising practices to local communities, national and international conferences and in peer reviewed publications.

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

Describe the activities or steps that will be used to achieve each of the activities proposed in the methodology section. Use a timeline that includes each activity and identifies responsible staff. The work plan (**Attachment 1**) must include the following information:

- Goals
- Objectives
- Action Steps
- Staff responsible
- Timeline for Action Steps
- Measurable Outcomes

The work plan should include goals, objectives and outcomes that are SMART (specific, measurable, achievable, realistic, and time measurable). Include appropriate milestones (e.g., a significant or important event(s) in the project period) and any products to be developed.

Plans must demonstrate the ability to reach stated program objectives within the required time of performance (including a plan for rapid launch of project activities) through the inclusion of illustrative timelines for the effective implementation of program description.

Describe the activities or steps that will be used to achieve each of the activities proposed in the Methodology section. Use a timeline that includes each activity and identifies responsible staff, meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities. Include the development of stakeholder engagement and, further, the extent to which these contributors reflect the cultural, linguistic and geographic diversity of the populations and communities served. Include any Memorandum of Agreement/Understanding or Letter of Support that describes commitments to participate in your proposed project as **Attachment 3**.

The work plan must include goals and objectives that respond to the need for service, key action steps, target completion dates, responsible person(s), evaluation tools/measure outcomes, and status (this would be completed in the future). Include appropriate milestones that will indicate progress is being made, any materials/products to be developed and/or adapted, and the projected number of trainings by topic. These trainings should include a method of learner evaluation before, after, and at a point in the future and a mechanism for re-

enforcing competencies that may have decayed. The work plan must relate to the needs identified in the needs assessment and to the activities described in the project narrative.

The work plan must cover goals, objectives, and action steps for the entire five year project period. The work plan should include as much detail as possible with the understanding that a final plan will be developed after the cooperative agreement is awarded, the initial assessment is complete, and HRSA's input can be provided. It should describe the number of trainees anticipated to be trained, by level of training, training site, and discipline.

Describe the applicant organization's quality management plan, which should include quality management infrastructure; and the performance measures used to assess implementation, efficiency, and impact. Describe how the plan will:

- Identify staff responsible for the quality management activities.
- Monitor, measure and track program goals, objectives and activities, especially those outlined in the approved work plan; and deliver technical assistance to U.S. Government and international partners as needed.
- Ensure the education and training activities reflect the needs of the population to be trained; are delivered in an effective manner; are reflective of the current knowledge base; are acceptable at the trainee level; and incorporate adult learning principles.

The applicant must submit a logic model for the design, management and evaluation of their project as **Attachment 7**. The logic model must demonstrate the connection between the program and improved health outcomes for PLWH along the HIV treatment cascade. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements and the benefits of changes that result. It is the core of program planning, evaluation, program management and communications. The logic model must describe the inputs, influential factors, outputs and short-term and long-term outcomes as a means towards reaching the program goals and the goals of PEPFAR 3.0. Logic models should be consistent with the work plan submitted. While there are many versions of logic models, for the purposes of this announcement, the logic model should summarize the connections between the:

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

Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

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. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>

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

Discuss challenges that are likely to be encountered in designing and implementing the activities described in the work plan, and approaches that will be used to resolve such challenges. Include in this discussion any special barriers to training and education identified among the targeted training audience(s) as well as any specific host country and/or regional legislation and regulations that may impact the implementation of activities outlined in the work plan.

- Demonstrate a familiarity with the following:
 - Challenges inherent in working in low-resource settings
 - Challenges inherent in working in multiple countries at once
 - Context-specific characteristics (e.g., culture, health literacy, language) and how they impact HIV care in this/these settings
 - Current gaps or shortcoming of the current health systems with respect to HIV/AIDS control. Specifically, the knowledge and ability of health care professionals to counsel, diagnose, treat, and medically manage people with HIV disease, and to help prevent high-risk behaviors that lead to HIV transmission

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

Describe the plan to monitor stated objectives and goals. Describe the management information system(s) (MIS) and methods that will be used to collect data. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe how the applicant plans to monitor objectives and goals. Describe how the applicant plans to track and quantify the utilization of tools and strategies developed. Describe the methods proposed to assess and evaluate the project and their general effectiveness.

