NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2017

Letter of Intent Due Date: June 16, 2017

Application Due Date: July 24, 2017

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 one month to complete.

Issuance Date: May 24, 2017

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Authority: Public Health Service Act, Section 2691 (42 USC § 300ff-101), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87); and the Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, Title II.
EXECUTIVE SUMMARY

Supported through funding from the Department of Health and Human Services (HHS) Secretary’s Minority AIDS Initiative Fund, the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Special Projects of National Significance program is accepting applications for a new, three-year initiative entitled Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services—Demonstration Sites. The purpose of this initiative is to support the design, implementation, and evaluation of innovative interventions that coordinate HIV care and treatment, housing and employment services to improve HIV health outcomes for low-income, uninsured, and underinsured people living with HIV (PLWH) in racial and ethnic minority communities.

<table>
<thead>
<tr>
<th>Funding Opportunity Title:</th>
<th>Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services—Demonstration Sites</th>
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<tbody>
<tr>
<td>Funding Opportunity Number:</td>
<td>HRSA-17-113</td>
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<tr>
<td>Due Date for Applications:</td>
<td>July 24, 2017</td>
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<tr>
<td>Anticipated Total Annual Available Funding:</td>
<td>$3,000,000</td>
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<tr>
<td>Estimated Number and Type of Award(s):</td>
<td>Up to ten (10) awards</td>
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<td>Estimated Award Amount:</td>
<td>Up to $300,000 per year</td>
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<tr>
<td>Cost Sharing/Match Required:</td>
<td>No</td>
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<tr>
<td>Project Period/Period of Performance:</td>
<td>September 30, 2017 through September 29, 2020 (3 years)</td>
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Eligible Applicants:

Entities eligible for funding under Parts A – D of Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, including public health departments and institutions of higher education, state and local governments, nonprofit organizations, 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), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.
Application Guide


Technical Assistance

You are encouraged to participate in a technical assistance (TA) webinar for this funding opportunity. The purpose of this webinar is to assist potential applicants in preparing applications that address the requirements of this funding announcement. Participation in a pre-application TA webinar is optional.

Day and Date: Wednesday, June 14, 2017
Time: 2 p.m. – 4 p.m. ET
Dial-in Phone Number: 1-800-593-8981
Participant Code: 4762885
Weblink: [https://hrsa.connectsolutions.com/hrsa-17-113](https://hrsa.connectsolutions.com/hrsa-17-113)

Playback Number*: 1-800-839-2308
Passcode: 6247
*Replays are generally available one hour after a call ends
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I. Program Funding Opportunity Description

1. Purpose

This announcement solicits applications for fiscal year (FY) 2017 for a new, three-year initiative entitled *Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services—Demonstration Sites*. HRSA will award up to ten (10) grants of up to $300,000 each per year for three years to support the design, implementation, and evaluation of innovative interventions that coordinate HIV care and treatment, housing, and employment services to improve HIV health outcomes for low-income, uninsured, and underinsured people living with HIV (PLWH) in racial and ethnic minority communities. This Department of Health and Human Services (HHS) Secretary’s Minority AIDS Initiative Fund project is also supported, in part, through Special Projects of National Significance.

Providing effective HIV care for communities at the greatest risk for poor health care outcomes involves addressing structural factors, such as poverty, lack of education, unemployment/underemployment, homelessness and other social determinants of health. To promote long-term health and stability for PLWH, this initiative will support organizations that can demonstrate innovative strategies for integrating HIV care, housing and employment services into a coordinated intervention.

For the purposes of this initiative, applicants should use the following definitions for HIV care, employment and housing services:

- **HIV care services** are defined as all of the HIV care and treatment services allowable through the Ryan White HIV/AIDS Program (RWHAP). For more information regarding RWHAP eligible services, refer to [Policy Clarification Notice #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds](https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters).

- **Employment Services** are defined as all services designed to connect individuals to employment or to improve a person’s income through employment. Such services may include but are not limited to resume building, job search assistance, and resource rooms with internet and resume writing tools, job training or education programs, accessibility and special accommodation services for people with disabilities, etc. Applicants may reference Section VIII of this notice of funding opportunity (NOFO) entitled *Other Information* for a list of resources and programs offered through the U.S. Department of Labor (DOL).

- **Housing Services** are defined as the full range of rental and mortgage support services offered through the U.S. Department of Housing and Urban Development (HUD), including the Housing Opportunity for Persons with AIDS Program (HOPWA), to stabilize individuals and families experiencing unstable housing or homelessness. For more information on the HOPWA program, applicants may visit the HUD website at [https://www.hudexchange.info/programs/hopwa/](https://www.hudexchange.info/programs/hopwa/)

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1 PCN# 16-02 can be viewed at [https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters](https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters)
2 For more information on the HOPWA program go to: [https://www.hudexchange.info/programs/hopwa/](https://www.hudexchange.info/programs/hopwa/)
HRSA’s HIV/AIDS Bureau (HAB) developed this initiative in partnership with HUD’s Office of HIV/AIDS Housing (OHH) and DOL. In particular, this project builds upon OHH and DOL’s *Getting to Work* initiative, utilizing the agencies’ knowledge and experience to ensure that demonstration sites incorporate into their proposed intervention and evaluation protocols promising program strategies and resources that link health care outcomes with housing and employment status.

The recipient’s key personnel on this project must obtain a certificate of completion for each of the three modules in HUD’s employment training curriculum entitled *Getting to Work: A Training Curriculum for HIV/AIDS Service Providers and Housing Providers.* Key personnel for this initiative include the Principal Investigator, Project Director, Evaluator, and project intervention staff responsible for implementing the program. Applicants should use the information contained within the *Getting to Work* curriculum to design their intervention strategy.

The *Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services—Demonstration Sites* award will support project components that either create a new or augment an existing coordinated services intervention that integrates HIV care, housing, and employment services. For the purposes of this initiative, a coordinated services intervention is broadly defined to include the joint management and delivery of RWHAP HIV care services, HOPWA housing support (e.g., temporary subsidy, permanent housing placement), and employment services (i.e., DOL-funded services or other employment-related resources). The overall goal of this coordinated services intervention is to decrease the impact of the social determinants of health (such as unmet housing or employment needs) that affect long-term HIV health outcomes for PLWH impacted by employment and housing instability in racial and ethnic minority communities.

To achieve this coordinated services model, funds from the *Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services—Demonstration Sites* award may support RWHAP core medical and support services that augment existing resources as well as the infrastructure supports needed to engage PLWH in housing and employment services. The award cannot supplant existing funding or service systems. Additionally because employment and permanent supportive housing services are not allowable RWHAP service categories, this award may not support these services directly.

