

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

HIV/AIDS Bureau
Office of Training and Capacity Development

***AIDS Education and Training Centers (AETC)
National Coordinating Resource Center***

Funding Opportunity Number: HRSA-19-036
Funding Opportunity Type: New and Competing Continuation
Catalog of Federal Domestic Assistance (CFDA) Number: 93.145

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2019

Application Due Date: December 10, 2018

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately! Deadline extensions are not granted for lack of registration.

Registration in all systems, including SAM.gov and Grants.gov, may take up to 1 month to complete.

Issuance Date: October 12, 2018

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Authority: Section 2692(a) (42 U.S.C. §300ff-111(a)) and section 2693 (42 U.S.C. § 300ff-121) of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009. Secretary's Minority AIDS Funds are authorized under the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, Title II.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2019 AIDS Education and Training Centers (AETC) National Coordinating Resource Center (NCRC), a component of the Ryan White HIV/AIDS Part F AETC Program. The purpose of this notice of funding opportunity is to support one organization to serve as the AETC-NCRC. The AETC-NCRC serves as the central convener, coordinator, disseminator, and promoter of the work of the Regional AETC Program, made up of eight regions and the National Clinician Consultation Center (NCCC). Additionally, the AETC-NCRC contributes information and data, as requested by HRSA, to the National AETC Evaluation Contractor.

Funding Opportunity Title:	AIDS Education and Training Centers (AETC) National Coordinating Resource Center (NCRC)
Funding Opportunity Number:	HRSA-19-036
Due Date for Applications:	December 10, 2018
Anticipated Total Annual Available FY19 Funding:	\$1,600,000
Estimated Number and Type of Award(s):	One cooperative agreement
Estimated Award Amount:	Up to \$1,600,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	July 1, 2019 through June 30, 2024 (5 years)
Eligible Applicants:	Eligible applicants include public and nonprofit private entities and schools and academic health science centers. Faith-based and community-based organizations, tribes and tribal organizations are eligible to apply. See Section III-1 of this notice of funding opportunity (NOFO), for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance webinar / conference call:

Day and Date: Thursday, November 15, 2018

Time: 2:00-3:30 p.m. ET

Call-In Number: 888-455-2565

Participant Code: 5526429

Weblink: https://hrsa.connectsolutions.com/ncrc_ta_webinar_meeting_18-036/

HAB will record the TA webinar and make it available on the TARGET Center website, [https:// www.TargetHIV.org/](https://www.TargetHIV.org/).

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the AIDS Education and Training Centers (AETC) National Coordinating Resource Center (NCRC), a component of the Ryan White HIV/AIDS Part F AETC Program. The AETC Program consists of the Regional AETC Program, two National AETCs, called the National Clinician Consultation Center (NCCC) and the AETC-NCRC, and an AETC national evaluation contractor (NEC). The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB), Office of Training and Capacity Development administers this program.

The AETC Program has been a cornerstone of HRSA's Ryan White HIV/AIDS Program (RWHAP) for nearly three decades. The Regional AETC Program provides targeted, multidisciplinary education and training for health care professionals to provide health care services to people living with HIV (PLWH). The NCCC serves as a national resource to provide healthcare providers with HIV clinical consultation services. The NCRC serves as the central convener, coordinator, and disseminator of the Regional AETC Program and the NCCC. The NEC assesses the regional and national impact of the AETC program.

Funding under this announcement will support one entity as the NCRC to serve as the central convener, coordinator, disseminator, and promoter of the work of the eight (8) Regional AETC Programs and the AETC NCCC, and to contribute information and data, as requested by HRSA, to the AETC NEC. The Regional and National AETCs work to increase the number of health care providers who are trained and intend to counsel, diagnose, treat, and medically manage PLWH and help prevent high-risk behaviors that lead to HIV transmission. They provide innovative, tailored, data-driven education, training, consultation, and clinical decision support at the local and regional levels to health care professionals who care for people living with HIV.

The AETC-NCRC supports the Regional and National AETC Programs through the following programmatic components:

- 1) Serve as the central coordinator, archivist, and promoter of the work of the AETC Program;
- 2) Serve as the central convener of AETC programs and other subject matter experts to develop educational and informational products, support on-going program objectives, and facilitate peer learning and development. For example, the AETC-NCRC will plan and organize the annual RWHAP Clinical Conference;
- 3) Coordinate, collaborate, and serve as a liaison with other federal entities, non-federal entities, and RWHAP providers to disseminate the work and to promote the AETC Program as a national HIV education and training resource;

- 4) In collaboration with HRSA, explore topics and propose remedies to address emerging issues that impact the attainment of the goals of the AETC Program.

2. Background

This program is authorized by Section 2692(a) of the Public Health Service (PHS) Act (42 U.S.C.300ff-111(a)) and Section 2693 (42 U.S.C. § 300ff-121) of the PHS Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009). Secretary's Minority AIDS Funds are authorized under the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, Title II.