In addition, describe how the applicant will approach the collection, coordination, routine data quality assessments and dissemination of data from multiple sites within and among multiple countries, coordinate country-level data and provide comprehensive updates for the HRSA and relevant in-country stakeholders. Show how each task relates to the measurable indicators and targets.

- Describe processes for developing appropriate evaluation tools and strategies to electronically receive, store, manage and maintain data to be collected at performance sites, which may include sensitive/identifiable information. Indicate how these will include data requested specific to the PEPFAR program (e.g., MER indicators and Annual Progress Reports).
- Describe how evaluation and performance measurement will demonstrate the value of the investment (e.g., effect on improving public health outcomes, effectiveness of the program activities, cost-effectiveness or cost-benefit).
- Include expected outcomes of health systems strengthening, human resources for health, organizational capacity building, and technical assistance approaches.

- Plan for tracking not only inputs and activities, but outputs, outcomes, and impact of the activities.
- **ORGANIZATIONAL INFORMATION** -- *Corresponds to Section V's Review Criterion 5 (Resources/Capabilities)*

In this section, provide four major elements: 1) an organizational description and chart, 2) an outline of the management and staffing expertise, 3) the administrative and budgetary expertise, and finally 4) an outline of key collaborators and partners. Each element is described in more detail below.

Organizational Description and Chart

Provide a one page project organizational chart, as **Attachment 4**. The organizational chart should be a one-page figure that depicts the organizational structure of the IAETC (not the entire organization), and it should include contractors (if applicable) and other significant collaborators.

Management and Staffing Expertise

Describe the applicant's organizational knowledge, capability and experience in managing programs that provide training, technical assistance and capacity development activities in HIV/AIDS programs. Include any experience in the provision of training, technical assistance and capacity development within the scope of PEPFAR. Discuss any examples of previous projects that reflect the expertise of proposed personnel in working collaboratively with PEPFAR, ministries of health and/or education, and other international and/or multinational HIV/AIDS organizations. Include **Attachment 2 Staffing Plan and Job Descriptions for key personnel**.

Applicants that intend to utilize subrecipient awards should indicate the extent intended, the method of identifying subrecipients, and the tasks/functions they will be performing. Outline which organization/subrecipient will carry out the various tasks specified in the technical approach; a matrix or table may be helpful to organize this section. The prime partner will be responsible for all technical activities regardless of the activities implemented by the subrecipients or other member of the team. Specify the composition and organizational structure of the entire team (including subrecipients and/or country offices) and specify the nature of organizational linkages (includes their relationships between each other, lines of authority and accountability, and patterns for utilizing and sharing resources).

Provide information on the applicant organization's resources and capabilities to support the provision of culturally and linguistically competent training and capacity development services. Cultural competence means having a set of congruent behaviors, attitudes, and policies that come together in a system or organization or among professionals that enables effective work in cross-cultural situations. It includes an understanding of integrated patterns of human behavior, including language, beliefs, norms, and values, as well as socioeconomic and political factors that may have significant impact on psychological well-being and incorporating those variables into assessment and treatment. Include the project's cultural and linguistic competence factors. See U.S. Government National Standards for Culturally and Linguistically Appropriate Services at <https://www.thinkculturalhealth.hhs.gov/content/clas.asp>.

Provide a clear description of how the cooperative agreement will be managed, including approaches to addressing potential problems.

Administrative and Budgetary Expertise

- Describe the organization's capacity to administratively manage a federally-funded training program and past experience managing awards and contracts.
- Describe organization's proposed processes to be used for oversight of and technical assistance for subrecipients' services.