Taking into consideration both the definition of coordinated services and the allowable uses of funding as described above, proposed interventions may include but are not limited to the following examples:

• Hiring dedicated staff or re-organizing staff to coordinate housing, health care, and employment services for clients (e.g., care coordinators, coordinated case management, enhanced peer navigation services, etc.);
• Increasing the efficiency of referral process and collaboration between HIV care, housing service and employment providers through data sharing, co-located services, and/or cross-training;
• Streamlining intake and assessment forms across programs to increase efficiencies to better identify unmet needs and coordinate services for clients seeking housing, employment and HIV care services;
• Dedicating staff for mobile support teams to assess and coordinate HIV care, employment and housing needs of PLWH experiencing homelessness and who are at risk for poor health, employment and housing outcomes;
• Expanding IT capacity to support the coordination of HIV care, employment and housing services;
• Augmenting existing coordinated HIV care, employment and housing systems to include support services;
• Developing a jurisdictional approach by assigning a staff person at the Department of Health responsibilities for coordinating and developing referral processes for the RWHAP program and leveraging employment and HOPWA housing services;
• Engaging HOPWA-funded transitional housing supports for RWHAP clients who are involved in education or employment opportunities; and,
• Working across programs to find clients who are no longer engaged in care due to housing and employment insecurity, and utilizing existing systems to re-engage the client in care while promoting long-term retention through housing support and employment services.

The project period for this award is three years; therefore, successful applicants must be able to implement the integrated program intervention quickly. In order to accommodate the accelerated timeline and ensure sustainability, current dually-funded RWHAP and HOPWA award recipients are encouraged to apply. Entities funded solely through HOPWA or RWHAP with demonstrated commitment and ability to leverage HIV care services from RWHAP or housing services through the HOPWA program are also encouraged to apply.

You must demonstrate the ability to:

• Serve racial and ethnic minority PLWH at high risk for poor HIV health outcomes;
• Implement, within 6 months of the award, an innovative intervention that integrates HIV care, housing and employment services offered through HRSA’s RWHAP, HUD’s HOPWA Program, and DOL or other federal, state, or local employment service for PLWH;
• Participate in on-site and remote learning opportunities conducted by the evaluation and technical assistance provider (ETAP) (to be funded through a separate NOFO, HRSA-17-114);
• Work with the ETAP to develop and implement a multi-site evaluation plan;
• Collect and submit data to the ETAP to measure the impact of the coordinated intervention on the HIV care, housing and employment status of PLWH;
• Document implementation processes including action steps taken, lessons learned, successes and barriers encountered;
• Work with the ETAP to develop a sustainability and program integration plan that ensures the continuation of funded service strategies beyond the three-year project period; and,
• Participate in the development and dissemination of materials to promote the replication of successful interventions across the United States.

All applicants must demonstrate immediate access to HIV care services through the RWHAP and access to housing services through HOPWA. If not dually-funded, all applicants must partner with their respective local provider of RWHAP and/or HOPWA services through a written agreement (Attachment 4) that demonstrates the following:
  o Access to RWHAP HIV care services and HOPWA housing services for PLWH;
  o Enrollment of clients and data collection of required client-level data; and
  o Data reporting to the ETAP.

**Multi-Site Evaluation**
This initiative provides a unique opportunity for HRSA/HAB, HUD/OHH, and DOL to examine the intersection of HIV care, housing, and employment services on the overall health and well-being of PLWH. In collaboration with the ETAP, each demonstration site will participate in a multi-site evaluation to examine process and outcome measures across interventions. By supporting coordinated structural interventions, the federal partners expect to see the following system-level outcomes:
• Increased ability to address social determinants of health such as unmet housing and employment needs;
• Enhanced coordinated HIV care, housing, and employment services that breaks down silos and improves access for members of the specifically identified communities;
• Increased understanding of how these systems impact the HIV health outcomes of PLWH; and
• Enhanced coordinated care models and better tools to help HIV service providers build capacity around housing and employment services.

The federal partners expect to see improvements in the following outcomes for PLWH participating in this project:
• Housing stability;
• Rates of employment; and
• Achievement of viral suppression.

You must demonstrate the ability to work among partner organizations and with the ETAP to collect and analyze data related to HIV health outcomes, housing stability and employment status. Performance measures must include the outcomes of PLWH program participants along the HIV care continuum\(^5\) including:

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\(^5\) For more information on the HIV Care Continuum go to [https://www.aids.gov/federal-resources/policies/care-continuum/](https://www.aids.gov/federal-resources/policies/care-continuum/)
• **HAB Core Performance Measures**, specifically:
  - **Retention in HIV Medical Care**
    - Percentage of clients who had at least one HIV medical care visit in each six (6)-month period of the 24-month measurement period, with a minimum of 60 days between medical visits
  - **Antiretroviral Therapy (ART) Among Persons in HIV Medical Care**
    - Percentage of clients prescribed ART for the treatment of HIV infection in the 12-month measurement period
  - **Viral Suppression Among Persons in HIV Medical Care**
    - Percentage of clients with a viral load <200 copies/mL during the last test in the 12-month measurement period

• **Additional HAB Core Performance Measures**, as needed

A primary duty of the demonstration site will be to work with the ETAP recipient throughout the project period to develop and implement the multi-site evaluation including additional performance measures as appropriate. These additional measures will include:

• **Housing Status**
  - Percentage of persons with an HIV diagnosis receiving housing services who were homeless or unstably housed in the 12-month measurement period
  - Other HUD measures, as appropriate

• **Employment Status**
  - Percentage of PLWH with unmet employment needs receiving employment services in the 12 month measurement period
  - DOL Employment and Training Administration (ETA) Common Performance Measures, as appropriate
  - Other DOL measures, as appropriate.

Demonstration site awardees must participate in all aspects of the multi-site evaluation. This may include data requests not included in the list above (e.g., cost of implementation and client demographics). In order to facilitate adherence to the evaluation protocol, the ETAP will provide TA to all demonstration sites.

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6 HAB Performance Measures can be viewed at: [http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html](http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html)
7 HAB Performance Measures can be viewed at: [http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html](http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html)
10 DOL/ETA Common Performance Measures can be viewed at: [https://www.doleta.gov/performance/guidance/tools_commonmeasures.cfm](https://www.doleta.gov/performance/guidance/tools_commonmeasures.cfm)
Recipients are required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project. Recipients must obtain and submit documentation of local Institutional Review Board (IRB) approval on all evaluation and data collection instruments for both local and multisite evaluation activities. Prior to their IRB approval expiration, recipients must submit documentation from that IRB indicating the project has undergone an annual review and is in compliance with all IRB requirements.

Finally, demonstration sites will be required to participate with the ETAP in the development of an Intervention Manual to document the implementation methodology of their project for purposes of replication. The manual will include, at minimum, the following: 1) a description of the intervention and key considerations and 2) recommendations for other programs looking to replicate the model.

**Additional Resources**

See Section VIII of this NOFO for resources to consider when designing the proposed intervention(s), considering how to best leverage existing resources and to develop partnerships for implementation. This is not an exhaustive list of resources and you are encouraged to locate other local, regional, or national resources when developing your application.

