

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

[Office of Global Health](#) (OGH)

[Office of the Administrator](#) (OA)

Health Resources and Services Administration (HRSA)

Capacity Building for Sustainable HIV Services

Funding Opportunity Number: HRSA-21-064

Funding Opportunity Type(s): New OR Competing Continuation

Assistance Listings (CFDA) Number: 93.266

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2021

Application Due Date: May 7, 2021

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

Issuance Date: February 25, 2021

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Authority: Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601 *et seq.*], Public Law 110-293 (the Tom Lantos and Henry Hyde United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008), and Public Law 113-56 (PEPFAR Stewardship and Oversight Act of 2013).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2021 Capacity Building for Sustainable HIV Services. The purpose of this cooperative agreement, funded under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), is to enhance the quality, effectiveness, efficiency, patient-centeredness, safety, accessibility, equity, and sustainability of HIV clinical services and related non-clinical supports in identified countries with PEPFAR programs. HRSA is committed to sustainable control of the HIV/AIDS epidemic, by working with local partners and Ministries of Health to build the capacity of health care workers and health systems to produce a sustained, efficient, and responsive approach to the HIV epidemic in resource-limited countries. The program aims to build the capacity of countries to be agile and current in their response to the needs of program beneficiaries, achieve the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets, and sustain these efforts over time.

Funding Opportunity Title:	Capacity Building for Sustainable HIV Services
Funding Opportunity Number:	HRSA-21-064
Due Date for Applications:	May 7, 2021
Anticipated Total Annual Available FY 2021 Funding:	\$50,000,000
Estimated Number and Type of Award(s):	Up to two cooperative agreement(s)
Estimated Award Amount:	Up to \$50,000,000 per year subject to the availability of appropriated funds and other funding sources.
Cost Sharing/Match Required:	No
Period of Performance:	September 30, 2021 through September 29, 2026 (5 years)
Eligible Applicants:	<p>Domestic or foreign public or non-profit private entities, including schools of medicine, nursing, public health, management and public administration, and academic health centers, community-based organizations, faith-based organizations, and consortia consisting of such organizations, are eligible to apply.</p> <p>See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.</p>

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Wednesday, March 17, 2021

Time: 10 a.m. – 11:30 a.m. EST

Call-In Number: 1-888-730-9136

Participant Code: 5686097

Weblink: https://hrsa.connectsolutions.com/nofo_pre-application/

Playback Number: 1-800-518-0081

Passcode: 3521

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Capacity Building for Sustainable HIV Services project. The purpose of this cooperative agreement, funded under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), is to enhance capacity building in PEPFAR countries. Capacity building encompasses quality, effectiveness, efficiency, patient-centeredness, safety, accessibility, equity, and sustainability of all HIV clinical services and related non-clinical support in identified PEPFAR countries. HRSA is committed to sustainable control of the HIV/AIDS epidemic, by working with local partners in country (such as civil society, faith-based and community-based organizations, key populations groups, etc.) and Ministries of Health to build the capacity of health care workers and health systems to produce a sustained, efficient, and responsive approach to the HIV epidemic in resource-limited countries. The program aims to build the capacity of countries to be agile and current in their response to the needs of program beneficiaries, achieve the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets,¹ and sustain these efforts over time.

The goal of this program is to improve health outcomes for people living with HIV/AIDS (PLHIV) along the HIV care continuum by building sustainable health systems, including a global workforce with the right skills, mix, and distribution to respond to HIV and other population health priorities. The program will support countries currently receiving capacity building support (Mozambique, Botswana, India, Jamaica, Trinidad & Tobago, and Ukraine) through HRSA's International AIDS Education and Training Centers (IAETC) program, as well as extend this work and offer additional programming to new countries.

The program shall focus on:

- comprehensive and client-centered service delivery;
- quality improvement to address gaps in performance and inequities;
- transitioning to local partners and integration of HIV services into primary health care;
- strengthening Human Resources for Health (HRH);
- interventions to address other determinants of health, such as behavioral health;
- data management, telemedicine and e-learning, and health informatics/system solutions to identify and track patients, monitor results and progress; and
- improving diagnosis, linkage, treatment, retention and viral suppression rates.

The program also provides direct technical assistance to Ministries of Health and regional and local government entities, and supports institutional capacity building. The

¹ https://www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_en.pdf

overall objective is to achieve and/or maintain HIV epidemic control within the PEPFAR program.

2. Background

This program is authorized by Public Law 108-25 (the United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601 *et seq.*], Public Law 110-293 (the Tom Lantos and Henry Hyde United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008), and Public Law 113-56 (PEPFAR Stewardship and Oversight Act of 2013).

Since its inception, PEPFAR has invested over \$85 billion in the global HIV/AIDS response, saving over 18 million lives, preventing millions of HIV infections, and accelerating progress toward controlling the global HIV/AIDS epidemic.

PEPFAR's investments continue to strengthen the systems that drive client-centered and sustainable health care. These investments create a lasting health system for partner countries to confront other current and future health challenges, enhance global health security, and protect America's borders. The HIV/AIDS pandemic constantly evolves in every community and country and PEPFAR continually adapts to address new risk groups, new health challenges, and persistent gaps.

(<https://www.state.gov/about-us-pepfar/>).