Key Collaborations and Partners

Describe how the applicant organization will work collaboratively and partner with key stakeholders. Applicants should propose how they will liaise and coordinate with the host government(s) as well as with other district and local government partners, PEPFAR partners and other stakeholders working across PEPFAR program areas. Applicants that plan to team up with other organizations or government agencies for the implementation of the proposed activities should outline the services to be provided by each such agency or organization. Applicants should state whether or not they have any existing relationships with the proposed partner(s) and, if so, should include the Memoranda of Understanding (MOUs) in **Attachment 3**.

NARRATIVE GUIDANCE	
In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(5) Resources/Capabilities and (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 R&R Application Guide](#). Please note: the directions offered in the [SF-424 R&R Application Guide](#) differ from those offered by Grants.gov. Please follow the instructions included the R&R Application Guide and, *if applicable*, the additional budget instructions provided below.

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

In addition, the IAETC program requires the following:

- Provide line item budget for headquarters and a sample country budget by budget period using the budget categories in the Research & Related Budget form and showing budget progression associated with program implementation and scale-up.
- Consistent with direction from the Office of the Global AIDS Coordinator, any PEPFAR central funds associated with this award are primarily to be used for enhancement and innovation and not to support country activities. Country budgets must be fully loaded with applicable costs including allocated costs associated with recipient(s) headquarters activities. Recipient(s) should collaborate with HRSA in approaching countries about the necessity of supporting all applicable program costs particularly given that some of these costs have been previously funded from central funds.
- Any minimal use of central funds to support initial engagement and start up in new countries must be recovered in the first subsequent COP cycle or reprogramming cycle. HRSA should be involved with these notifications which will be carried out to support program initiation and not as a barrier to investment.

Note: The existence of central funds at the start and throughout this award remains uncertain.

Country budgets must be fully loaded with applicable costs including allocated costs associated with recipient(s) headquarter activities.

Multiple allocation indirect cost rates: For institutions of higher education and nonprofits that have indirect costs benefitting major programs disproportionately, indirect rates will vary.

Budget Justification Narrative

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

iv. Attachments

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

Attachment I: Work Plan

Attach the Work Plan for the project that includes all information detailed in Section IV.

ii. Project Narrative.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.I.vi. of HRSA's [SF-424 R&R 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.

Attachment 3: Letters of Agreement, Memoranda of Understanding and/or Description(s) of Proposed/Existing Contracts

Provide any documents that describe working relationships between the applicant organization and other entities and programs cited in the proposal. Letters of Agreement include key personnel and country directors who will be available for the duration of the project. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement and memoranda of understanding must be dated.

Attachment 4: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project. Include position titles for project staff (including names of individuals is optional).

Attachment 5: Tables, Charts, etc.

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

Attachment 6: Summary Progress Report

ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)

A well-planned accomplishment summary can be of great value by providing a record of accomplishments. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **competing continuation applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.** The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the program during the current project period. The report should include:

- (1) The period covered (dates).
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded.
- (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 7: Logic Model

Applicants must submit a logic model that describes the inputs, influential factors, outputs, and short-term and long-term outcomes as a means towards reaching the goals of PEPFAR 3.0. This logic model should be consistent with the work plan submitted with the application. More detail on logic models can be found in Section VIII of this announcement.

Attachments 8-15: 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 Universal Numbering System (DUNS) Number and System for Award Management (formerly, Central Contractor Registration)

Applicant organizations must obtain a valid DUNS number and provide that number in their application. Applicant must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which it has an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or has an exception approved by the agency under 2 CFR 25.110(d)).

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

If an applicant/awardee organization has already completed Grants.gov registration for HRSA or another federal agency, confirm that it is still active and that the Authorized Organization Representative (AOR) has been approved.

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

- Dun and Bradstreet (<http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [*SF-424 R&R Application Guide*](#).

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this FOA is May 23, 2016 at 11:59 P.M. Eastern Time.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA’s [SF-424 R&R Application Guide](#) for additional information.

