

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

HIV/AIDS Bureau  
Division of Community HIV/AIDS Programs

***Ryan White HIV/AIDS Part C Capacity Development Program***

**Announcement Type:** New  
**Funding Opportunity Number:** HRSA-17-042

**Catalog of Federal Domestic Assistance (CFDA) No. 93.918**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2017

**Application Due Date: February 28, 2017**

*Ensure SAM.gov and Grants.gov registrations and passwords are current immediately!  
Deadline extensions are not granted for lack of registration.  
Registration in all systems, including SAM.gov and Grants.gov,  
may take up to one month to complete.*

**Issuance Date: December 28, 2016**

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Authority: Section 2654(c)(1)(B) of title XXVI of the Public Health Service Act, (42 USC § 300ff-54(c)(1)(B)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87)

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau, Division of Community HIV/AIDS Programs is accepting applications for fiscal year (FY) 2017 Ryan White HIV/AIDS Program (RWHAP) Part C Capacity Development Program. The purpose of this program is to strengthen organizational infrastructure to respond to the changing health care landscape and to increase capacity to develop, enhance, or expand access to high quality HIV primary health care services for low-income, uninsured, underinsured, and underserved people living with HIV (PLWH). Applicants may propose an activity that addresses a gap in the HIV care continuum for low-income, uninsured, underinsured, and underserved PLWH.

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| Funding Opportunity Title:                  | Ryan White HIV/AIDS Program Part C Capacity Development Program  |
| Funding Opportunity Number:                 | HRSA-17-042  |
| Due Date for Applications:                  | February 28, 2017  |
| Anticipated Total Annual Available Funding: | \$2,250,000  |
| Estimated Number and Type of Award(s):      | Up to 15 grants  |
| Estimated Award Amount:                     | Up to \$150,000 per year   |
| Cost Sharing/Match Required:                | No   |
| Project Period:                             | September 1, 2017 through August 31, 2018 (1 year)   |
| Eligible Applicants:                        | Public and nonprofit private entities. Faith-based and community-based organizations, and Tribes and tribal organizations are eligible to apply for these funds.<br><br>[See <a href="#">Section III-1</a> of this funding opportunity announcement (FOA) for complete eligibility information.] |

### **Application Guide**

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

### **Technical Assistance**

All applicants are encouraged to participate in a technical assistance (TA) webinar for this funding opportunity. The TA webinar will be held Thursday, **January 26, 2017**, from **2:00 – 4:00 PM** Eastern Standard Time. The purpose of the webinar is to assist

potential applicants in preparing applications that address the requirements of the FOA. Participation in the pre-application TA webinar is strongly encouraged to ensure the successful submission of the application.

- **Date:** January 26, 2017
- **Time:** 2:00 – 4:00 PM Eastern Time
- **Call-in number:** 877-917-3405, Passcode: 6478117
- **Webinar link:** [https://hrsa.connectsolutions.com/part\\_c\\_ta/](https://hrsa.connectsolutions.com/part_c_ta/)

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# I. Program Funding Opportunity Description

## 1. Purpose

This announcement solicits applications for the Ryan White HIV/AIDS Program (RWHAP) Part C Capacity Development Program to strengthen organizational infrastructure to respond to the changing health care landscape and to increase capacity to develop, enhance, or expand access to high quality HIV primary health care services for low-income, uninsured, underinsured, and underserved PLWH. The FY 2017 RWHAP Part C Capacity Development Program provides one-time funds to build local capacity to support an activity that addresses a gap in the local HIV care continuum.

Funding under this program is not intended to support long-term activities. Instead, the proposed activity should be of a short-term nature and should be completed by the end of the one-year project period for this funding opportunity.

You may submit proposals for only one of the following two categories: 1) HIV Care Innovation or 2) Infrastructure Development. Select only one category and one type of activity from the selected category. You may propose an expansion of activities currently supported with RWHAP Part C Capacity Development or Part D Supplemental funding; however, the same activity funded in FY 2016 will not be considered for funding in FY 2017. If the proposed project is an expansion of a previously funded activity, you will be required to provide a clear rationale for how the proposed activity builds upon and furthers the objectives of the previously funded activity.