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

Achieving this mission includes implementation of multidisciplinary education and training programs for health care providers in the prevention and treatment of HIV/AIDS. Health care providers who are able to provide high quality HIV care and prevention services are needed to help achieve the goals of the AETC Program. The AETC Program goals are to:

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

As the current HIV workforce ages into retirement and new providers choose other medical specialty areas, the country is experiencing a shortage of providers who can adequately treat PLWH.¹ This phenomenon is occurring at the same time that the life expectancy for PLWH is increasing.² Educating multidisciplinary health care professionals and integrating HIV care and treatment into primary health care are avenues to increasing the availability of providers to improve the medical management of PLWH.

The AETC-NCRC, in collaboration with the Regional AETCs, and the NCCC work together to serve as a comprehensive training and educational resource for multidisciplinary health care professionals in the treatment and prevention of HIV/AIDS.

¹ Gilman, B, Hogan, P, Trent-Adams, S, Cheever, L, Bouchery, E, Negrusa, S, The HIV Clinician Workforce in the United States. HIV Specialist. 2016; 8 (3): 2-9.

² Centers for Disease Control and Prevention <https://www.cdc.gov/hiv/basics/livingwithhiv/index.html>

The AETC-NCRC accomplishes this through key activities such as Continuing Medical Education (CME) opportunities and facilitating communities of practice (CoPs). CME can change the ways that providers practice. CME activities that are more interactive, use more methods, involve multiple exposures, are longer, and are focused on outcomes that are considered important by physicians lead to more positive outcomes.³ Studies show that patients with HIV who are managed by clinicians with greater HIV expertise have better health outcomes and receive more appropriate and cost-effective care, regardless of the clinician's specialty training. As the treatment of HIV is not restricted to any one medical specialty, most health care professionals can become an HIV expert. Ongoing patient management and continuing education are required for HIV expertise, regardless of specialty training.⁴

National HIV/AIDS Strategy: Updated to 2020

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

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

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

HIV Care Continuum

Diagnosing PLWH, linking PLWH to HIV primary care, and PLWH achieving viral suppression are important public health steps toward ending the HIV epidemic in the U.S. The HIV care continuum has five main "steps" or stages that include: HIV diagnosis, linkage to care, retention in care, antiretroviral use, and viral suppression. The HIV care continuum provides a framework that depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication. It shows the proportion of individuals living with HIV or individuals diagnosed with HIV who are engaged at each stage. The HIV care continuum allows

³ Ronald M. Cervero and Julie K. Gaines, Effectiveness of Continuing Medical Education: Updated Syntheses of Systematic Reviews, July 2014 ACCME Page 14 of 19 652_20141104 [652_20141104_Effectiveness_of_Continuing_Medical_Education_Cervero_and_Gaines.pdf](#)

⁴ Gallant JE, Adimora AA, Carmichael JK, Horberg M, Kitahata M, Quinlivan EB, Raper JL, Selwyn P, & Williams SB. Essential Components of Effective HIV Care: A Policy Paper of the HIV Medicine Association of the Infectious Diseases Society of America and the Ryan White Medical Providers Coalition. *Clinical Infectious Diseases*, 2011;53 (11):1043–50.

recipients and planning groups to measure progress and to direct HIV resources most effectively.

According to recent data from the [2016 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the U. S. From 2010 to 2016, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 69.5 percent to 84.9 percent, and racial/ethnic, age-based, and regional disparities have decreased.⁵ These improved outcomes mean more PLWH in the U.S. will live near normal lifespans and have a reduced risk of transmitting HIV to others.⁶ In a September 27, 2017 [Dear Colleague letter](#), CDC notes that scientific advances have shown that antiretroviral therapy (ART) preserves the health of PLWH. There is also strong evidence of the prevention effectiveness of ART. When ART results in viral suppression, it prevents sexual HIV transmission. This means that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking PLWH into care, retaining them in care, and helping them adhere to their ART.

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

Special Projects of National Significance (SPNS) Program

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

⁵ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016. <http://hab.hrsa.gov/data/data-reports>. Published December 2016. Accessed December 28, 2017.

⁶ National Institute of Allergy and Infectious Diseases (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: <https://clinicaltrials.gov/> NLM Identifier: NCT00074581.

- **Integrating HIV Innovative Practices (IHIP)** (<https://careacttarget.org/ihip>)

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

- **Replication Resources from the SPNS Systems Linkages and Access to Care** (<https://careacttarget.org/library/replication-resources-spns-systems-linkages-and-access-care>)

There are intervention manuals for patient navigation, care coordination, state bridge counselors, data to care, and other interventions developed for use at the state and regional levels to address specific HIV care continuum outcomes among hard-to-reach populations living with HIV.