5. Intergovernmental Review

The IAETC is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

6. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to five (5) years, at no more than \$45,000,000 per year. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project’s objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

- Research.
- To promote or advocate the legalization or practice of prostitution or sex trafficking.
- Impermissible lobbying activities.
- Travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government’s delegation to an international conference sponsored by a multilateral organization, as defined below, unless approved by HRSA in writing.

Definitions:

- A foreign government delegation is appointed by the national government (including ministries and agencies but excluding local, state and provincial entities) to act on behalf of the appointing authority at the international conference. A conference participant is a delegate for the purposes of this provision, only when there is an appointment or designation that the individual is authorized to officially represent the government or agency. A delegate may be a private citizen.
- An international conference is a meeting where there is an agenda, an organizational structure, and delegations from countries other than the conference location, in which country delegations participate through discussion, votes, etc.
- A multilateral organization is an organization established by international agreement and whose governing body is composed principally of foreign governments or other multilateral organizations.

Single Partner Funding Limit

The eight (8) percent Rule - PEPFAR seeks to promote sustainability for programs through the development, use, and strengthening of local partnerships. The diversification of partners also ensures additional robust capacity at the local and national levels. To achieve this goal, OGAC establishes an annual funding guideline for grants and cooperative agreement planning.

Within each annual PEPFAR country budget, OGAC establishes a limit for the total amount of U.S. Government funding for HIV/AIDS activities provided to a single partner organization under all grants and cooperative agreements for that country. For U.S. Government FY 2016, the limit is no more than eight (8) percent of the country's FY 2016 PEPFAR program funding (excluding U.S. Government management and staffing costs), or \$2 million, whichever is

greater. The total amount of funding to a partner organization includes any PEPFAR funding provided to the partner, whether directly as prime partner or indirectly as a subrecipient. In addition, subject to the exclusion for umbrella awards and drug/commodity costs discussed below, all funds provided to a prime partner, even if passed through to sub-partners, are applicable to the limit. PEPFAR funds provided to an organization under contracts are not applied to the eight (8) percent/\$2 million single partner ceiling. Single-partner funding limits will be determined by PEPFAR after the submission of the Country Operational Plan (COP). For more information on the PEPFAR Fiscal Year 2016 COP Guidance, please see <http://www.pepfar.gov/reports/guidance/250167.htm>.

Applicants should be aware that evaluation of proposals will include an assessment of grant/cooperative agreement award amounts applicable to the applicant by U.S. Government fiscal year in the relevant country. An applicant whose grants or cooperative agreements have already met or exceeded the maximum, annual single-partner limit may submit an application in response to this FOA. However, applicants whose total PEPFAR funding for this country in a U.S. Government fiscal year exceeds the eight (8) percent/\$2 million single partner ceiling at the time of award decision will be ineligible to receive an award under this FOA unless OGAC approves an exception to the cap.

The eight (8) percent rule does not apply to Brazil, Cameroon, Mali, Senegal, Sierra Leone, Central America Regional Office, or the Asia Regional Office because these countries are not required to have a COP in place.

The General Provisions in Division H, § 202, of the Consolidated and Further Continuing Appropriations Act, 2016 (P.L. 114-113) do not apply to this program. Please see Section 4.1 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

All program income generated as a result of awarded funds must be used for approved project-related activities.

V. Application Review Information

1. Review Criteria

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

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

Review Criteria are used to review and rank applications. The IAETC has 6 (*six*) review criteria:

Criterion 1: NEED (15 points) – Corresponds to Section IV’s Introduction and Needs Assessment sections of the Narrative.

The extent to which the application describes the problem and associated contributing factors to the problem.