Under the leadership of the Office of the U.S. Global AIDS Coordinator (OGAC), as part of the U.S. Government's global HIV response, HRSA has been a significant contributor to PEPFAR's achievements. HRSA's work builds on the agency's domestic and international experience and expertise by improving outcomes along the HIV care continuum for PLHIV. Domestically, HRSA's programming includes integrations with other bureaus in the agency, such as the HIV/AIDS Bureau (HAB) and the Bureau of Primary Health Care (BPHC). HAB provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people living with HIV who are uninsured and underserved. More than half of people living with diagnosed HIV in the United States receive services through the Ryan White HIV/AIDS Program each year. That means more than half a million people received services through the program.² BPHC oversees the Health Center Program, a national network of health centers that provide comprehensive primary health care services to more than 27 million people nationwide, regardless of a patient's ability to pay, charging for services on a sliding fee scale. These health centers play an important role in "Ending the HIV Epidemic" by serving as a key point of entry for people undiagnosed with HIV. Integrating HIV services into primary care delivery is critical for success—both for health centers and for patients living with HIV. They emphasize coordinated and comprehensive care, and have the ability to manage patients with multiple health care needs.³

² <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/about-ryan-white-hiv-aids-program>

³ <https://bphc.hrsa.gov/qualityimprovement/clinicalquality/hivprimarycare.html>

The Capacity Building for Sustainable HIV Services program builds and expands upon the current IAETC program. The IAETC program focuses on pre- and in-service training for human resources, strategies to prevent HIV/TB transmission, continuous quality improvement approaches, systematic research to guide clinical and educational programming, and policy work that addressed structural barriers to health workers' effectiveness. The new Capacity Building program must include the following:

- Integrating HIV services into primary care delivery
- Support Effective and Efficient Models of HIV Care and Service Delivery
- Enhance Program Sustainability and Transition to Local Partners
- Strengthen HRH
- Reduce Stigma and Discrimination (S&D)
- Strengthen Virtual Platforms and Online Engagement
- Behavioral Health Interventions
- Health Informatics/Systems Solutions
- Community-led Monitoring
- Quality Improvement (QI)
- Promoting Implementation Science and Emerging/Best Practices

HRSA continues to work with host countries and with other key partners to assess the needs of each country and design a customized program of assistance that fits within the host country's strategic plan. PEPFAR guidance changes regularly; therefore recipients will consistently monitor, adapt, and align their program activities with current PEPFAR guidelines (refer to current COP21 guidance⁴).

II. Award Information

1. Type of Application and Award

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

- **Competing continuation** – A current award recipient whose period of performance ends September 29, 2021 that seeks to continue implementing the program.

⁴ COP21 Guidelines: <https://www.state.gov/wp-content/uploads/2020/12/PEPFAR-COP21-Guidance-Final.pdf>

- **New** – An organization that is not the current award recipient that seeks to implement the capacity building program.

HRSA will provide funding in the form of a cooperative agreement. A cooperative agreement is a financial assistance mechanism where HRSA anticipates substantial involvement with the recipient during performance of the contemplated project.

HRSA program involvement will include:

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

The cooperative agreement recipient's responsibilities will include:

- Identify, pilot, evaluate, and scale up new approaches to effective and efficient HIV service delivery in targeted regions/countries through technical assistance, consultation, and training.
- Identify, refine, and build upon emerging strategies, evidence informed and evidence-based comprehensive prevention approaches, and best practices that address gaps in epidemic control among key populations. Improve diagnosis, linkage, treatment, continuity of treatment, and viral suppression through consultation and technical assistance.
- Collaborate with HRSA, U.S. Government field teams, other U.S. Government agencies, and other key stakeholders as applicable, to achieve program objectives.
- Engage in ongoing consultation with HRSA and field teams as applicable, on program implementation, and inform HRSA in a timely manner on barriers encountered.
- Identify activities to be planned jointly and include HRSA input and approval.
- Consult with HRSA and key stakeholders, and develop and execute a final monitoring and evaluation plan including establishing a final list of indicators, baseline data, and performance targets for each indicator. The monitoring and evaluation plan will be revised as appropriate on an ongoing basis.
- Participate in monitoring activities including, but not limited to, Site Improvement Monitoring System (SIMS) and site visits.

2. Summary of Funding

HRSA estimates approximately \$50,000,000 to be available annually to fund up to two (2) recipients. You may apply for a ceiling amount of up to \$50,000,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. The period of performance is September 30, 2021 through September 29, 2026 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for Capacity Building for Sustainable HIV Services program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce recipient funding levels beyond the first year if the recipient is unable to fully succeed in achieving the goals listed in the application.

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

Grants to foreign organizations and foreign public entities that are performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of 8 percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards in excess of \$25,000.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic or foreign public or non-profit private entities, including schools of medicine, nursing, public health, management and public administration, and academic health centers, community-based organizations, faith-based organizations, and consortia consisting of such eligible organizations.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

HRSA will consider any application that exceeds the page limit referenced Section IV.2 non-responsive and will not consider it for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

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

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for each NOFO you are reviewing or preparing in the workspace application package in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

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

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

Application Page Limit

The total size of all uploaded files included in the page limit 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 workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-21-064, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important 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.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in *Attachments 13 - 15: "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), include the following:

Project-Level Activities

Please provide evidence of capacity building experience in the countries currently supported by the program (listed in the Purpose section), in addition to the capability to work in new countries. Provide a detailed approach and activities necessary to achieve the overarching objective and focus areas of the NOFO. During the era of COVID-19, keep in mind innovative approaches and best practices to align with what a country needs during the pandemic.