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

The Dissemination of Evidence-Informed Interventions initiative runs from 2015-2020 and disseminates four adapted linkage and retention interventions from prior SPNS and the Secretary's Minority AIDS Initiative Fund (SMAIF) initiatives to improve health outcomes along the HIV care continuum. The end goal of the initiative is to produce four evidence-informed Care And Treatment Interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing healthcare environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

II. Award Information

1. Type of Application and Award

Types of applications sought: New and Competing Continuation

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

HRSA Program involvement will include:

- Participating in the design of models, tools, and white papers as described in the project narrative;
- Participating in planning and organizing the annual Ryan White Clinical Conference;
- Providing assistance in the management and technical performance of activities;
- Participating in the planning, coordination, and approval of trainings, including participation in Communities of Practice (CoPs) and workgroups/committees as

appropriate;

- Providing the expertise of HRSA personnel and other relevant resources to the project;
- Facilitating collaborative relationships between the Regional AETCs , NCCC, NEC, the SPNS Program, and other RWHAP and HRSA- funded programs, to help reach the NHAS 2020 goals and improve outcomes on the HIV care continuum;
- Ensuring the availability of resources, as appropriate, to complete the tasks under this award;
- Reviewing, as necessary, activities, procedures, measures, and tools to be developed and implemented for accomplishing the goals of the cooperative agreement;
- Participating in the design, implementation, and dissemination of tools, plans, and other project materials;
- Reviewing informational and educational AETC Program products prior to dissemination as appropriate;
- Facilitating the dissemination of project findings, lessons learned, promising practices, and other information developed as part of this project to the broader network of HIV providers, RWHAP programs and other HRSA-funded programs, as appropriate.

The cooperative agreement recipient's responsibilities will include:

- Working with HRSA, RWHAP programs, the AETC, and SPNS Programs to support the integration of national core competencies and associated curriculum for health care professionals, including interprofessional teams, who care for PLWH or those at risk;
- Maintaining and updating the web-based central AETC-NCRC repository of training and educational materials at www.aidsetc.org, including information and activities that support the goals of the AETC Program; and other HRSA technical assistance efforts including HIV treatment advances and new service and training delivery strategies to address the needs of a demographically diverse population affected by HIV;
- Enhancing the AETC-NCRC website at www.aidsetc.org to ensure that it stores and organizes the data to allow for user friendly information retrievals and report generation;
- Working with HRSA and the NEC, as appropriate, to analyze and modify activities in keeping with the changing health care environment trends and the needs of the RWHAP;
- Providing a resource for experienced and novice HIV health care professionals and trainers by managing knowledge centers, work groups, and CoPs among all AETC programs;
- Providing technical expertise on distance-based learning and new media to the AETC Program;
- Developing a communication plan to outline strategies that promote the AETC Program and its resources to RWHAP and HRSA Health Center Program recipients as an HIV education and training resource;
- Building and maintaining strategic collaborations with HRSA RWHAP Parts A-D, Bureau of Health Workforce (BHW), Bureau of Primary Health Care (BPHC) the Office of Regional Operations and other federal, state, and national organizations as appropriate, to increase access to HIV care;
- Exploring methods to provide comprehensive HIV prevention education and integrate behavioral health with HIV care (e.g., support collaboration among the Regional AETCs and the NCCC);
- Exploring methods to optimally use Health Information Technology (IT) to improve the quality of health care delivery to PLWH;
- Conducting analyses and publishing white papers on the preparation of the HIV workforce, and national health issues to identify unmet HIV workforce needs,

- marketplace conditions that impact access to state of the art care for PLWH, including how national emerging health issues (e.g., Hepatitis C virus infection) can be addressed;
- Planning and organizing the annual Ryan White Clinical Conference;
 - Attending the annual RWHAP Clinical Conference, the biennial Ryan White National Conference on HIV Care and Treatment, and the biennial AETC Program Recipients' Administrative Reverse Site Visit meetings.

2. Summary of Funding

HRSA expects approximately \$1,600,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$1,600,000 total costs per year (includes both direct and indirect, facilities and administrative costs, with up to \$600,000 of this total amount potentially awarded from Secretary's Minority AIDS Fund (SMAIF)). The period of performance is July 1, 2019 through June 30, 2024 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the AIDS Education and Training Centers Program, the Minority AIDS Initiative, and SMAIF in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Minority AIDS Initiative (MAI) and Secretary's Minority AIDS Fund (SMAIF)

Under this AETC-NCRC NOFO, approximately 20 percent of the funds are being made available through the MAI to increase the training capacity of centers to expand the number of health care professionals with treatment expertise and knowledge about the most appropriate standards of HIV-related treatments and medical care for racial and ethnic minority adults, adolescents, and children with HIV disease. Specifically, MAI and SMAIF activities must target health care professionals providing treatment for minority individuals with HIV and other individuals at high risk of contracting HIV.

Training, education, and technical assistance activities and programs to be funded by MAI must be described separately in the application and must be equal to at least 20 percent of the total AETC-NCRC project award amount. Further, training, education, and technical assistance activities and programs to be funded by SMAIF must be described separately in the application. You will be responsible for separately tracking spending of MAI and SMAIF funds and reporting accordingly.