- Extent to which applicant provides evidence to support the need for HIV health workforce training and capacity development in resource constrained settings to improve health outcomes of PLWH and those at risk of contracting HIV.
- Extent to which applicant describes knowledge gaps in the current HIV/AIDS workforce among PEPFAR funded countries.
- Extent to which the applicant demonstrates a comprehensive, up-to-date, understanding of the issues related to education and training needs in the proposed areas of geographic focus.
- Extent to which the applicant describes the challenges of providing pre-service and in-service training in resource constrained settings.
- Extent to which the applicant demonstrates an understanding of international public health issues, the HIV/AIDS epidemic and global care delivery systems, the evolving HIV treatment options and associated challenges, and their impact on meeting the needs of clinical health care professionals for pre-service and in-service training.
- Extent to which the applicant identifies HIV workforce challenges.
- Extent to which the applicant addresses sustainability concerns related to HIV/AIDS-related services.

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV’s Methodology, Work Plan, and Resolution of Challenges

The extent to which the proposed project responds to the “Purpose” included in the program description. The strength of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.

- Strength of the proposed approach to providing training, technical assistance and capacity development to address the gaps and stated needs described in the Needs Assessment Section.
- Strength of the proposed goals and objectives and their relationship to the identified project.
- Extent to which the applicant’s project aligns with the illustrative activities (pages 5-8).
- Extent to which the applicant clearly describes a methodology to provide training, technical assistance and capacity development that supports practice transformation.
- Extent to which the applicant clearly describes a methodology to provide training, technical assistance and capacity development to improve access to prevention and care for key populations, as well as adolescent girls and young women.
- Extent to which the applicant clearly describes a methodology to provide training, technical assistance and capacity development that supports the enhanced use of data to support disease control including improvements in health information systems and technology.
- Extent to which the applicant clearly describes a methodology to provide training, technical assistance and capacity development that supports strengthening health professionals’ academic programs and in-service training and continuing education units.

- Extent to which the applicant clearly describes a methodology to provide training, technical assistance and capacity development that supports the enhancement and development of policies, legislation and regulation for health system strengthening.
- Extent to which the applicant clearly describes a methodology to provide training, technical assistance and capacity development that supports the enhancement for interprofessional practice.
- The strength and feasibility of the proposed activities to build and maintain strategic partnerships to ensure relevancy and timeliness of education, training and technical assistance activities.
- Extent to which the applicant describes how the education and training strategies proposed will support, complement, scale-up or innovate on existing efforts in PEPFAR countries and align with PEPFAR 3.0.
- Extent to which the applicant's methodology includes training and technical assistance modalities that will be used to improve the knowledge, skills and behaviors of HIV health care professionals. This includes innovative training techniques to engage clinically isolated health care professionals and distance learning as a strategy.
- The strength of the proposed methods to disseminate program findings, lessons learned and promising practices to relevant stakeholders, local communities, national and international conferences and peer reviewed publications.

Work Plan

- Strength and clarity of the applicant's work plan, timeline, and goals and objectives over the entire project period.
- Extent to which the work plan demonstrates the ability to reach stated program objectives within the required time of performance.
- Extent to which the work plan aligns with priorities, policies and goals included in PEPFAR 3.0.
- Extent to which the applicant includes the development of stakeholder engagement with contributors who reflect the cultural, linguistic and geographic diversity of the populations and communities served.
- Extent to which the timeline includes each activity, identifies responsible staff and meaningful support and describes collaboration with key stakeholders in planning, designing, and implementation.
- Extent to which the work plan is realistic and contains objectives that are specific, measurable, achievable, relevant, and time-bound to implement the proposed project.
- Extent to which the work plan includes goals and objectives that support the need for key action steps, target completion dates, responsible person(s), evaluation tools/measure outcomes, and status.
- Strength of the applicant's quality management plan that includes the quality management infrastructure; the performance measures used to assess implementation, efficiency, and impact.
- Strength and clarity of logic model (**Attachment 7**) for designing and managing the proposed project.

Resolution of Challenges

- Extent to which the applicant's plans to resolve the possible challenges associated with working in low-resource settings that are likely to be encountered during the planning

and implementation of the project described in the work plan are realistic and appropriate.