**2. Background**

This program is authorized by Section 2691 of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87); and the Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, Title II. HAB is publishing this NOFO in conjunction with *Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services—Evaluation and Technical Assistance Provider* (HRSA-17-114). Because award recipients under both NOFOs (HRSA 17-113 and HRSA-17-114) will need to work together closely to be successful, HAB encourages you to read the companion announcement and be familiar with all program expectations within both NOFOs.

Social determinants of health such as poverty, housing, and employment are associated with HIV-related health disparities, including health outcomes (e.g., viral suppression). Of 533,036 clients receiving services by the RWHAP in 2015, the majority were black/African American (47.1 percent) and Hispanic/Latino (22.7 percent); 65.4 percent were living at or below the federal poverty level (FPL); 9.8 percent had temporary housing and 5.0 percent had unstable housing situations. Social determinants of health such as poverty, housing, and employment are associated with HIV-related health disparities, including health outcomes (e.g., viral suppression). Of 533,036 clients receiving services by the RWHAP in 2015, the majority were black/African American (47.1 percent) and Hispanic/Latino (22.7 percent); 65.4 percent were living at or below the federal poverty level (FPL); 9.8 percent had temporary housing and 5.0 percent had unstable housing situations. RWHAP clients with unstable housing have lower percentages of viral suppression (69.3 percent) than clients with stable (84.6 percent) or temporary housing (78.4 percent).

The provision of housing assistance is a proven, cost-effective health care intervention.

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11 Health Resources and Services Administration. 2015 Ryan White HIV/AIDS Program Annual Client-Level Data Report, Published 2016.

12 Health Resources and Services Administration. 2015 Ryan White HIV/AIDS Program Annual Client-Level Data Report, Published 2016.
for PLWH who lack a safe, stable place to live.\textsuperscript{13} \textsuperscript{14} However, unemployment and housing instability often co-occur, further complicating barriers to HIV care and treatment. The provision of supportive housing services is gradually increasing, but many HIV service delivery providers have not incorporated employment services due to lack of training and limited resources. Addressing these important social determinants in tandem may be a more effective solution to improve HIV health outcomes.

Due to advances in HIV care and treatment, life expectancy rates have increased, and PLWH increasingly have the stamina to work and achieve self-sufficiency through employment. While it is important to acknowledge that some PLWH experience chronic disabilities that require special accommodation or limit the types of work accessible, entering or remaining in the workforce is an option for many. However, an estimated 45-70 percent of PLWH remain unemployed, and among these as much as 40 percent feel ready and able to work.\textsuperscript{15,16}

Employment services such as vocational rehabilitation may help improve access to health care, reduce risky health behaviors, and reduce HIV stigma.\textsuperscript{17} Employment is associated with improved physical and mental health, and may help bolster long-term treatment adherence and viral suppression among PLWH. Moreover, employment can increase financial self-sufficiency and reduce reliance on publicly funded benefits and other services\textsuperscript{18}, including health care and supportive services currently provided by the RWHAP and other federal programs.

In a demographically representative survey of PLWH conducted by the National Working Positive Coalition, participants reported increases in treatment adherence and CD4 counts following entry into the workforce\textsuperscript{19}. Similar trends in HIV outcomes by employment were observed in a review of 28 studies; overall, employed respondents were more likely to report medication adherence compared to unemployed PLWH.\textsuperscript{20}

\textbf{Goals to End the HIV Epidemic}

To the extent possible, program activities should strive to support four goals to end the HIV epidemic:

\textsuperscript{14} HUD. HIV Care Continuum: The Connection Between Housing and Improved Outcomes Along the HIV Care Continuum, 2013. Go to: https://www.hudexchange.info/resources/documents/The-Connection-Between-Housing-and-Improved-Outcomes-Along-the-HIV-Care-Continuum.pdf
\textsuperscript{17} L. Conyers and K.B. Boomer. Examining the Role of Vocational Rehabilitation on Access to Care and Public Health Outcomes for People Living with HIV/AIDS. Disabil Rehabil 2014;36(14):1203-10
1) Reduce new HIV infections;
2) Increase access to care and optimize health outcomes for PLWH;
3) Reduce HIV-related health disparities and health inequities; and
4) Achieve a more coordinated national response to the HIV epidemic.

To achieve these goals, recipients should take action to align their organization’s efforts, within the parameters of the RWHAP statute and program guidance, around the following areas of critical focus:

- Widespread testing and linkage to care, enabling PLWH to access treatment early;
- Broad support for PLWH to remain engaged in comprehensive care, including support for treatment adherence; and
- Universal viral suppression among PLWH.

**HIV Care Continuum**

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

The difficult challenge of executing these lifesaving steps is demonstrated by the data from the CDC, which estimate that only 54.7 percent of individuals living with HIV in the United States have HIV viral suppression. Data from the 2015 Ryan White Service Report (RSR) indicate that there are better outcomes in RWHAP-funded agencies with approximately 83.4 percent of individuals who received RWHAP-funded HIV primary care being virally suppressed. Such findings underscore the importance of supporting effective interventions for linking HIV-positive individuals into care, retaining them in care, and helping them adhere to their combination ART.

RWHAP recipients are encouraged to assess the outcomes of their programs along this continuum of care. Recipients should work with their community and public health partners to improve outcomes across the HIV care continuum, so that individuals diagnosed with HIV are linked and engaged in care and started on ART as early as possible. HAB encourages recipients to use the performance measures\(^\text{21}\) developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

The HIV care continuum measures also align with the [HHS Common HIV Core Indicators]\(^\text{22}\). RWHAP recipients and providers are required to submit data through the


RSR. Through the RSR submission, HAB currently collects the data elements to calculate six of the seven HHS Common HIV Core Indicators for the entire RWHAP.

II. Award Information

1. Type of Application and Award

Type of applications sought: New.

HRSA will provide funding in the form of a grant.

2. Summary of Funding

Approximately $3,000,000 is expected to be available annually to fund up to ten (10) recipients. You may apply for a ceiling amount of up to $300,000 in total costs (includes both direct and indirect/facilities and administrative costs) per year. The project period is September 30, 2017 through September 29, 2020 (three years). Funding beyond the first year is dependent on the availability of appropriated funds for the Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services—Demonstration Sites program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Entities eligible for funding under Parts A – D of Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009, including public health departments and institutions of higher education, state and local governments, nonprofit organizations, faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply.

The project period for this award is three years; therefore, successful applicants must be able to implement the integrated program intervention quickly. In order to accommodate the accelerated timeline and ensure sustainability, current dually-funded RWHAP and HOPWA grant recipients and subrecipients are encouraged to apply. Entities funded solely through HOPWA or RWHAP with demonstrated commitment and ability to leverage HIV care services from RWHAP or housing services through the HOPWA program are also encouraged to apply.

If applicants are not dually-funded, they must partner with their respective local provider of RWHAP and/or HOPWA services through a written agreement (Attachment 4) demonstrating the following:
- Access to RWHAP HIV care services and HOPWA services for PLWH;
- Enrollment of clients and data collection of required client-level data; and
- Data reporting to the ETAP

If applicants are dually-funded through RWHAP and HOPWA, they must state this and provide a written agreement (Attachment 4) demonstrating the organization’s commitment to the above program expectations.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Applications that exceed the ceiling amount 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.4 will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are allowable. For example, an organization/institution within the same parent organization but different suborganization with a separate DUNS number may each submit an application for this funding opportunity.