Focus Areas:

- **Integrating HIV Services into Primary Care Delivery** – Critical for both PLHIV and for health facilities. Working towards achieving better access to HIV services, through expanding the health workforce and building capacity in primary care facilities. This is a priority for PEPFAR.
- **Support Effective and Efficient Models of HIV Care and Service Delivery** - This includes providing effective service delivery and integrated services throughout the entire HIV care continuum strengthening clinical mentoring; providing client-centered services and differentiated service delivery models; health facility management; training health care workers to provide linkage to prevention, care and treatment, behavioral health services, and essential support services; and to enhance case finding/index testing, continuity of ART, adherence to ART, and viral suppression.
- **Enhance Program Sustainability and Transition to Local Partners** - To sustain epidemic control, it is critical that HIV services are owned and operated by local institutions, governments, and community-led organizations. There is a need to provide strategic planning and capacity building TA and support to facilitate the process of responsible transition to local partners, while maintaining and monitoring the quality of HIV/AIDS services. Plans should be established and agreed upon in partnership with governments and other local institutions, in order to ensure smooth transition of roles and responsibilities. One programmatic area which may be considered for transitioning over time, is HRH. This is an example of how a country might use the sustainability and transition process to plan for sustaining the health workforce programmatic element.
- **Strengthen HRH** - Provide TA to country governments to enhance HRH planning, production, and recruitment to deployment and continuity of ART. Activities should focus on effective and efficient workforce deployment to high burden areas. Provide capacity development and sensitization of providers in order to improve testing services (including index testing/case finding). Address

basic and complex HIV treatment issues across the HIV care continuum, in addition to focusing on key populations.

- **Reduce Stigma and Discrimination (S&D)** - This is a key barrier that impedes the scale-up of effective HIV/AIDS programs along the entire cascade. There is a need to identify and understand complex dynamics driving S&D, in order to implement innovative strategies and community-led approaches, and to strengthen the capacity of civil society and key populations (KP) organizations. Interventions need to be developed to address cultural stigma at the facility and community levels, and to provide health care workers the skills and tools necessary to ensure patients' rights, informed consent, confidentiality, treatment and non-discrimination. Refer to the Stigma Index 2.0,⁵ which measures S&D among PLHIV and charts progress in reducing occurrences.
- **Strengthen Virtual Platforms and Online Engagement** - Assisting governments, health care facilities and professionals, and other stakeholders with utilizing and maintaining online learning platforms. Offer affordable online clinical and public health courses, telemedicine and tele-mentoring, and other innovative ways to continue professional development and mentoring online.
- **Behavioral Health Interventions** - Training, mentoring, and consultation for HIV clinicians to diagnose common mental health and substance abuse disorders, prescribe medications, and provide ongoing management to patients. Provide support to effectively screen, diagnose, and refer patients with mental health and substance use disorders.
- **Health Informatics/Systems Solutions** - Implementation of data quality assurance (DQA) to assure timely, accurate, complete data at all levels of health care system, and support to national and local health officials to operationalize governance of health information systems (HIS) investments. Improving health outcomes through data-driven approaches. Routine surveillance activities. Assist in identifying the optimal approaches to health system solutions such as matching patient records.
- **Community Engagement** - Build organizational capacity of civil society/community service organizations (CSOs) to achieve epidemic control. This includes creating and maintaining civil society engagement, community-led monitoring through CSOs, collaboration and best practices to enhance the PEPFAR program, ensuring that civil society and government work together to increase community awareness, transparency, accountability, and monitor quality and accessibility of services and the patient-provider experience.
- **Quality Improvement (QI)** - Focus on developing innovative strategies to improve the delivery of HIV quality care and treatment for use by facilities that serve the most vulnerable individuals in PEPFAR-supported countries. Using QI methodologies, tools, and techniques, these projects identify gaps in service

⁵ <https://www.stigmaindex.org/>

delivery, and develop culturally and medically appropriate, sustainable interventions targeted to PEPFAR-identified vulnerable and key populations. The program offerings are delivered as quality improvement collaboratives (rapid and standard), through networks, above site trainings, and coordinated clinical mentoring skills sharing.

- **Promoting Implementation Science and Emerging/Best Practices** - The assessment of and integration of emerging strategies and evidence-informed interventions (best practices) into nimble and responsive clinical and community practice and engagement activities, in regards to PEPFAR priorities, COP guidance, key populations, etc. This may include pediatric approaches, voluntary medical male circumcision (VMMC), adolescent girls and young women (AGYW), HIV and the aging population, PrEP, and Site Improvement Monitoring Systems (SIMS).
- **Addressing Social Determinants of Health** - Social determinants of health have a lasting effect on a wide range of health, functioning, and quality-of-life outcomes and risks. Since key populations are highly marginalized due to stigma, discrimination, and violence, HIV programs must consider how to address these factors, by working with various institutions such as Historic Black Colleges and Universities (HBCUs) and others.

i. Project Abstract

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

Please include a summary of the proposed activities; a description of the impact of the proposed activities; and indicate the funding amount requested for the period of performance. The project abstract should not exceed one page.

ii. Project Narrative

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

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

- **INTRODUCTION** -- Corresponds to [Section V's Review Criterion #1](#)
 - This section should briefly describe the background, justification for the program, and the proposed areas of geographic focus and populations served. These choices should demonstrate that you understand the unique impact of the HIV/AIDS epidemic in these areas and on the local population, and the concomitant challenges to HIV/AIDS care as well as the priorities of PEPFAR and OGAC.
 - Please provide a clear and succinct description of the technical assistance and capacity development activities (pertaining to the focus areas) that will address the needs of health care providers to improve health outcomes for PLHIV along the HIV care continuum and build a sustainable health workforce to achieve epidemic control in resource-constrained environments. This section should demonstrate an understanding of international public health issues, the HIV/AIDS epidemic and global care delivery systems, PEPFAR priorities and guidelines, the evolving HIV treatment options and associated challenges, and their impact on meeting the needs of clinical health care professionals. Support the problems described, at a minimum, by providing a preliminary statement of need, described below. Reflect the statement of need in the program plan, associated work plans and budgets.