- Extent to which the applicant's plans to resolve the challenges associated with working in multiple countries at once during the planning and implementation of the project described in the work plan are realistic and appropriate.
- Extent to which the applicant's plans to address the challenges of context-specific characteristics (e.g., culture, health literacy, language) and their impacts on HIV care in these settings during the planning and implementation of the project are realistic and appropriate.
- Extent to which the applicant's plans to identify current gaps or shortcoming of the current health systems with respect to HIV/AIDS control are realistic and appropriate.
- Extent to which the applicant identifies realistic and appropriate responses to be used to resolve the identified work plan challenges.

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

- Strength and feasibility of the plan to monitor activities in relation to achieving stated objectives and goals.
- The extent to which the applicant describes the method(s) proposed to monitor and evaluate the project results.
- The extent to which the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.
- Extent to which methods for developing appropriate evaluation tools, strategies to electronically receive, store, manage and maintain data to be collected at performance sites are feasible.
- Strength of the applicant's plan to receive, store, manage and maintain sensitive/identifiable information.
- Extent to which the applicant describes the approach to collection, coordination and dissemination of data from multiple sites within and among multiple countries and provide comprehensive updates to HRSA and in-country stakeholders.
- Evidence that applicant's program evaluation and performance measurement will demonstrate the value of the investment.

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

The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be multi-national in scope, and the degree to which the project activities are replicable and sustainable after federal funding.

- Extent to which applicant's activities align with efforts to improve the health systems and human resources for health in PEPFAR funded countries.
- The strength of the proposed methods to disseminate program findings, lessons learned and promising practices to relevant stakeholders, local communities, national and international conferences and peer reviewed publications.
- Extent to which the proposed activities will likely impact key populations and PLWH in resource constrained settings.
- Extent to which the applicant summarizes the past program activities and results (**Accomplishment Summary Attachment 6**).

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity, Organizational Information, Budget and Budget Justification Narrative

The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

- Extent to which the applicant has experience in implementing and managing health care training, technical assistance and capacity building programs serving resource constrained countries.
- The extent to which the applicant organization’s current structure, proposed staff, partner organizations and scope of current activities contribute to its ability to conduct the proposed project and meet the expectations of the program requirements.
- The extent to which the applicant organization has the experience and expertise necessary for administration of federal grant funds.
- Strength of the applicant organization’s described management information system (MIS) to support comprehensive data collection, reporting and secure storage of data.
- The extent to which the staffing plan (**Attachment 2**) and project organizational chart (**Attachment 4**) are consistent with the project description and proposed activities.
- Evidence that the staffing plan includes sufficient personnel with adequate time to successfully implement all of the project activities throughout the project as described in the work plan.
- Evidence that key collaborations will support the implementation of project activities described in the workplan.
- Extent that Letters of Agreement include key personnel and country directors who will be available for the duration of the project (**Attachment 3**).
- Extent to which the MOUs provided support the proposed project (**Attachment 3**).

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV’s Budget and Budget Justification Narrative

- The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results.
- The extent to which the budget is appropriate to the proposed program plan, and inclusion of a clearly presented budget narrative that justifies each line item in relation to the goals, objectives and activities of the project, and explains significant changes anticipated in budget years following the first year (**Attachment 1**).
- The extent to which resources are allocated to ensure that relevant and appropriate staff and other resources are available to provide technical assistance and logistics support.
- Degree of sufficient justification of necessary administrative expenses in relation to the operation of the proposed program.

2. Review and Selection Process

Please see Section 5.3 of HRSA’s [*SF-424 R&R Application Guide*](#).

3. Assessment of Risk

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

Effective January 1, 2016, HRSA is required to review and consider any information about the applicant that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). An applicant may review and comment on any information about itself that a federal awarding agency previously entered. HRSA will consider any comments by the applicant, in addition to other information in [FAPIIS](#) in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in [45 CFR § 200.205 Federal Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS.