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 through Grants.gov. You must download the SF-424 application package associated with this NOFO following the directions provided at https://www.grants.gov/applicants/apply-for-grants.html.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page, and when downloading the NOFO (also known as “Instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified announcement may result in a less competitive or ineligible application. Please note you are ultimately responsible for reviewing the Find Grant Opportunities page for all information relevant to desired opportunities.
2. Content and Form of Application Submission

Section 4 of HRSA’s SF-424 Application Guide provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA’s SF-424 Application Guide except where instructed in the NOFO to do otherwise. Applications must be submitted in the English language and 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) will not be counted in the page limit. We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under 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) 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 as Attachment 7: 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, the project
abstract must also include a brief statement indicating the project structure and goals.

ii. **Project Narrative**
This section must provide 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)**
  Provide a clear and succinct description of the proposed strategies to coordinate HIV primary care, housing, and employment services for PLWH in racial/ethnic minority communities. Include information about how these coordinated services will improve health outcomes along the HIV care continuum for members of the identified racial/ethnic minority community. Provide a description and timeline indicating how you and any partner organizations and/or leveraged service providers propose to ensure capacity to implement and provide services to clients within the first year of the grant award. Include a brief description of the proposed plan to ascertain and disseminate findings and lessons learned.

- **NEEDS ASSESSMENT -- Corresponds to Section V’s Review Criterion 1 (Need)**
  Describe the racial and/or ethnic minority population(s) you will serve. Include information about the incidence and/or prevalence rates of HIV infection in the identified population(s) as well as issues specific to your service area that interfere with engaging and retaining identified community members in HIV care. Utilizing relevant local and/or national data and published research, discuss the existing unmet HIV care, employment, and housing needs experienced in this population. Include a description of the health disparities affecting PLWH in the identified racial/ethnic minority populations and indicate how these disparities put community members at risk for experiencing homelessness, poverty, unstable housing, poor HIV health outcomes, and/or lack of employment or underemployment.

Identify the geographic area to be served. Describe the existing HIV medical, housing, and employment programs currently available to meet the needs of the identified client population and any relevant gaps or barriers in the service area that the project plans to address.

- **METHODOLOGY -- Corresponds to Section V’s Review Criteria 2 (Response), 3 (Evaluative Measures), and 4 (Impact)**
  Provide a description of your proposed intervention, including its innovative methods and strategies, and the rationale for their use. Describe how the proposed intervention addresses key factors leading to unmet HIV care, employment, and housing needs as identified in the data and research, as well as barriers within the service area limiting access to and retention in care for PLWH experiencing homelessness, unstable housing, and/or poverty. These barriers may include but are not limited to such issues as lack of stable housing, inconsistent HIV care, the lack of diagnosis and treatment of mental illness, physical and sexual violence, economic vulnerability, substance use, competing sustenance needs, and lack of or insufficient training/skills development.
A key component of this initiative is the coordination of leveraged resources including those funded by RWHAP, HOPWA and DOL. Describe how you will coordinate existing or leveraged resources for HIV care, housing, and employment services to better connect PLWH to these services. Include information about how you will assist PLWH with adherence and engagement in all proposed service components as well as how you will identify and re-engage clients who do not remain engaged in these service components. Describe any partnerships, including those officiated through an MOU or other contractual arrangement, developed to ensure the coordination of HIV care, housing, and employment services. Include information about processes, procedures or systems you and your partner organization have in place to ensure that HIV care services, HOPWA, and DOL services meet all program expectations and, if applicable, treatment and service delivery guidelines put forth by HRSA/HAB, HUD/OHH and/or DOL.

Describe your plan to participate in all aspects of the multi-site evaluation developed by the ETAP, including the timely collection and submission of relevant quantitative and qualitative data related to the performance measures outlined in Section I of the NOFO, cost of the intervention, and implementation successes and barriers. Describe how you will collect and manage data, including using any electronic medical record or electronic health record (EMR/EHR) or data management software that allows for accurate and timely reporting of performance and implementation outcomes. Include information about how you will collect and share data among the partners (e.g., HUD and DOL).

Include a description of your plan to develop policies and procedures that ensure the privacy and confidentiality of clients participating in the proposed intervention. This description must indicate what types of data sharing agreements partner agencies must have in place in order to access required data and how the agencies will ensure that these agreements are in place within the first six (6) months of the award. Include a description of procedures for the electronic and physical protection of study participant information and data, in accordance with Health Insurance Portability and Accountability Act (HIPAA) and human subjects protections regulations. Describe your plan to obtain and submit documentation of local IRB approval on all evaluation and data collection instruments for both local and multi-site evaluation activities.

Include a plan or strategy for project sustainability and program integration (i.e., how you plan to integrate your proposed model into standard operating procedures). Include information about how you will work with the ETAP and partners to sustain the program after the project period ends by creating a system that incorporates positive results from the demonstration project and will lead to improved HIV health outcomes for PLWH impacted by employment and housing instability in racial and ethnic minority communities.

Describe your plan to develop an Intervention Manual, which will document the methodology, implementation and outcomes of your intervention project, in order to guide potential replication in the future. Include a discussion of the potential for
replicating the proposed coordination strategy and the ways other providers might implement similar innovative models in their service settings.

Describe plans and methods for the dissemination of findings for use by other HIV care providers, particularly those located in your community. Include a strategy to disseminate reports, products, and/or grant project outputs to key target audiences on local, regional and national levels.

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

  Provide a work plan that delineates steps for implementing and assessing the coordinated HIV care, housing and employment intervention. If awarded, you will use the work plan as a tool to actively manage the project by measuring progress, identifying necessary changes, and quantifying accomplishments. The work plan should directly relate to the program components described in the Methodology section as well as the program requirements and expectations detailed in this NOFO. Describe the activities or steps you will use over the lifetime of the award to achieve each of the strategies proposed in the Methodology section. Additionally, identify meaningful support and collaboration with key stakeholders and partners in planning, designing and implementing all activities, including the extent to which these contributors reflect the cultural, racial, linguistic, and geographic diversity of the populations and communities served.

  The work plan should include: (1) goals for the entire proposed three-year project period; (2) objectives that are specific, time-framed, and measurable; (3) activities or action steps to achieve the stated objectives with anticipated start and completion dates; and (4) staff responsible for each action step. Include all aspects of planning, implementation, and evaluation, along with the role of key personnel involved in each activity.

  Define goals as broad statements of what the program seeks to accomplish, and for whom. Focus the objectives on the most critical organizational issues and outcomes that need to be addressed to achieve the stated goals.