- **NEEDS ASSESSMENT** -- Corresponds to [Section V's Review Criterion #1](#)
 - Clearly provide sufficient evidence to support the need for HIV capacity development in resource-constrained settings to improve health outcomes of PLHIV and those at risk of contracting HIV. Describe knowledge gaps in the current HIV/AIDS workforce among PEPFAR-funded countries. Provide a concise synthesis of relevant literature that demonstrates a comprehensive, up-to-date understanding of the issues related to education and training needs in the proposed areas of geographic focus.
 - Describe and document the target populations in PEPFAR funded countries as well as the challenges posed in the provision of HIV care. Provide a concise summary of the literature demonstrating a comprehensive understanding of health systems strengthening and human resources for health in resource-constrained settings. You must include data to show where gaps exist that hamper health outcomes for PLHIV.

- **METHODOLOGY** -- Corresponds to [Section V's Review Criterion #2](#)
 - Describe in detail the proposed project's objectives, goals and intended outcomes. Objectives should be specific, measurable, realistic, and achievable within the project period. Clearly relate the project objectives and goals to the program expectations outlined in this NOFO. Include a plan for promoting sustainability through capacity building. Describe how you will work with relevant Ministries and national bodies, District Management and Specialist Teams and other managers in districts, sub-districts, and facilities.
 - Describe the key activities proposed for accomplishing project goals and objectives including, but not limited to, any proposed changes to the delivery of clinical resources for HIV/AIDS providers. Describe how the

project aligns with the related activities in the Background section under “focus areas” (pages 3).

- Clearly describe the technical approach/methods for implementing the proposed project and meeting the needs described above. Activities should reflect a focus on sustainability considerations from the outset of the project. The section should include:
 - How your organization will build and maintain strategic partnerships with relevant Ministerial, civil society, other U.S. Government-funded programs, and other relevant stakeholders to ensure relevancy and timeliness of education, training, and technical assistance. Ensure that your plans are in alignment with current PEPFAR priorities/guidelines and corresponding national strategic plans.
 - How the education and training strategies proposed in this program will support, complement, scale-up, or innovate on existing efforts funded by PEPFAR.
 - A description of the training and technical assistance modalities that your organization will use to improve the knowledge, skills, and behaviors of HIV health care professionals, which will ultimately impact clinical patient outcomes. Include innovative training techniques to engage clinically isolated health care professionals. Include virtual platform and online learning as a strategy.
 - A plan to disseminate program findings, lessons learned, and promising practices to local communities, national and international conferences and in peer reviewed publications.
 - Describe any innovative methods that you will use to address the stated needs.
 - You must also propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population.
- *WORK PLAN -- Corresponds to [Section V's Review Criterion #2 Response and Criterion #4 Impact](#)*

Describe the activities or steps that you will use to achieve each of the objectives proposed during the entire period of performance in the Methodology section (submit as **attachment #1**).

The work plan must include the following information:

- Goals, objectives and outcomes that are SMART (specific, measurable, achievable, realistic, and time measurable). Include appropriate milestones (e.g., a significant or important event(s) in the project period) and any products to be developed. The work plan must relate to the needs identified in the needs assessment and to the activities described in the project narrative.

- Plans must demonstrate the ability to reach stated program objectives within the required time of performance (including a plan for rapid launch of project activities) through the inclusion of illustrative timelines for the effective implementation of the program description.
- Describe the activities or steps that will be used to achieve each of the activities proposed in the Methodology section. Use a timeline that includes each activity and identifies responsible staff, meaningful support and collaboration with key stakeholders in planning, designing and implementing all activities. Include the development of stakeholder engagement and, further, the extent to which these contributors reflect the cultural, linguistic and geographic diversity of the populations and communities served. Include any memorandum of agreement/understanding or letter of support that describes commitments to participate in your proposed project. The work plan must cover goals, objectives, and action steps for the entire five-year project period. The work plan should include as much detail as possible with the understanding that a final plan will be developed after the cooperative agreement is awarded, the initial assessment is complete, and HRSA provides our input. It should describe the number of trainees anticipated to be trained, by level of training, training site, and discipline.
- Describe your organization's quality management plan, which should include quality management infrastructure; and the performance measures used to assess implementation, efficiency, and impact. Describe how the plan will:
 - Identify staff responsible for the quality management activities.
 - Monitor, measure, and track program goals, objectives, and activities, especially those outlined in the approved work plan; and deliver technical assistance to U.S. Government and international partners as needed.
 - Ensure the education and training activities reflect the needs of the population to be trained; are delivered in an effective manner; are reflective of the current knowledge base; are acceptable at the trainee level; and incorporate adult learning principles.

Logic Model

Submit a logic model for designing and managing the project (submit as **attachment #1**). A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);

- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products of program activities); and Outcomes (i.e., the results of a program, typically describing a change in people or systems).

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. You can find additional information on developing logic models at the following website:

<https://www.cdc.gov/eval/logicmodels/index.htm>

- **RESOLUTION OF CHALLENGES** -- Corresponds to [Section V's Review Criterion #2](#)

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

Demonstrate a familiarity with the following:

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

- **EVALUATION AND TECHNICAL SUPPORT CAPACITY** -- Corresponds to [Section V's Review Criterion #3](#) and [Criterion #4 Impact](#)

Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes.