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

4. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 30, 2016.

VI. Award Administration Information

1. Award Notices

The Notice of Award will be sent prior to the start date of September 30, 2016. See Section 5.4 of HRSA's [SF-424 R&R Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2 of HRSA's [SF-424 R&R Application Guide](#).

Human Subjects Protection:

Federal regulations (45 CFR 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, recipients must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in the Code of Federal Regulations, Title 45 – Public Welfare, Part 46 – Protection of Human Subjects (45 CFR 46), available online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

Prostitution and Sex Trafficking

A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that none of the funds made available under this award may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. In addition, non-U.S. nongovernmental organizations will also be subject to an additional term and condition requiring the organization's opposition to the practices of prostitution and sex trafficking.

3. Reporting

The recipient shall be responsible to HRSA for all matters related to the execution of the agreement.

The successful applicant under this FOA must comply with Section 6 of HRSA's [SF-424 R&R Application Guide](#) and the following reporting and review activities:

1) NON-COMPETING CONTINUATION PROGRESS REPORT

- a. Annual Work Plan
- b. Budget Documents

2) SEMI-ANNUAL PROGRESS REPORTS

The report shall describe progress made during the reporting period and assess overall progress to that date versus agreed upon indicators including the agreement-level outputs achieved, using the agreement-level performance indicators established in the annual work plan for that quarter. The reports shall also describe the accomplishments of the recipient and the progress made during the past quarter and shall include information on all activities, both ongoing and completed during that quarter. The progress reports shall highlight any issues or problems that are affecting the delivery or timing of services provided by the recipient. The reports will include financial information on the expense incurred, available funding for the remainder of the activity and any variances from planned expenditures.

3) PEPFAR PERFORMANCE REPORTS

The recipient will be required to prepare and submit performance reports reflecting more detailed data on achievements and targets.

4) MONITORING AND EVALUATION PLAN

The recipient is required to have a monitoring and evaluation plan showing how:

- Outcomes will be measured;
- Outcomes will contribute to results;
- Baseline information will be collected;
- Methods for mid-term and end of project evaluations.
- Reports to provide project officers with valid internal assessments of the recipients' activities and interventions.

5) FINAL PROGRESS REPORT

The recipient shall submit a final/completion report to HRSA which summarizes the accomplishments of this agreement, methods of work used, budget and disbursement

activity, and recommendations regarding unfinished work and/or program continuation. The final/completion report shall also contain an index of all reports and information products produced under this agreement. The report shall be submitted no later than 90 days following the estimated completion date of the agreement.

6) QUARTERLY FINANCIAL REPORTS

The recipient will submit to HRSA a quarterly financial report within 30 days after the end of the recipient's first fiscal year quarter, and quarterly thereafter. Quarterly financial reports should be provided in summary and by funding source (COP Year and country) and contain at a minimum:

- Total funds awarded to date by HRSA
- Total funds previously reported as expended by recipient main line items;
- Total funds expended in the current quarter by the recipient by the main line items;
- Total un-liquidated obligations by main line items; and
- Unobligated balance of HRSA funds.

7) FEDERAL FINANCIAL REPORT

In alignment with OGAC's reporting requirements, the recipient is also responsible for the semi-annual and annual Indicator Reports as outlined in the PEPFAR MER Indicator Reference Guide which will be provided by HRSA and can be found on PEPFAR.gov. Quarterly reporting is required on a small sub-set of indicators.

VII. Agency Contacts

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

Olusola Dada
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, MSC 10NWH04
Rockville, MD 20857
Telephone: (301) 443-0195
Fax: (301) 443-9810
E-mail: ODada@hrsa.gov

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

Harold J. Phillips, MRP
Director, Office of Training and Capacity Development
Attn: IAETC
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 9N-114
Rockville, MD 20857
Telephone: (301) 443-8109
Fax: (301) 443-2697
E-mail: HPhillips@hrsa.gov

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

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET:

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

VIII. Other Information

Logic Models:

Additional information on developing logic models can be found at the following website: http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/logic_model.htm.