  First year objectives should describe key action steps or activities that you will undertake to implement the intervention and the evaluation protocol. Objectives may include but are not limited to hiring appropriate staff, developing and implementing client assessment tools, outreaching to the intended PLWH population, coordinating with the ETAP on the development of multi-site data components, establishing quality control mechanisms, as well as addressing IRB and HIPAA requirements. Clearly indicate the anticipated start date of the intervention, and provide numbers for targeted outcomes where applicable, not just percentages. Be sure that the work plan clearly indicates how you will ensure service delivery to PLWH and the implementation of data collection processes within the first six (6) months of the award. Include the project’s work plan in **Attachment 5.** This section is often best presented and/or summarized in a chart format.
You must also submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this announcement the logic model should summarize the connections between the:

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work based on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approaches used, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

Include the project’s logic model in Attachment 6.

- **RESOLUTION OF CHALLENGES -- Corresponds to Section V’s Review Criterion 2 (Response)**
  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan as well as the approaches that you will use to resolve such challenges. If applicable, include information about initiating, managing, and sustaining communication including data collection and reporting among multiple partner organizations. Be sure to discuss strategies the project will employ to identify and address barriers clients may experience in remaining in the coordinated HIV care, employment, and housing service components.

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V’s Review Criteria 3 (Evaluative Measures) and 5 (Resources/Capabilities)**
  Describe how you will ensure data collection and reporting per the requirements outlined in Section 1 of the NOFO. Include a timeline for developing processes for collecting client-level data from all of the partnering agencies associated with the coordinated intervention (HIV care, housing, and employment services) and providing reports to the ETAP. Identify any barriers to meeting these requirements including but not limited to lack of data sharing agreements, concerns about client confidentiality, and coordinating disparate data systems (e.g., EMRs, HUD’S Homeless Management Information System (HMIS), etc.). Describe how you and your partners plan to address these barriers in the designated timeframes.

Describe the prior experience of proposed key personnel (including any consultants, partner organization staff, subrecipients and contractors) in participating in a multi-site evaluation of national scope. Describe the experience of proposed key project personnel (including any consultants, partner organization staff, subrecipients and contractors) in writing and publishing study findings in peer-reviewed journals and in disseminating findings to local communities, national conferences, and to policy makers.
Identify the IRB. Describe any training proposed key personnel have in human subjects research protections.

- **ORGANIZATIONAL INFORMATION -- Corresponds to Section V’s Review Criterion 5 (Resources/Capabilities)**
  Provide information on your current mission and structure and scope of current activities. Describe your experience serving low-income and racial/ethnic minority communities. Include information about your HIV experience, expertise in providing housing services, and experience in addressing the employment needs of PLWH who are experiencing or at risk for poor health outcomes, poverty, and unstable housing/homelessness in racial/ethnic minority communities. Include a description of the services currently available to assist the identified racial/ethnic minority population and the funding sources for those services. Describe how these all contribute to your ability to conduct the proposed project and meet program expectations. Provide information on your resources and capabilities to support the proposed project. Describe the participation or inclusion of personnel with the necessary skills to communicate project findings to local communities, state and national conferences, and policymakers and to collaborate in writing and publishing findings in peer-reviewed journals.

Describe the staffing (Attachment 2) and program commitments of any partnering agencies (e.g., partnering RWHAP, HOPWA or DOL providers) contributing to the individual project components (i.e., housing, employment, and/or HIV service delivery systems). Include information on the partnering organization’s current mission and structure, scope of current activities, HIV, housing and employment experience, and expertise in serving racial/ethnic minority communities at-risk for poor health outcomes, poverty and unstable housing/homelessness. Include a description of the services currently available at the partnering organization to the identified population and the funding sources for those services. Describe how these all contribute to the ability of the project to conduct the proposed intervention and meet program expectations. Provide information on the partnering organization’s resources and capabilities to support the proposed project.

Describe how you and your partnering organizations, if applicable, routinely assess and address the unique needs of identified racial/ethnic minority community members. Include a description of how consumers have been involved in the agency’s operations, contributed to the formulation of the proposal and how the service providers incorporate consumer issues and preferences into their service delivery.

Describe the capacity of your information technology and management information system (MIS) to support the comprehensive evaluation including data collection, reporting, and secure storage of client-level data.

Include a project organizational chart as Attachment 1. The organizational chart should be a one-page figure that depicts the organizational structure of only the project, not the entire organization, and it should include subrecipients, contractors, partner organizations, and other significant collaborators.
If you will use consultants, subrecipients, and/or contractors to carry out aspects of the proposed project, describe their roles and responsibilities. Current and proposed collaborating organizations and individuals must demonstrate their commitment to fulfill the goals and objectives of the project through signed and dated letters of agreement, memorandums of agreement (MOAs), or memorandums of understanding (MOUs). If applicable, include any such letters or memoranda, and descriptions of any existing or proposed contracts relating to the proposed project, as Attachment 4.

Describe areas in which you anticipate needing technical assistance designing, implementing and evaluating your program. Also, describe anticipated staff training needs related to the proposed project and how you will meet these needs. If awarded, this information will assist HRSA, HUD, DOL and the ETAP to better address your needs and help you to identify technical assistance and training providers.

Using the definition for cultural competence provided below, describe your and your partnering organizations’ resources and capabilities to support the provision of culturally and linguistically competent HIV care, housing, and employment services. Be specific in your description and where relevant provide examples of techniques, policies, and/or tools utilized and data to support and sustain successful outcomes.

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, care and 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.23 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, care and services.

**NARRATIVE GUIDANCE**

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

| Narrative Section       | Review Criteria |
|-------------------------|----------------|--------|
| Project Abstract        | (1) Need       |
| Introduction            | (1) Need       |
| Needs Assessment        | (1) Need       |
| Methodology             | (2) Response, (3) Evaluative Measures, and (4) Impact |
| Work Plan               | (2) Response and (4) Impact |
| Resolution of Challenges| (2) Response   |

23 See National Standards for Culturally and Linguistically Appropriate Services at: https://www.thinkculturalhealth.hhs.gov/clas
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, if applicable, the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if the application is selected for funding, you will have a well-organized plan, and by carefully following the approved plan can avoid audit issues during the implementation phase.

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

In addition, the *Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services—Demonstration Sites* program requires separate line item budgets for each year of the three (3) year project period, using the Section B Budget Categories of the SF-424A and breaking down subcategorical costs as appropriate ([Attachment 7](#)).

The successful implementation of this project requires participation in both a multi-site evaluation and in data collection. Because of this requirement, HAB suggests that proposed budgets and staffing plans include either through direct support or through leveraged resources an evaluator to implement the required evaluation activities and a Data Manager to assist in the collection and reporting of data. The following recommended full time equivalent (FTE) staffing levels will support sufficient capacity to carry out the required evaluation and data reporting activities: Evaluator position is at least 15 percent FTE and at least 25 percent FTE for the Data manager position.