The Notice of Award (NoA) will list the actual MAI and SMAIF amounts as they become available. The recipient may be expected to submit a revised budget and work plan to appropriately reflect the actual MAI and SMAIF amounts provided in the NoA.

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

III. Eligibility Information

1. Eligible Applicants

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

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

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

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

2. Content and Form of Application Submission

Section 4 of HRSA's [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, and staffing plan (**Attachment 2**), as well as personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. You must submit your application in the English language and it must be in the terms of U.S. dollars (45 CFR § 75.111(a)).

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

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376 and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in **Attachment 9: Other Relevant Documents**.

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

Program-Specific Instructions

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

i. Project Abstract

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

In addition to the information required in the Guide, provide an abstract for the AETC-NCRC Program including information on all key components of the project. The abstract must include the following information:

- Briefly describe the proposed project. Identify ways you will serve to advance and promote the work of the Regional and National AETCs to address the HIV workforce training needs for PLWH.
- Describe how you will serve as a national central coordinator and convener of subject matter experts to promote the AETC Program.
- Identify key organizations, to include federal entities, non-federal entities, and RWHAP providers that you will work with to promote the AETC Program as a national HIV education and training resource.
- Describe ways you will work with HRSA to explore topics and propose remedies to address emerging issues that affect the attainment of the goals of the AETC Program.

ii. Project Narrative

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

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

- ***INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need***
Briefly describe the purpose of your proposed project. Describe how your proposed AETC-NCRC activities will support the curating, cataloging, archiving, and disseminating of AETC products that provide training, education, consultation, and clinical decision support to diverse health care providers, allied health professionals, and health care support staff. You should also describe how proposed AETC-NCRC activities will support and coordinate AETC programs and other subject matter experts to develop educational materials and information as needed.
- ***NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need***

Describe the training and capacity development needs of the target audience, which includes health care professionals, Regional AETC recipients, and the NCCC. Describe the need to coordinate HIV training resources and market and disseminate them to health care providers in support of the effort to improve the outcomes for PLWH.

Please describe how your organization will build and maintain strategic partnership networks with federal, regional, state, and local organizations to ensure relevancy and dissemination of AETC Program educational and training materials. Describe how partnerships with other national and regional training centers can support HRSA's goal to improve outcomes along the HIV care continuum.

Summarize the literature that demonstrates a comprehensive understanding of the issues related to strategic planning for health care system-level change; including the need for CoPs. Describe how your organization will develop and implement CoPs to support the Regional and NCCC AETC activities (e.g., practice transformation, IPE, addressing emerging health care issues for PLWH)

Describe the current and future United States HIV workforce. You may cite Health Professional Shortage Areas designations indicating provider gaps, and HIV health disparity data to support the described need. Include in the description any knowledge gaps of the current and future HIV workforce. Describe training needs specific to health professionals caring for minority individuals.

- ***METHODOLOGY -- Corresponds to Section V's Review Criterion #2 Response***
Propose methods that you will use to increase awareness of upcoming training sessions, disseminate educational materials, and integrate core competencies into educational curriculum needed by health care professional for the diagnosis, treatment and prevention of HIV disease. The methodology must clearly describe how you will:
 - Serve as the central coordinator, archivist, and promoter of the work of the HRSA HAB AETC Program. Describe ways you will develop and implement methods to enhance the use, maintenance, and promotion of the AETC-NCRC website to curate, store, organize, and archive AETC Program products;
 - Develop and implement methods to nationally promote HRSA HIV education tools (e.g., the National HIV Curriculum and the HIV/HCV Co-infection Curriculum);
 - Serve as the central convener of AETC Programs and other subject matter experts to develop educational and informational products, support on-going program objectives, and facilitate peer learning and development;
 - Support and facilitate the development of Regional and National AETC faculty to strengthen training design and delivery skills, particularly

regarding the principles of adult learning theory and innovative uses of technology for in-person and distance learning, and to ensure that faculty are aware of new and emerging issues affecting HIV prevention and treatment;