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. Information on how to distinguish between a logic model and work plan can be found at the following website: <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance:

A technical assistance webinar has been scheduled to help applicants understand, prepare and submit an application. The webinar will be held on **April 7, 2016** from **10:00 AM - 12:30 PM** Eastern Time. The call-in number for applicants located in the U.S. is 866-692-4541.

Applicants outside of the U.S. should use the call in number from the table below. The pass code for all callers (domestic and international) is 8029730. To join the webinar, the link is:

<https://hrsa.connectsolutions.com/dtcd1/>

Dial in numbers:

Country		Local/Toll Number	Freephone/Toll Free Number
AUSTRALIA	ADELAIDE:	61-8-8121-4880	1-800-657-286
AUSTRALIA	BRISBANE:	61-7-3102-0982	1-800-657-286
AUSTRALIA	CANBERRA:	61-2-6100-1982	1-800-657-286
AUSTRALIA	MELBOURNE:	61-3-9010-7751	1-800-657-286
AUSTRALIA	PERTH:	61-8-9467-5261	1-800-657-286
AUSTRALIA	SYDNEY:	61-2-8205-8122	1-800-657-286
AUSTRIA		43-1-92-81-119	0800-005-265
BELGIUM		32-2-400-9842	0800-4-9738
BRAZIL		55-11-3958-0796	0800-7610641
CHINA	CHINA A:	86-400-810-4782	10800-712-1665
CHINA	CHINA B:	86-400-810-4782	10800-120-1665
DENMARK		45-7014-0299	8088-8323
FINLAND	Land Line:	106-33-204	0-800-9-14613
FINLAND	Mobile:	09-106-33-204	0-800-9-14613
FRANCE	LYON:	33-4-26-69-12-98	080-563-6109
FRANCE	MARSEILLE:	33-4-86-06-00-98	080-563-6109
FRANCE	PARIS:	33-1-76-74-24-93	080-563-6109
GERMANY		49-69-2222-4872	0800-664-4253
HONG KONG		852-3001-3858	800-962-002
INDIA	INDIA A:		000-800-852-1263
INDIA	INDIA C:		1800-300-00468
INDIA	INDIA B:		000-800-001-6235
INDONESIA			001-803-011-3977
ITALY		39-02-3600-6015	800-986-992
JAPAN	OSAKA:	81-6-7739-4782	0066-33-132431
JAPAN	TOKYO:	81-3-5539-5186	0066-33-132431
LUXEMBOURG		352-27-000-1327	

MEXICO			001-866-597-6485
NETHERLANDS		31-20-718-8595	0800-020-1390
NEW ZEALAND		64-9-970-4766	0800-450-735
NORWAY		47-21-590-071	800-14640
PANAMA			011-001-800-5072087
PHILIPPINES		63-2-858-3745	
PORTUGAL			8008-14060
SINGAPORE		65-6883-9225	800-120-4660
SOUTH AFRICA			080-09-80421
SOUTH KOREA		82-2-6744-1078	00798-14800-7192
SPAIN		34-91-414-25-39	800-300-059
SWEDEN		46-8-566-19-396	0200-884-641
SWITZERLAND		41-44-580-6401	0800-120-038
THAILAND			001-800-1206-66055
UNITED KINGDOM	BIRMINGHAM:	44-121-210-9038	0808-238-6018
UNITED KINGDOM	GLASGOW:	44-141-202-3238	0808-238-6018
UNITED KINGDOM	LEEDS:	44-113-301-2138	0808-238-6018
UNITED KINGDOM	LONDON:	44-20-3043-2497	0808-238-6018
UNITED KINGDOM	MANCHESTER:	44-161-601-1438	0808-238-6018
USA		1-517-466-2153	866-692-4541

IX. Tips for Writing a Strong Application

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