Successful applicants must attend an annual meeting with the ETAP, HRSA staff, and the other demonstration sites during each year of the three-year project period. All annual meetings will take place in the Washington, DC metropolitan area. The budget should allocate funds for travel, lodging, and per diem for up to three staff, including the Principal Investigator, Project Director, Evaluator, or one other key staff person, to attend these 2-day meetings.
The Consolidated Appropriations Act, 2017, Division H, § 202 (P.L. 115-31), 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 FY 2018, as required by law.

iv. **Budget Narrative**

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

In addition, the *Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services—Demonstration Sites* program 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. The budget period is for one year; however, you must submit projected one-year budgets for each of the subsequent budget periods within the requested project period (three years) at the time of application. The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project’s objectives/goals. For all staff listed on the budget identify what percentage of the FTE you will allocate to this award, the full salary amount and all other funding sources leveraged to account for the full salary. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period.

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: Project Organizational Chart, required**

Provide a one-page figure that depicts the organizational structure of the project, not the entire organization, and include subrecipients, contractors, partner organizations, and other significant collaborators as described in Section IV.2.ii. Project Narrative.

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

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 time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

**Attachment 3: Biographical Sketches of Key Personnel, required**
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 who is 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), if applicable
Provide any documents that describe working relationships and resource commitments 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. Letters of agreement, MOAs and MOUs must be signed and dated.

Attachment 5: Work Plan, required
Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. If you plan to subaward or expend funds on contracts, describe how your organization will ensure the funds are properly documented.

Attachment 6: Logic Model, required
Provide a logic model that presents the conceptual framework for the proposed project explains the links among program elements, and includes all information detailed in Section IV. ii. Project Narrative.

Attachment 7: Line Item Budgets Spreadsheet for Years 1 through 3, required
Submit line item budgets for each year of the proposed project period as a single spreadsheet table, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs.

Attachments 8 – 11: Other Relevant Documents, if applicable
Include here any other documents that are relevant to the application, including documentation of 501(c) 3 status, current approved indirect cost rate agreements, and letters of support. Letters of support must be dated and specifically indicate a commitment to the project/program (e.g., in-kind services, dollars, staff, space, equipment).

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management
You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).
HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

The Grants.gov registration process requires information in three separate systems:
- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (https://www.grants.gov/)

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

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

4. Submission Dates and Times

Application Due Date
The due date for applications under this NOFO is July 24, 2017 at 11:59 p.m. Eastern Time.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA’s SF-424 Application Guide for additional information.

5. Intergovernmental Review

This program is not 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 project period of up to three (3) years, at no more than $300,000 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.

In addition to the funding restrictions included under 4.1.iv of HRSA’s SF-424 Application Guide, you may not use funds under this announcement for the following purposes:
• Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, HUD, etc.);
• To directly provide housing or health care services (e.g., HIV care, counseling and testing) that duplicate existing services;
• Purchase or construction of new facilities or capital improvement to existing facilities;
• Purchase of or improvement to land;
• Purchase of vehicles;
• International travel;
• Cash payments to intended RWHAP clients as opposed to non-cash incentives to encourage participation in evaluation activities;
• Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (nPEP) medications or the related medical services. (Please note that RWHAP recipients and providers may provide prevention counseling and information to eligible clients’ partners – see RWHAP and PrEP Program Letter, June 22, 2016);  
• Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA’s prior approval and in compliance with HHS and HRSA policy. See https://www.aids.gov/federal-resources/policies/syringe-services-programs/; or
• To develop materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.

The General Provisions in Division H, Title II of the Consolidated Appropriations Act, 2017 (P.L. 115-31) 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 FY 2018 as required by law.

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 is considered additive and must be used for approved project-related activities. Recipients are responsible for ensuring that subrecipients have systems in place to account for program income, and for monitoring to ensure that subrecipients are tracking and using program income consistent with RWHAP requirements. Please see 45 CFR §75.307 and PCN #15-03 Clarifications Regarding the RWHAP and Program Income for additional information.

7. Other Submission Requirements

Notification Letter of Intent to Apply
The letter should identify your organization and its intent to apply, and briefly describe the proposal. HRSA will not acknowledge receipt of Letters of Intent.

24 See http://hab.hrsa.gov/sites/default/files/hab/Global/prepletter062216_0.pdf
This letter should be sent via email by June 16, 2017 to:

HRSA Digital Services Operation (DSO)
Please use HRSA opportunity number as email subject (HRSA-17-113)
HRSADSO@hrsa.gov

Although letters of intent to apply are encouraged, they are not required. You are eligible to apply even if you do not submit a letter of intent.

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 you in understanding the standards against which your application will be judged. Critical indicators have been developed 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. Review criteria are 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. This program has six review criteria:

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criterion 1: Need</td>
<td>15 points</td>
</tr>
<tr>
<td>Criterion 2: Response</td>
<td>30 points</td>
</tr>
<tr>
<td>Criterion 3: Evaluative Measures</td>
<td>20 points</td>
</tr>
<tr>
<td>Criterion 4: Impact</td>
<td>10 points</td>
</tr>
<tr>
<td>Criterion 5: Resources/Capabilities</td>
<td>15 points</td>
</tr>
<tr>
<td>Criterion 6: Support Requested</td>
<td>10 points</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100 points</td>
</tr>
</tbody>
</table>

**Criterion 1: NEED (15 points)** – Corresponds to Section IV’s Project Abstract, Introduction and Needs Assessment sections

The extent to which the application demonstrates the problem and associated contributing factors to the problem:

- Strength and clarity of the proposed strategies to coordinate HIV primary care, housing, and employment services for PLWH in racial/ethnic minority communities and the description of how the coordinated services will improve HIV health outcomes for the identified racial/ethnic community along the HIV care continuum.
- Strength and clarity of the description and timeline indicating how the applicant and any partner organizations and/or leveraged service providers propose to
ensure capacity to implement and provide services to clients within the first year of the grant award.

- Extent to which the applicant demonstrated knowledge of the racial/ethnic minority population to be served including information about the incidence and/or prevalence rates of HIV and issues within the service area that interfere with engaging or retaining identified community members in HIV care.
- Extent to which the applicant used relevant local and/or national data and published research to discuss the existing unmet HIV care, employment, and housing needs experienced in the identified racial/ethnic minority population.
- Strength and clarity of the applicant’s description of the health disparities affecting PLWH in the identified racial/ethnic minority community and demonstrated an understanding of how these disparities put community members at risk for experiencing homelessness, poverty, unstable housing, poor health outcomes, and/or lack of employment or underemployment.
- Extent to which the applicant identified the geographic area to be served and the existing HIV medical, housing, and employment programs currently available in the service area to meet the needs of the identified client population and any relevant gaps or barriers in the service area that the project plans to address.