- Coordinate, collaborate, and serve as a liaison with other federal entities, non-federal entities, and RWHAP providers to disseminate the work and to promote the AETC Program as a national HIV education and training resource. Examples of collaborations include, but are not limited to: working with other HHS agencies to promote regional trainings such as the Substance Abuse and Mental Health Services Administration (SAMHSA) Addiction Technology Transfer Centers (ATTCs), HIV/STD Prevention Training Centers, Primary Care Associations, Telehealth Resource Centers, Viral Hepatitis Education and Training Projects, Center for Rural Development, and Office of the National Coordinator for Health Information Technology (ONC). Applicants may collaborate with HRSA, NCCC, and Regional AETCs to proactively disseminate up-to-date HIV treatment protocols and guidelines, new service and training delivery approaches, and innovative methods to address the needs of the demographically diverse populations affected by HIV;
- Enhance resource sharing between RWHAP providers and regional and national AETCs, especially sharing of Regional AETC educational materials and products among National AETCs. This includes collaboration with Regional AETCs for promotion of educational webinars (e.g., AETC-NCRC and regional AETCs coordinate webinar registration to include other federal entities and stakeholders).
- Develop and disseminate information and training materials for emerging health care conditions affecting PLWH including substance/opioid use disorder, STIs, and mental illness in alignment with the NHAS 2020, the HIV care continuum, Minority AIDS Initiative, and current treatment guidelines;
- Collaborate with HRSA to explore topics and propose remedies to address emerging issues that impact the attainment of the goals of the AETC Program, to include: 1) developing white papers using existing data sources on the state of HIV care and treatment and on strengthening the HIV care workforce; 2) convene a Health IT CoP to strengthen comprehensive and timely HIV prevention services, HIV testing, and care delivery to PLWH (e.g., facilitate efforts for regional, national, and other AETC programs to work with HRSA's BPHC-funded Health Center Control Networks (HCCNs) on ways to integrate HIV into primary care through the use of Health IT and integration of behavioral health and HIV care, including managing opioid use disorders);
- Market, coordinate, and disseminate AETC products;
- Review educational materials developed by regional AETCs and adapt them for a national audience;
- Assess and address the faculty development needs of the regional AETC faculty including PT, IPE, and health care conditions impacting PLWH

- (e.g., opioid use disorder, STIs, Hepatitis C Virus);
 - Plan and implement yearly RWHAP Clinical Conference. The RWHAP Clinical Conference is an in-person annual conference that convenes for up to 2.5 days. The estimated audience is approximately 400 attendees primarily comprised of prescribers of antiretroviral therapy, including, but not limited to, physicians, advanced practice nurses, nurse practitioners, physician assistants, nurses, dentists, and pharmacists who are experienced HIV care providers. The RWHAP Clinical Conference provides updates in HIV care, treatment, and prevention to clinical providers who work in RWHAP-funded settings. This conference is separate and distinct from the Ryan White National Conference on HIV Care and Treatment. Please note that the awardee may use funds for their conference travel but will not be responsible for travel or lodging expenses of meeting attendees (this applies to both non-federal and Federal attendees);
 - Disseminate AETC Program products, including promising practices and innovations in training (e.g., new media platforms like new mobile applications) across the AETC and SPNS programs;
 - Provide technical assistance on the use of a variety of best practices in training modalities, including the use of new media and distance-based learning;
 - Establish a new AETC-NCRC technical workgroup consisting of internal and external HIV experts (e.g., AETC and regional partner directors, curriculum and workforce experts, national HIV care and treatment opinion leaders, and HAB federal staff) to develop and provide on-going guidance and leadership on program and resources development. This workgroup must include at least two persons who represent the PLWH community and have knowledge and experience with Ryan White HIV/AIDS Program HIV service delivery.
- *WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*
 The work plan should include goals for the program and must identify objectives and action steps that are specific, measurable, achievable, realistic, and time measurable (SMART). The work plan should consist of goals and objectives that support the need for the service, key action steps, targeted completion dates, responsible person(s), evaluation tools/measurable outcomes, and status (this column would be completed in the future). Include appropriate milestones, any materials/products to be developed, and projected number of trainings by topic and training level, and their relationship to the knowledge and skills gaps identified in the statement of need. Indicate the target completion dates for major activities, and specify the entity/group or person responsible for implementing and completing each activity and the expected outcome measures/tools to show that the goals and objectives will be achieved. Complete a worktable that corresponds with the work plan narrative and include as **Attachment 1**.

The work plan should directly relate to your Methodology section and should clearly describe a plan to:

- Support and facilitate Communities of Practice (CoP) such as Practice Transformation (PT), Interprofessional Education (IPE), faculty development, and chronic co-morbidities impacting PLWH like sexually transmitted infections (STIs), substance use disorders (SUDs)/opioid use, Hepatitis C virus, and Health IT systems;
- Develop a report highlighting the status of the HIV workforce in the nation. Report should include data on conditions impacting PLWH, and geographic distribution of the epidemic. HRSA should receive report by 3rd year of the project period with a plan for inclusion within the annual RWHAP Clinical Conference;
- Develop a plan for utilization of a technical workgroup that includes internal and external HIV experts and representation from the PLWH community;
- Clearly identify national marketing, education, promotion, and dissemination strategies of the AETC Program brand as an HIV training resource;
- Increase HIV resource sharing and dissemination;
- Increase ability of HIV educators to prepare the HIV workforce with knowledge, skills, and abilities to care for PLWH;
- Be replicable and sustainable beyond federal funding.