Describe current experience, skills, and knowledge, including individuals on staff,

materials published, and previous work of a similar nature. As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

- Describe processes for developing appropriate evaluation tools and strategies to electronically receive, store, manage and maintain data to be collected at performance sites, which may include sensitive/identifiable information. Indicate how these will include data requested specific to the PEPFAR program (e.g., MER indicators and Annual Progress Reports).
- Describe how evaluation and performance measurement will demonstrate the value of the investment (e.g., effect on improving public health outcomes, effectiveness of the program activities, cost-effectiveness or cost-benefit).
- Include expected outcomes of health systems strengthening, human resources for health, organizational capacity building, and technical assistance approaches.
- Plan for tracking not only inputs and activities, but outputs, outcomes, and impact of the activities.

Include any developed evaluation tools as **Attachment 11** (optional).

- **ORGANIZATIONAL INFORMATION** -- [Corresponds to Section V's Review Criterion #5](#)

Succinctly describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings. Describe how you will routinely assess and improve the unique needs of target populations of the communities served.

Include the following elements:

- **Organizational Description and Chart**
Provide a one page project organizational chart, as **Attachment #5**. The organizational chart should be a figure that depicts the organizational structure of the Capacity Building program (not the entire organization), and it should include contractors (if applicable) and other significant collaborators.
- **Management and Staffing Expertise**
Describe your organizational knowledge, capability, and experience in managing programs that provide training, technical assistance and capacity development activities in HIV/AIDS programs. Include any experience in the provision of training, technical assistance, and capacity development within the scope of PEPFAR. Discuss any examples of

previous projects that reflect the expertise of proposed personnel in working collaboratively with PEPFAR, ministries of health and/or education, and other international and/or multinational HIV/AIDS organizations. Include **Provide Attachment #2 for Staffing Plan and Job Descriptions for key personnel.**

- **Global Health Federal Grants and/or Cooperative Agreements**
Provide a table that lists the qualifying global health grants, cooperative agreements, and/or contracts, source of funding; name of project director/principal investigator; institution holding the award; grant, cooperative agreement, or contract number; total amount of award; and end date. The table may include all collaborating institutions listed in this application to meet the requirement. Provide this information in **attachment #9.**
- **Past Performance References**
You must provide up to three past performance references (required). Consortium partners may provide up to three past performance references from the last three years for contracts, grants and/or cooperative agreements of similar size, scope, and complexity (optional). Provide this information in **attachment #10.**

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

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

<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,culturally%20and%20linguistically%20appropriate%20services>

Clearly describe how you will manage the cooperative agreement, including approaches to addressing potential problems.

- **Administrative and Budgetary Expertise**

Describe your organization's capacity to administratively manage a federally-funded training program and past experience managing awards and contracts.

Describe your organization's proposed processes you will use for oversight of and technical assistance for sub-recipients' services.

- **Key Collaborations and Partners**

Describe how your organization will work collaboratively and partner with key stakeholders. Propose how they will liaise and coordinate with the host government(s) as well as with other district and local government partners, PEPFAR partners, and other stakeholders working across PEPFAR program areas. If you plan to team up with other organizations or government agencies for the implementation of the proposed activities, outline the services to be provided by each such agency or organization. State whether or not you have any existing relationships with the proposed partner(s) and, if so, include the Memoranda of Understanding (MOUs) in **Attachment #4**.

NARRATIVE GUIDANCE

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

<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

iii. Budget

The directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Follow the instructions in Section 4.1.iv of HRSA's [SF-424 Application Guide](#) and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if HRSA selects the application for funding, you will have a well-organized plan and, by carefully following the approved plan, may 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) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

In addition, the Capacity Building for Sustainable HIV Services program requires the following:

- The budget must highlight activities directly linked to HIV, and activities must be in alignment with the PEPFAR COP guidance around the HRH Strategy.
- Provide a program-specific line item budget for each year of the five-year period of performance using the object class categories in the SF-424A. List personnel separately by position title and the name of the individual for each position title, or note if position is vacant. The line item budget for each of the five years is uploaded to the application as **Attachment 7**. The budget allocations on the line item must relate to the activities proposed in the project narrative, including the work plan. The line item budget requested for each year must not exceed the total funding ceiling amount. In addition, the amounts requested on the SF-424A and the amounts listed on the line item budget must match.
- Indirect costs on grants awarded to foreign organizations and performed outside of the territorial limits of the United States may be paid to support the costs of compliance with federal requirements at a fixed rate of eight (8) percent of modified total direct costs exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards and contracts under the grant in excess of \$25,000.
- Allocation of multiple indirect cost rates: For institutions of higher education and nonprofits that have indirect costs benefitting major programs disproportionately, indirect rates will vary.

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 Salary Limitation does **not** apply to this program.

iv. Budget Narrative

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

v. Attachments

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

Attachment 1: Work Plan

- Attach the work plan for the project that includes all information detailed in [Section IV.2.ii. Project Narrative](#). If you will make sub-awards or expend funds on contracts, describe how your organization will ensure proper documentation of funds. Also include the required logic model in this attachment.
- The logic model should describe the inputs, influential factors, outputs, and short-term and long-term outcomes of the project. It should be consistent with the work plan submitted with the application.

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

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

Attachment 3: Biographical Sketches of Key Personnel

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

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

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

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

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

Attachment 7: For Multi-Year Budgets

- You must provide a program specific line item budget for each of the 5 years. After using columns (1) through (4) of the SF-424A Section B, for a five-year project period, you will need to submit the budget for year 5 as an attachment.

Attachment 8: Indirect Cost Rate Allocation Agreement or Plan, if applicable

- If you are requesting indirect costs, attach current HHS Negotiated Indirect Cost Rate Agreement.

Attachment 9: Global Health Federal Grants and/or Cooperative Agreements, required

- Provide a table that lists the qualifying global health grants, cooperative agreements, and/or contracts, source of funding; name of project director/principal investigator; institution holding the award; grant, cooperative agreement, or contract number; total amount of award; and end date. The table may include all collaborating institutions listed in this application to meet the requirement.