**Criterion 2: RESPONSE (30 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.

**i. Methodology (15 points)**

- Strength and clarity of the proposed intervention, including its innovative methods and strategies, and the rationale for their use.
- Extent to which the proposed intervention addresses key factors leading to unmet HIV, employment, and housing need as identified in the data and research as well as barriers within the service area limiting access to and retention in care for PLWH experiencing homelessness, unstable housing, and/or poverty.
- Extent to which the proposed project will coordinate existing or leveraged resources for HIV care, housing and employment services to better connect PLWH to these services.
- Extent to which the applicant described strategies to assist PLWH with adherence and engagement in all proposed service components and to identify and re-engage clients who do not remain engaged in these service components.
- Extent to which the applicant described any partnerships developed to ensure the coordination of HIV care, housing, and employment services and whether the applicant included any relevant MOUs or contractual agreements to define these partnerships (Attachment 4).
- Extent to which the applicant demonstrated that processes, procedures, or systems are in place to ensure that HIV care services, HOPWA, and DOL services meet all program expectations and if applicable, treatment and service delivery guidelines put forth by HRSA/HAB, HUD/OHH, and/or DOL.
ii. Work Plan (10 points)

- Strength, clarity and feasibility of the applicant’s work plan and its goals for each year of the 3-year project period (Attachment 5).
- Extent to which the applicant’s work plan delineates steps for implementing and assessing the HIV care, housing, and employment intervention described in the Methodology section of the Narrative.
- Extent to which the applicant identified key stakeholders and partners in planning, designing and implementing all activities, including the extent to which these contributors reflect the cultural, racial, linguistic and geographic diversity of the populations and communities served.
- Evidence the applicant’s objectives for the three-year project period are specific to each goal, time-framed, and measurable.
- Strength and clarity of the work plan indicating how the applicant will ensure service delivery to PLWH and implementation of data collection processes within the first 6 months of the award. This includes the planning, implementation and evaluation activities including adherence with IRB and HIPAA requirements; the staff responsible to accomplish each step; and anticipated dates of completion.
- Strength and clarity of logic model (Attachment 6) for designing and managing the proposed project.

iii. Resolution of Challenges (5 points)

- Extent to which the applicant identifies possible challenges that are likely to be encountered in designing and implementing the activities described in the work plan.
- Extent to which the applicant identifies barriers clients may experience in remaining in the coordinated HIV care, employment, and housing service components.
- Extent to which the applicant identifies realistic and appropriate responses for resolving identified challenges.

Criterion 3: EVALUATIVE MEASURES (20 points) – Corresponds to Section IV’s Methodology and 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: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.

- Strength of the proposed plan to participate fully with the ETAP in the multi-site evaluation, including but not limited to timely collection and submission of relevant qualitative and quantitative data related to the performance measures detailed in Section I of the NOFO, cost of the intervention, and success and barriers to implementation.
- Strength of the experience of proposed key project personnel (including any consultants, partner organization staff, subrecipients, and contractors) in participating in a multi-site evaluation of national scope.
- Extent to which the applicant identified the IRB that will review the multi-site evaluation plan as well as any training proposed key staff have in human subjects research protections.
- Strength and clarity of the plan to safeguard patients’ privacy and confidentiality
including any protected health information to be used in the multi-site evaluation, and the organization’s documented procedures for protecting both physically and electronically the privacy of patient information and data, in accordance with HIPAA regulations and human subjects research protections.

- Strength and clarity of the applicant’s plan to collect and manage data, including any EMR or EHR, or data management software, that allows for accurate and timely reporting of performance and implementation outcomes, as well as information about how the agency will collect and share data among the partners and agencies providing leveraged resources.

**Criterion 4: IMPACT (10 points) – Corresponds to Section IV’s Methodology and Work Plan**

- The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope.
- Strength of proposed plan to develop an Intervention Manual for the purposes of replication.
- Strength and clarity of the sustainability and program integration plan or strategy including how the applicant will work with the ETAP and leveraged partners to sustain the project after the project period ends.
- Extent to which the applicant demonstrated the potential for replicating the proposed coordination strategy and the ways other providers might implement similar innovative models in their service settings.

**Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV’s Organizational Information, the Project Organizational Chart (Attachment 1), Staffing Plan (Attachment 2) as required in Section 4 of HRSA’s SF-424 Application Guide**

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. 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.

- Strength of the applicant organization’s experience in serving PLWH in low-income, racial and ethnic minority communities, including the organization’s HIV experience and, expertise in providing housing services, and experience in addressing the employment needs of racial/ethnic minority PLWH who are experiencing or at-risk for poor health outcomes, poverty and unstable housing/homelessness in racial/ethnic minority communities.
- Relevance of the organization’s experience in implementing and managing HIV/AIDS care services, coordination, and evaluation, including programs serving marginalized and hard-to-reach populations.
- The extent to which the applicant and partner/leveraged organizations’ current mission and structure, scope of current activities, HIV experience, and expertise including the current service portfolio demonstrates expertise in serving racial/ethnic minority communities at risk for poor health outcomes, poverty and unstable housing/homelessness, and will ensure the coordination of HIV health, housing and employment services.
- Strength of the capacity of the applicant organization’s management information system (MIS) to support comprehensive data collection, reporting, and secure storage of study participant data.
- The extent to which the staffing plan (Attachment 2) and project organizational chart (Attachment 1) are consistent with the project description and, proposed activities, and include the roles and responsibilities of any partnering/leveraged organizations.
- The extent to which the applicant demonstrated the inclusion of consumers in the agency’s operations, including the formulation of the proposal and the incorporation of consumer issues and preferences into the service delivery model.
- The extent to which the applicant demonstrated, with specific examples and data, the resources and capabilities to support the provision of culturally and linguistically competent HIV care, housing and employment services.

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

The reasonableness of the proposed budget for each year of the project period in relation to the objectives, the complexity of the research activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- Strength and clarity of the applicant’s budget justification narrative for each year of the three-year project period and its appropriateness to the proposed work plan.
- If applicable, the extent to which subawards and/or contracts for proposed subrecipients, contractors, and consultants are clearly described in terms of scope of work; how costs were derived; and payment mechanisms and deliverables are reasonable and appropriate.
- Evidence that the budget allocates sufficient resources to implement the multi-site evaluation plan and for three key personnel to attend required annual meetings in Washington DC.

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. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA’s SF-424 Application Guide for more details.

In making final award decisions, HRSA may take into consideration the geographic distribution of applicants. PLEASE NOTE: In order to achieve this distribution of awards, HRSA may need to fund out of rank order.

HRSA will consider past performance in managing contracts, grants and/or cooperative agreements of similar size, scope and complexity. Past performance includes timeliness and thoroughness of compliance with applicable programmatic and reporting
requirements, conformance to the terms and conditions of previous awards, and if applicable, the extent to which any previously awarded federal funds will be expended prior to future awards.

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).

Applications receiving a favorable objective review that are reviewed 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. You may be asked to submit additional programmatic or administrative (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 an award will be made. Following review of all applicable information, HRSA’s approving and business management officials will determine whether an award can be made, 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.

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS (45 CFR § 75.212).

4. **Anticipated Announcement and Award Dates**

HRSA anticipates issuing/announcing awards prior to the start date of September 30, 2017.
VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 30, 2017. See Section 5.4 of HRSA’s **SF-424 Application Guide** for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA’s **SF-424 Application Guide**.