In addition to the work plan, you must submit a logic model for designing and managing the project in **Attachment 1**. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between:

- 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, money).
- ***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 methodology and work plan sections of the narrative. Discuss the strengths of your methodology and work plan in identifying and responding to these challenges. Discuss approaches that will be used to resolve such challenges. Discuss relevant challenges encountered in implementing similar work plans and how those were resolved.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY – Corresponds to Section V's Review Criteria #3 Evaluative Measures and #5 Resources/Capabilities*
 - Describe your quality management plan to optimally utilize staff, leadership, data, and other resources to determine project progress, impact, and efficiency;
 - Describe how you will monitor program activities to ensure that they meet the training needs and align with NHAS 2020, the HIV care continuum and MAI;
 - Describe how you will analyze the central repository usage and activities to provide data regarding user characteristics and demographics. Describe how you will use continual evaluation of the repository to enhance and maintain the AETC-NCRC website to provide ease of system use and submit timely data reports;
 - Describe experiences that demonstrates proficiency in working collaboratively with other organizations to evaluate projects on a regional and national scale. Indicate how you will ensure your full participation in a multi-site evaluation, including how you will collect and report relevant quantitative and qualitative process and outcome measures as part of the AETC national evaluation. Indicate your approach for collaboration and partnerships with multiple stakeholders to include federal, non-federal, academia and other partners;
 - Describe how you will track performance outcomes, including how data will be collected (e.g., data usage from repository website, addition of materials to website).
- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources/Capabilities*
 Discuss challenges that are likely to be encountered in designing and implementing the activities described in the methodology and work plan sections of the narrative. Discuss the strengths of your methodology and work plan in identifying and responding to these challenges. Discuss approaches that will be used to resolve such challenges. Discuss relevant challenges encountered in implementing similar work plans and how those were resolved.

You must demonstrate that your organizational capacity is sufficient to carry out the proposed project. Describe your organization's current mission, structure, and scope of current activities. Include an organizational chart (**Attachment 5**). Describe how these elements contribute to your organization's ability to conduct the program requirements and meet program expectations, including ability to build and maintain central repository and provide HIV training via a web-based technology. Describe your organization's experience with building and maintaining a central repository, and providing HIV training using web based technology (e.g., teleconferences, video streams, webinars).

Discuss how your organization will follow the approved plan as outlined in the

application, properly account for the federal funds, and document all costs to avoid audit findings. Please include a description of your organization's timekeeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

You must provide a memorandum of understanding (MOU) or letter of agreement for each identified partner (**Attachment 4**). You may submit one memorandum signed by multiple partners if the entities share the same arrangement with your organization.

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

iii. Budget

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

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

Program-specific line item budget:

In addition to the information in the SF424A, you must submit a program specific line-item budget as **Attachment 7**. The line-item budget must include, as separate columns, amounts for the AETC-NCRC base, MAI, SMAIF, and RWHAP Clinical Conference from July 1, 2019 – June 30, 2020. Include a final column with program totals for each row and column. The AETC-NCRC application requires a detailed budget for the overall project for each of the 5 years of the project.

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

The administrative budget should reflect all costs borne by the recipient and its partners in its role as the administrator of the AETC-NCRC award. The administrative budget does not include the costs associated with the education and training function performed by the recipient within its region. Examples of administrative costs may include:

- Personnel costs, fringe benefits, and proportion of full time equivalent of staff members responsible for the management of the project, such as the Principal Investigator or Project Coordinator. In-kind staff effort should be included.
- Portion of staff salaries spent on supervision activities, project management, technical assistance to contractors, or data collection. Secretarial or clerical support designated specifically for coordination/administrative tasks.
- Facility support costs, supplies, and insurance which represent the proportion of administrative activities performed by the recipient.
- Indirect costs based on the listed direct costs for this activity (See below for instructions relating to indirect costs).
- Travel, meeting, mailing, and other costs associated with administration/coordination of the AETC-NCRC program. The recipient must include in their administration costs the following required travel:
 - Attendance at biennial National Ryan White Conference on HIV Care and Treatment in the Washington, D.C. area.
 - Attendance at biennial AETC Administrative Reverse Site Visit in Washington, D.C.
 - Attendance at the annual RWHAP Clinical Conference.

The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245), Division B, Title II § 202, states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism,

at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following FY, as required by law.

iv. Budget Narrative

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

In addition, the AETC-NCRC requires the following:

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

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

v. Attachments

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

Attachment 1: Work Plan

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

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

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

Attachment 3: Biographical Sketches of Key Personnel

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

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

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

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

To give further details about the application (e.g., Gantt chart, PERT chart, flow charts), if desired.

Attachment 7: For Multi-Year Budgets--5th Year Budget (NOT counted in page limit),

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

Attachment 8: Request for Funding Preference or Priority

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

Attachments 9 – 12: Other Relevant Documents

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

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

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements. If an applicant has not fully complied with the requirements by the time HRSA is ready to make an award,

HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

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

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

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

UPDATED [SAM.GOV](#) ALERT: For your SAM.gov registration, you must submit a [notarized letter](#) appointing the authorized Entity Administrator. The review process changed for the Federal Assistance community on June 11, 2018. Read the [updated FAQs](#) to learn more.