Attachment 10: Past Performance References, required

- You must provide up to three past performance references (required). Consortium partners may provide up to three past performance references from the last three years for contracts, grants and/or cooperative agreements of similar size, scope, and complexity (optional).

Attachment 11: Evaluation Tools (optional)

- Include in this attachment any evaluation tools that you have developed and plan to use for this project.

Attachment 12: Progress Report

(FOR COMPETING CONTINUATIONS ONLY)

- ⊖ A well-documented progress report is a required and important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered; therefore, you should include previously stated goals and objectives in your application and emphasize the progress made in attaining these goals and objectives. HRSA program staff reviews the

progress report after the Objective Review Committee evaluates the competing continuation applications.

- The progress report is a brief presentation of the accomplishments, in relation to the objectives of the program during the current period of performance. The report shall include:
 - (1) The period covered (dates).
 - (2) Specific objectives - Briefly summarize the specific objectives of the project.
 - (3) Results - Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachments 13–15: Other Relevant Documents (15 is the maximum number of attachments allowed).

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

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number Transition to the Unique Entity Identifier (UEI) and System for Award Management (SAM)

You must obtain a valid DUNS number, also known as the Unique Entity Identifier (UEI), and provide that number in the application. Beginning in April 2022, the *DUNS number will be replaced by the UEI, a “new, non-proprietary identifier” requested in, and assigned by, the System for Award Management (SAM.gov). For more details, visit the following pages: [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration’s UEI Update](#).

You must also register with 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)).

If you are chosen as a recipient, HRSA would not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed 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.

Currently, the Grants.gov registration process requires information in three separate systems:

- [Dun and Bradstreet](#)
- [System for Award Management](#) (SAM)
- [Grants.gov](#)

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

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

In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the forms themselves are no longer part of HRSA's application packages and the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at <https://sam.gov/SAM/>

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 May 7, 2021 at 11:59 p.m. ET. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

Capacity Building for Sustainable HIV Services is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than

\$50,000,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 Salary Limitation does **not** apply to this program.

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

- Research
- Construction
- Travel, per diem, hotel expenses, meals, conference fees, or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a multilateral organization, as defined below, unless approved by HRSA in writing.

In addition, please note the following:

- Consistent with numerous United Nations Security Council resolutions, including UNSCR 1267 (1999), UNSCR 1368 (2001), UNSCR 1373 (2001), UNSCR 1989 (2011), and UNSCR 2253 (2015) (<https://www.un.org/sc/suborg/en/sanctions/un-sc-consolidated-list>), both HRSA and the recipient are firmly committed to the international fight against terrorism, and in particular, against the financing of terrorism. Funds may not be used, directly or indirectly, to provide support to individuals or entities associated with terrorism. In accordance with this policy, the recipient agrees to use reasonable efforts to ensure that none of the HRSA funds provided under this award are used to provide support to individuals or entities associated with terrorism, including those identified on the United States Department of Treasury Office of Foreign Assets Control Specially Designated Nationals List ([Specially Designated Nationals And Blocked Persons List \(SDN\) Human Readable Lists | U.S. Department of the Treasury](#)). This provision must be included in all sub-agreements, including contracts and sub-awards, issued under this award.
- No funds or other support provided under the award may be used for support to any military or paramilitary force or activity, or for support to any police, prison authority, or other security or law enforcement forces without the prior written consent of HRSA.
- Funds may not be used, directly or indirectly, to provide support to individuals or entities designated for United Nations Security Council sanctions. In accordance with the policy, the recipient agrees to use reasonable efforts to ensure that none of the funds provided under this award are used to provide support of individuals or entities designated for UN Security Council Sanctions (compendium of Security Council Targeted Sanctions Lists at: <https://www.un.org/sc/suborg/en/sanctions/un-sc-consolidated-list>). This provision must be included in all sub-agreements, including contracts and sub-awards, issued under this award.

- No funds or other support provided hereunder may be used for any activity that contributes to the violation of internationally recognized worker rights in the recipient country. In the event the recipient is requested or wishes to provide assistance in areas that involve workers' rights or the recipient requires clarification from HRSA as to whether the activity would be consistent with the limitation set forth above, the recipient must notify HRSA and provide a detailed description of the proposed activity. The recipient must not proceed with the activity until advised by HRSA that it may do so. The recipient must ensure that all employees and subcontractors and sub-recipients providing employment-related services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder. The term "internationally recognized worker rights" includes the right of association; the right to organize and bargain collectively; a prohibition on the use of any form of forced or compulsory labor; a minimum age for the employment of children, and a prohibition on the worst forms of child labor; and acceptable conditions of work with respect to minimum wages, hours of work, and occupational safety and health. The term "worst forms of child labor" means all forms of slavery or practices similar to slavery, such as the sale or trafficking of children, debt bondage and serfdom, or forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict; the use, procuring, or offering of a child for prostitution, for the production of pornography or for pornographic purposes; the use, procuring, or offering of a child for illicit activities in particular for the production and trafficking of drugs; and work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety, or morals of children, as determined by laws and regulations.

HRSA reserves the right to terminate this award or take other appropriate measures if the recipient or a key individual of the recipient is found to have been convicted of a narcotics offense or to have been engaged in drug trafficking as defined in 22 CFR Part 140.

- The Applicant agrees not to disburse, or sign documents committing the Applicant to disburse funds to a sub-recipient designated by HRSA until advised by HRSA that: 1) any United States Government review of the sub-recipient and its key individuals has been completed; 2) any related certifications have been obtained; and 3) the assistance to the sub-recipient has been approved.
- The Applicant shall insert the following clause, or its substance, in its agreement with its sub-recipient: The Applicant reserves the right to terminate this Agreement or take other appropriate measures if the [sub-recipient] or a key individual of the [sub-recipient] is found to have been convicted of a narcotic offense or to have been engaged in drug trafficking as defined in 22 CFR part 140.