**Human Subjects Protection:**
Federal regulations (45 CFR part 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, you 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 part 46), available online at [http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html).

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 Reports.** The recipient must submit a progress report to HRSA on an annual basis.

2) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

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

Beverly Smith  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10NWH04  
Rockville, MD  20857  
Telephone: (301) 443 -7065  
Email: bsmith@hrsa.gov
You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Adan Cajina  
Chief, Demonstration and Evaluation Branch  
Attn: Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services—Demonstration Sites (HRSA-17-113)  
HIV/AIDS Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, Room 9N108  
Rockville, MD 20857  
Telephone: (301) 443-3180  
Email: ACajina@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, seven 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  

Successful applicants/recipient 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

Additional information on developing logic models can be found at the following website: https://www.cdc.gov/eval/logicmodels/index.htm.

Although there are similarities, a logic model is not a work plan. A work plan is an “action” guide with a time line 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:

Technical Assistance:

You are encouraged to participate in a technical assistance (TA) webinar for this funding opportunity. The purpose of this webinar is to assist potential applicants in preparing applications that address the requirements of this funding announcement. Participation in a pre-application TA webinar is optional.

Day and Date:  Wednesday, June 14, 2017  
Time:  2 p.m. – 4-p.m. ET  
Dial-in Phone Number:  1-800-593-8981  
Participant Code:  4762885  
Weblink:  https://hrsa.connectsolutions.com/hrsa-17-113

Playback Number*:  1-800-839-2308  
Passcode: 6247  
*Replays are generally available one hour after a call ends

Additional Resources:

*Housing Opportunities for Persons with AIDS (HOPWA)*  
https://www.hudexchange.info/programs/hopwa/  
Access this resource to learn more about HOPWA, identify local grant recipients and project sponsors, and gain knowledge about program legislation and requirements.

*United States Interagency Council on Homelessness (USICH)*  
USICH Opening Doors – Federal Strategic Plan to Prevent and End Homelessness is the nation’s first comprehensive strategy to prevent and end homelessness. Opening Doors serves as a roadmap for joint action by the 19 USICH member agencies along with local and state partners in the public and private sectors. The Plan presents strategies building upon the lesson that mainstream housing, health, education, and human service programs must be fully engaged and coordinated to prevent and end homelessness.

*HUD, Continuum of Care (CoC)* Program  
https://www.hudexchange.info/programs/coc/  
The HUD CoC Program is designed to promote community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

*DOL, Office of Disability Employment Policy (ODEP)*  
https://www.dol.gov/odep/topics/HIVAIDS/  
Federal agency that promotes policies and coordinates with employers and all levels of government to increase workplace success for people with disabilities, including people
at risk for and living with HIV. ODEP represents the DOL as one of six federal agencies responsible for implementing the National Goals to End the HIV Epidemic. In this effort, ODEP focuses on improving employment opportunities and outcomes and reducing stigma and discrimination for people at risk for and living with HIV.

**Employment & Training Administration, Office of Workforce Investment (ETA, OWI)**
https://doleta.gov/etainfo/wrksys/WIOffice.cfm
Responsible for implementing an integrated national workforce investment system that supports economic growth and provides workers with the information, advice, job search assistance, supportive services, and training in demand industries and occupations needed to get and keep good jobs.

**American Job Centers (AJCs)**
A network of approximately 2,500 centers across the US providing free help to job seekers for a variety of career and employment-related needs. Specific services may vary by location, but can include job training services, job search assistance, career counseling, skills testing, mock interviews, and resume writing assistance.

**WorkforceGPS**
https://www.workforcegps.org/
An e-learning web space offering free webinars, practical tools, and documents to support workforce professionals and others seeking information on workforce issues, training, and career development.

**O*NET**
https://www.onetonline.org/
A tool for career exploration and job analysis, O*NET has detailed descriptions of the world of work for use by job seekers, workforce development and HR professionals, students, researchers, and more. Part of O*NET, My Next Move25 is an interactive, web-based tool that helps new job seekers, students, and other career explorers investigate over 900 occupations. Specialized versions of My Next Move are available for Veterans26 and for Spanish-speaking job seekers27.

**ApprenticeshipUSA**
https://www.dol.gov/featured/apprenticeship/
A program that offers workers opportunities to earn a salary while learning the skills necessary to succeed in high-demand careers.

**Ready to Work**
https://doleta.gov/readytowork/
Grants that support and scale innovative collaborations between employers, nonprofit organizations, and federal job training programs to help long-term unemployed Americans who are ready to work with ready-to-be filled jobs. The projects are built around a comprehensive, up-front assessment of the individual’s needs and skills. The grants serve individuals in 20 states and Puerto Rico.

25 View My Next Move at https://www.mynextmove.org/
26 View My Next Move for Veterans at https://www.mynextmove.org/vets/
27 View My Next Move for Spanish language speakers at https://www.miproximopaso.org/
Reentry Employment Opportunities (REO)
https://doleta.gov/REO/
This program serves justice-involved youth and young adults and formerly incarcerated adults. REO tests models and practices found in community and faith-based environments and other government systems for adaptability to the public workforce system. The goal is to develop strategies and partnerships to facilitate the implementation of successful programs at the state and local levels to improve workforce outcomes for this population.

Job Corps
http://www.jobcorps.gov/home.aspx
A no-cost education and vocational training program established in 1964 to help young people (16 – 24) improve the quality of their lives through vocational and academic training. The Job Corps website includes an eligibility fact sheet,28 a student eligibility quiz,29 and a Job Corps Center locator search engine.30 Young people interested in joining Job Corps may visit the Recruiting Website, which is also available in Spanish (Español).31

YouthBuild
https://doleta.gov/Youth_services/YouthBuild.cfm
A community-based alternative education program that provides job training and educational opportunities for at-risk youth ages 16-24. Youth learn construction skills while constructing or rehabilitating affordable housing for low-income or homeless families in their own neighborhoods. Youth split their time between the construction site and the classroom, where they earn their high school diploma or equivalency degree, learn to be community leaders, and prepare for college and other postsecondary training opportunities. The program operates in more than 40 states.

GetMyFuture
https://www.careeronestop.org/getmyfuture/index.aspx
Available as an application or on the web, GetMyFuture provides youth-focused resources on a variety of topics, including finding careers, finishing high school and applying to college, getting training and work experience, resume writing, and working for yourself.

Youth.gov
http://youth.gov/youth-topics/youth-employment
This portal serves as a central repository of information pertaining to youth and youth-serving programs.

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28 View the Job Corps fact sheet at http://www.jobcorps.gov/Libraries/pdf/eligibility_factsheet.sflb
29 Take the Job Corp student eligibility quiz here https://recruiting.jobcorps.gov/Form/EligibilityQuiz
30 The Job Corps Center locator search engine may be found at http://www.jobcorps.gov/centers.aspx
31 The Job Corps recruitment page and Spanish Language recruitment page are both located at https://recruiting.jobcorps.gov/
IX. Tips for Writing a Strong Application

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