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

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

4. Submission Date and Times

Application Due Date

The due date for applications under this NOFO is December 10, 2018 at *11:59 p.m. Eastern Time*. HRSA suggests submitting applications to Grants.gov at least **3 days before the deadline** to allow for any unforeseen circumstance.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The AETC Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$1,600,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division B Title II of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in the following FY, as required by law.

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

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

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

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

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The AETC-NCRC program has six review criteria:

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

The extent to which the application demonstrates the problem and associated contributing factors to the problem. Reviewers will also consider the extent to which the applicant:

- Describes the training and capacity development needs of the target audience, which includes the NCCC, the Regional AETC recipients, as well as other health care professionals;
- Describes the need to coordinate, market, and disseminate HIV training resources to health care providers in support of the effort to improve HIV care continuum outcomes for PLWH;
- Proposes a plan to develop white papers describing conditions impacting PLWH and the HIV workforce;
- Describes how partnerships with federal and non-federal entities, including Regional and National AETCs, the SPNS Program, BPHC, BHW, SAMHSA, CDC, and the RWHAP can support NHAS 2020 and improve outcomes along the HIV care continuum.

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

METHODOLOGY (20 points)

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; and the extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives. Reviewers will also consider the extent to which the applicant:

- Proposes a program consistent with the program requirements outlined in section IV;
- Describes an approach to serving as the central coordinator, archivist, and promoter of the work of the HRSA HAB AETC Program;
- Describes a plan to enhance the usage, maintenance, and promotion of the AETC-NCRC website and to curate, store, organize, and archive AETC Program products and tools;
- Describes a plan to disseminate AETC promising practices and innovations in training (e.g., new media platforms like mobile applications) across the AETC and SPNS programs;
- Describes an approach to serving as the central convener of AETC programs and other subject matter experts to develop educational and informational products, support on-going program objectives, and facilitate peer learning and development;
- Demonstrates the ability to support and facilitate the development of Regional and National AETC faculty to strengthen training design and delivery skills, particularly the principles of adult learning theory and innovative uses of technology for in-person and distance learning; and to ensure that faculty are aware of new and emerging issues affecting HIV prevention and treatment;
- Describes an approach to coordinate, collaborate, and serve as a liaison with other federal entities, non-federal entities, and RWHAP providers to disseminate the work and to promote the AETC Program as a national HIV education and training resource. Examples of collaborations include, but are not limited to working with other HHS agencies to promote regional trainings such as the SAMHSA ATTCs, HIV/STD Prevention Training Centers, Primary Care Associations, Telehealth Resource Centers, Viral Hepatitis Education and Training Projects, Center for Rural Development, and ONC;
- Collaborates with HRSA, NCCC, and Regional AETCs to proactively disseminate up-to-date HIV treatment protocols and guidelines, new service and training delivery approaches, and innovative methods to address the needs of demographically diverse populations affected by HIV;
- Describes a plan to enhance resource sharing between RWHAP providers and Regional and National AETCs, especially the sharing of Regional AETC materials and products among National AETCs. This includes collaborating with Regional AETCs to develop, promote and conduct webinars (e.g., AETC-NCRC and Regional AETCs coordinate webinar registration that includes other federal entities and stakeholders);
- Describes a plan to develop and disseminate information, best practices and training materials for managing emerging health care conditions affecting PLWH

- such as substance/opioid use, STIs, mental health, in alignment with the NHAS 2020, the HIV care continuum, the MAI, and current treatment guidelines;
- Provides an approach to collaborating with HRSA to explore topics and propose remedies to address emerging issues that impact the attainment of the goals of the AETC Program, to include:
 1. developing white papers using existing data sources, on the state of HIV care and treatment and on approaches to strengthening the HIV care workforce;
 2. convening a Health IT CoP to strengthen comprehensive and timely HIV prevention services, HIV testing, and care delivery to PLWH. (for e.g., facilitate efforts for Regional and national AETCs to work with HRSA's BPHC-funded HCCNs to explore ways to integrate HIV and behavioral health (including substance use disorders), into primary care through the use of Health IT;
- Describes a plan to develop to assess and address faculty development needs, including those required for practice transformation and IPE; and for other healthcare conditions impacting PLWH (e.g. opioid use, STIs, Hepatitis C Virus);
- Demonstrates ability to provide technical assistance on the use of a variety of modalities to deliver virtual and in-person trainings;
- Demonstrates the ability to successfully plan and implement a national conference, specifically the RWHAP Clinical Conference, annually throughout the 5-year project period.

WORK PLAN (10 points)

Reviewers will also consider the strength, feasibility, and clarity of the:

- Work plan to support and facilitate Communities of Practice (CoP) such as Practice Transformation (PT), Interprofessional Education (IPE), faculty development, and chronic co-morbidities impacting PLWH like STIs, substance use disorders (SUDs)/opioid use, Hepatitis C virus, and Health IT systems;
- Proposed plan to develop a white paper highlighting the status of HIV care in the nation, including an assessment of HIV workforce and conditions impacting PLWH;
- Proposed plan to clearly describe utilization of a technical workgroup that includes internal and external HIV experts and representation from the PLWH community;
- Proposed plan to clearly identify national marketing, education, promotion, and dissemination strategies of the AETC Program brand as an HIV training resource;
- Proposed plan to incorporate white paper recommendations within the annual RWHAP Clinical Conference.