An organization, including a faith-based organization that is otherwise eligible to receive funds under this award for HIV/AIDS prevention, treatment, or care:

- Shall not be required, as a condition of receiving such assistance — (a) To endorse or utilize a multi-sectoral or comprehensive approach to combating HIV/AIDS; or (b) To endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and
- Shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements for refusing to meet any requirement described in paragraph (a) above.

Information provided about the use of condoms as part of projects or activities funded under the award must be medically accurate and must include the public health benefits and failure rates of such use.

Funds made available under this award must not be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

No funds or other support provided hereunder may be used to provide a financial incentive to a business enterprise currently located in the United States for the purpose of inducing such an enterprise to relocate outside the United States if such incentive or inducement is likely to reduce the number of employees of such business enterprise in the United States because United States production is being replaced by such enterprise outside the United States.

- In the event the recipient requires clarification from HRSA as to whether the activity would be consistent with the limitation set forth above, the recipient must notify HRSA and provide a detailed description of the proposed activity. The recipient must not proceed with the activity until advised by HRSA that it may do so.
- The recipient must ensure that its employees and subcontractors and sub-recipients providing investment promotion services hereunder are made aware of the restrictions set forth in this clause and must include this clause in all subcontracts and other sub-agreements entered into hereunder.

No funds made available under this award may be used for needle exchange programs.

Trafficking in Persons Provision:

- No recipient or sub-recipient under this Agreement that is a private entity may, during the period of time that the award is in effect:
 - Engage in trafficking in persons, as defined in the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime;
 - Procure any sex act on account of which anything of value is given to or received by any person; or
 - Use forced labor in the performance of this award.
- If HRSA determines that there is a reasonable basis to believe that any private party recipient or sub-recipient has violated the above or that an

employee of the recipient or sub-recipient has violated such a prohibition where the employee's conduct is associated with the performance of the award or may be imputed to the recipient or sub-recipient, HRSA may, without penalty, 1) require the recipient to terminate immediately the contract or sub-award in question or 2) unilaterally terminate Agreement in accordance with the termination provision.

- For purposes of this provision, "employee" means an individual who is engaged in the performance in any part of the project as a direct employee, consultant, or volunteer of any private party or recipient or sub-recipient.
- The Applicant must include in all sub-agreements, including sub-awards or contracts, a provision prohibiting the conduct described above by private party sub-recipients, contractors, or any of their employees.

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

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

V. Application Review Information

1. Review Criteria

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

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review, except for the progress report submitted with a competing continuation application, which will be reviewed by HRSA program staff after the objective review process.

Review criteria are used to review and rank applications. The Capacity Building for Sustainable HIV Services has six (6) review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's Review Criterion [Introduction](#) and [Needs Assessment](#) sections of the Narrative

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

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

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's [Methodology](#), [Work Plan](#), and [Resolution of Challenges](#) sections of the Narrative

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 (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

Methodology (15 points)

- Strength of the proposed approach to providing training, technical assistance, and capacity development to address the gaps and stated needs described in the Needs Assessment Section.
- Strength of the proposed goals and objectives and their relationship to the identified project.
- Extent to which the applicant's project aligns with the illustrative activities.
- Extent to which the applicant clearly describes a methodology to provide training, technical assistance, and capacity development that supports practice transformation.
- Extent to which the applicant clearly describes a methodology to provide training, technical assistance, and capacity development to improve access to prevention, and care and treatment for key populations, as well as adolescent girls and young women.
- Extent to which the applicant clearly describes a methodology to provide training, technical assistance, and capacity development that

supports the enhanced use of data to support disease control including improvements in health information systems and technology.

- Extent to which the applicant clearly describes a methodology to provide training, technical assistance, and capacity development that supports the enhancement and development of policies, legislation, and regulation for health system strengthening.
- Extent to which the applicant clearly describes a methodology to provide training, technical assistance, and capacity development that supports the use of online/distance learning and virtual platforms to enhance HIV/AIDS programs.
- The strength of the proposed methods to disseminate program findings, lessons learned, and promising practices to relevant stakeholders, local communities, national and international conferences and peer reviewed publications.

Work Plan (10 points)

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

Resolution of Challenges (5 points)

- Extent to which the applicant will address challenges associated with working in low-resource settings that are likely to be encountered during the planning and implementation of the project described in the work plan are realistic and appropriate.
- Extent to which the applicant's plans to resolve the challenges associated with working in multiple countries at once during the planning and implementation of the project described in the work plan are realistic and appropriate.

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

Criterion 3: EVALUATIVE MEASURES (15 points) – Corresponds to [Section IV's Evaluation and Technical Support Capacity section of the Narrative](#)

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:

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

Criterion 4: IMPACT (10 points) – Corresponds to [Section IV's Work Plan section of the Narrative](#)

The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include: the effectiveness of plans for dissemination of project results, the impact results may have on the community or target population, the extent to which project results may be multi-national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

- Extent to which applicant's activities align with efforts to improve the health systems and human resources for health in PEPFAR-funded countries.
- The strength of the proposed methods to disseminate program findings, lessons learned, and promising practices to relevant stakeholders, local

- communities, national and international conferences, and peer reviewed publications.
- Extent to which the proposed activities will likely impact key populations and PLHIV in resource-constrained settings.
- Extent to which the applicant summarizes the past program activities and results.

Criterion 5: RESOURCES/CAPABILITIES (25 points) – [Corresponds to Section IV's Evaluation and Technical Support Capacity, Organizational Information](#)

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.

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

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to [Section IV's](#)
Corresponds to Section IV's Organizational Information (Budget section)

The reasonableness of the proposed budget for each year of the period of performance 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, and inclusive of a clearly presented budget narrative that justifies each line item in relation to the goals, objectives and activities of the project, and explains significant changes anticipated in budget years following the first year.
- The extent to which resources are allocated to ensure that relevant and appropriate staff and other resources are available to provide technical assistance and logistics support.
- Degree of sufficient justification of necessary administrative expenses in relation to the operation of the proposed program.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

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

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of September 30, 2021. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

Requirements of Sub-awards

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

Data Rights

All publications developed or purchased with funds awarded under this notice must be consistent with the requirements of the program. Pursuant to 45 CFR § 75.322(b), the recipient owns the copyright for materials that it develops under an award issued pursuant to this notice, and HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal Government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes, e.g., to make it available in government-sponsored databases for use by others. If applicable, the specific scope of HRSA rights with respect to a particular grant-supported effort

will be addressed in the NOA. Data and copyright-protected works developed by a subrecipient also are subject to the Federal Government's copyright license and data rights.

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 you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

Prostitution and Sex Trafficking

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

NOTE: Any enforcement of this provision is subject to courts' orders in *Alliance for Open Society International v. USAID* (See, e.g., S.D.N.Y. 05 Civ. 8209, Orders filed on January 30, 2015 and June 6, 2017, granting permanent injunction).

PEPFAR Branding

All PEPFAR-funded programs or activities must adhere to PEPFAR branding guidance, which includes guidance on the use of the PEPFAR logo and/or written attribution to PEPFAR. You can find PEPFAR branding guidance at <http://www.pepfar.gov/reports/guidance/branding/index.htm>.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

3. Reporting

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

1) INITIAL WORK PLAN AND BUDGET

- a. Issued by the NOA awarded at beginning the project start date

2) NON-COMPETING CONTINUATION PROGRESS REPORT (submitted each of the following award years)

- a. Annual Work Plan
- b. Budget Documents

3) SEMI-ANNUAL PROGRESS REPORTS

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

4) PEPFAR PERFORMANCE REPORTS

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

5) MONITORING AND EVALUATION (M&E) PLAN

The M&E plan should be developed and submitted as a prior approval as outlined in the notice of award to include the data collection plan which discusses the data flow, collection tools, baseline data collection, and data quality assessments; discussion of the monitoring plan which includes how progress to targets will be measured, a trends analysis, work plan review, periodic stakeholder meetings, and evaluation plan; and data dissemination which includes a discussion about the donor reports, stakeholder meetings, international meetings, networking, and research publications. In those instances when the recipient works to enhance health care workers skills, the M&E plan should include methods for measuring improvement of skills.

6) FINAL PROGRESS REPORT

The recipient shall submit a final/completion report to HRSA which summarizes the accomplishments of this agreement, methods of work used, budget and disbursement activity, and recommendations regarding unfinished work and/or program continuation. The final/completion report shall also contain an index of all reports and information products produced under this agreement. The report shall be submitted no later than 90 days following the estimated completion date of the agreement.

7) QUARTERLY PEPFAR OBLIGATION AND OUTLAY REPORT

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

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

8) **ANNUAL FEDERAL FINANCIAL REPORT (FFR)**

The recipient will submit to HRSA the annual federal financial report. The report should reflect cumulative reporting within the project period and must be submitted using the Payment Management System. The FFR due dates have been aligned with the Payment Management System quarterly report due dates.

9) **INTEGRITY AND PERFORMANCE REPORTING**

The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

PEPFAR Reporting Requirements (where applicable):

Progress towards achieving the anticipated results must be tracked by outcomes and outputs. Progress towards targets should be disaggregated by year, country, and other factors as outlined in the applicant's Monitoring and Evaluation Plan. PEPFAR reporting requirements include MER, SIMS, quarterly and annual reports.

PEPFAR Monitoring, Evaluation, and Reporting (MER):

- The recipient's Evaluation and Performance Measurement Plan must align with the strategic information guidance established by OGAC and other HRSA requirements, including PEPFAR's MER strategy (<https://www.state.gov/wp-content/uploads/2019/10/PEPFAR-MER-Indicator-Reference-Guide-Version-2.4-FY20.pdf>).
- Quarterly MER data is submitted by recipient into DATIM

Site Improvement through Monitoring System (SIMS):

SIMS is a required PEPFAR assessment through site visits performed by the US Government to increase accountability and monitoring. HRSA or its designee will undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HRSA or its designee to all necessary sites, documentation, individuals, and information to monitor, evaluate, and verify the appropriate implementation of activities and use of HRSA funding under this cooperative agreement, and must require a provision to this effect in all subawards or contracts financed by funds under this award.

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020.

VII. Agency Contacts

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

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

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

Jaclyn Perlman
Public Health Analyst, Office of the Administrator
Attn: Capacity Building NOFO
Office of Global Health
Health Resources and Services Administration
5600 Fishers Lane, Room 9N130D
Rockville, MD 20857
Telephone: (301) 945-0836
Email: JPerlman@hrsa.gov

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

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). For assistance with submitting information in the 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

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Wednesday, March 17, 2021

Time: 10 a.m. – 11:30 a.m. EST

Call-In Number: 1-888-730-9136

Participant Code: 5686097

Weblink: https://hrsa.connectsolutions.com/nofo_pre-application/

Playback Number: 1-800-518-0081

Passcode: 3521

Tips for Writing a Strong Application

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