Resolution of Challenges (5 points)

- Extent to which the applicant identifies possible challenges that are likely to be encountered during the planning and implementation of the project described in the work plan;

- Extent to which the applicant identifies realistic and appropriate responses to be used to resolve those challenges;
- Strength and clarity of the applicant's description of anticipated technical assistance needs in the design, implementation, and evaluation of its project, to be used in resolution of challenges.

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

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess to what extent the program objectives have been met and can be attributed to the project.

The reviewer will also consider:

- The extent to which the project will effectively monitor performance outcomes, including how the output data will be collected and managed (e.g., data usage from the repository web site, AETC Program developed HIV materials added to the repository) in a way that allows for accurate and timely reporting to HRSA;
- The strength of the proposed quality management plan to optimally use staff, leadership, data, and other resources to determine project progress, impact, and efficiency;
- The strength of the proposed plan to analyze the central repository usage and activities to provide data regarding user characteristics and demographics. The extent to which the plan will use continual evaluation of the repository to enhance and maintain the AETC-NCRC website to provide ease of system use and timely data reports;
- The strength of the proposed plan to identify AETC faculty training and education needs and provide expert HIV training for faculty to achieve program goals.

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

The extent to which the proposed project has a public health impact and that it will be effective, if funded. This must include:

- The extent to which the proposed plan will enhance HIV resource sharing and dissemination to impact work force capacity;
- The extent to which the project will increase national awareness of the AETC Program;
- The extent to which the project will provide increased ability of HIV educators to prepare the HIV workforce with the knowledge, attitudes and skills required to effectively provide high quality, evidence-based care to PLWH;
- The extent to which the project activities will be replicable and sustainable beyond the federal funding.

Criterion 5: RESOURCES/CAPABILITIES (10 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity, Organizational Information, and Attachments 2 and 5

- The strength and clarity of the proposed staffing plan (**Attachment 2**)

and project organizational chart (**Attachment 5**) in relation to the project description and proposed activities, including evidence that the staffing plan includes sufficient personnel with adequate time to successfully implement all of the project activities as described in the work plan;

- The extent to which the plan demonstrates strong organizational experience with building and maintaining a central repository and providing HIV training using web based technology (e.g., videoconferences, video streams, webinars);
- The strength and clarity of the current organizational structure, proposed staff, facilities, and scope of current activities that contributes to the applicant's ability to conduct the proposed program and meet the expectations of the program requirements;
- The extent to which key project personnel are qualified by training and/or experience to implement the project.

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

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives and the anticipated results. Reviewers will also consider:

- The reasonableness of the proposed budget for each year of the project period, in relation to the project objectives, scope and the anticipated results;
- Evidence that key personnel have adequate time devoted to the project to achieve project objectives;
- The strength and clarity of the budget narrative that fully explains each line item and any significant changes from one budget period to the next.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

See Section 5.3 of HRSA's [SF-424 Application Guide for more details](#).

Funding Preferences

This program provides a funding preference for some applicants, as authorized by Section 2692(a)(2) of the Public Health Service Act. HRSA will place applicants receiving the preference in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. The Objective Review Committee will determine the funding preference and will grant it to any qualified applicant that demonstrates that they meet both of the following criteria by submitting as **Attachment 8**:

HRSA shall give preference to qualified projects that:

- Train, or conduct activities that result in the training of health professionals who

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

3. Assessment of Risk and Other Pre-Award Activities

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

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award, if special conditions are required, and what level of funding is appropriate.

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of July 1, 2019. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Application Guide](#).

Requirements of Subawards

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

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on a bi-annual basis. Further information will be available in the award notice.
- 2) **Final Report.** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goals and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences over the entire project period. The final report must be submitted online by the recipient in the Electronic Handbooks (EHBs) system at <https://grants.hrsa.gov/webexternal/home.asp>.

VII. Agency Contacts

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

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

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

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

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

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

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

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

VIII. Other Information

Logic Models

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

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a timeline used during program implementation; the work plan provides the “how to” steps. You can find information on how to distinguish between a logic model and work plan at the following website:
<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf>.

Technical Assistance

HRSA has scheduled following technical assistance webinar:

Day and Date: Thursday, November 15, 2018

Time: 2:00-3:30p.m. ET

Call-In Number: 888-455-2565

Participant Code: 5526429

Weblink: [https://hrsa.connectsolutions.com/ncrc ta webinar meeting 18-036/](https://hrsa.connectsolutions.com/ncrc_ta_webinar_meeting_18-036/)

Tips for Writing a Strong Application

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