### 1) **HIV Care Innovation**

HIV Care Innovation activities support progress along the HIV care continuum to improve the health and survival of people living with HIV and prevent onward transmission of HIV to others. The importance of improving progress along the HIV care continuum is supported by the scientific research, best practices, and the [National HIV/AIDS Strategy: Updated to 2020 \(NHAS 2020\)](#). The stages in the HIV care continuum are: diagnosis of HIV infection, linkage to care, retention in care, receipt of antiretroviral therapy, and achievement of viral suppression. The selected activity should target populations that are disproportionately affected by the HIV epidemic and are experiencing poor health outcomes. NHAS 2020 has prioritized a number of key populations that experience a significant burden of HIV or face unique challenges, including gay, bisexual, and other men of all races and ethnicities who have sex with men (particularly Black gay and bisexual men); Black women and men; Latino women and men; people who inject drugs; youth aged 13-24 years (particularly young gay and bisexual men), and transgender women. If applying under this category, select only one of the five activities listed below:

- **HIV Case Finding** – Train designated staff in HIV case finding techniques through local health departments and/or through CDC-funded training centers (<http://nnptc.org/>). Develop policies and procedures to apply these skills in

the clinical setting to link PLWH into care after HIV testing to address one or more stages of the HIV care continuum.

- **Motivational Interviewing** - Train staff in Motivational Interviewing to engage patients in care. Training may be received through the local AIDS Education and Training Centers (AETCs) or other resources. Develop policies and procedures to facilitate staff application of the training in the clinical setting to address one or more stages of the HIV care continuum.
- **Patient-Based Treatment Adherence** - Implement an innovative, patient-based treatment adherence program supported by policies and procedures to provide long-term adherence support for chronically non-adherent patients to address one or more stages of the HIV care continuum.
- **Chronic Disease Self-Management** - Institute a clinic-wide Chronic Disease Management Program for HIV/AIDS based on the Stanford program or other resources for patient self-management (e.g., <http://www.ahrq.gov/research/findings/final-reports/ptmgmt/index.html>) to engage patients in long-term disease control to address one or more stages of the HIV care continuum. Develop policies and procedures to apply the program.
- **Transitioning Youth into Adult HIV Care** - Implement transition planning/activities that include but are not limited to written policies and procedures, and staff training to assist youth in transitioning from pediatric to adult HIV medical care. Transition planning is an RWHAP Part C program requirement; therefore, this activity should focus on innovative approaches that build organizational capacity to effectively implement and manage the transition for the youth population (ages 13-24) and minimize negative impacts. Recommended activities should focus on collaborations with pediatric/adolescent programs to develop a transition process; capacity building to support the transition into the adult HIV medical care setting; and a mechanism for post transition assessment. Implementation efforts should include measurements for successful transition. The activity must address one or more of the stages of the HIV care continuum.

## 2) **Infrastructure Development**

Infrastructure development activities should identify and address a specific stage or stages along the HIV care continuum to be targeted for maximum impact. This funding opportunity promotes organizational infrastructure development and will increase the capacity of organizations to respond to changes in the health care environment as well as support the NHAS 2020 goals including targeted populations that would benefit from the proposed activity (see above under HIV Care Innovation). If applying under this category you should select only one of the three activities listed below:

- **Electronic Health Records (EHR)** - Enhancements to or expansion of existing EHRs to improve the quality, safety, and efficiency of patient health care (this does not include the purchase of an EHR). Describe the plan to

enhance or expand the EHR and identify the specific linkages to the HIV care continuum stage(s) that will be addressed.

- **Financial Management Systems** - Enhancements to or expansion of an existing financial accounting system or software capable of managing multiple sources of funding for HIV primary care services, expenses by line item, and the billing process for third party reimbursement. The proposed system can address, but is not limited to, budget management issues, such as fiscal oversight, tracking source and use of program income, subrecipient monitoring, tracking expenditures by cost categories, and other provisions to support compliance with 45 CFR § 73.302(b). If you choose this activity you are expected to develop protocols and billing policies based on the use of this enhanced system and illustrate how the activity will address one or more of the stages of the HIV care continuum.
- **Management Information System** - Identifying, establishing and strengthening administrative, managerial, and management information system (MIS) structures to offer, enhance, or expand comprehensive HIV primary health care. This activity may include enhancements to interface with existing electronic health records to specifically improve data collection, reporting, and quality improvement activities that will address one or more of the stages of the HIV care continuum.

According to statute, HRSA shall give preference in making awards for this program to entities that provide primary care services in rural areas or to underserved populations. More information about these preferences can be found in *Section V* of this FOA.

## 2. Background

This program is authorized by Section 2654(c)(1)(B) of Title XXVI of the PHS Act (42 USC § 300ff-54(c)(1)(B)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87). The Capacity Development Program was first authorized by Congress in 2000. It is administered by the HIV/AIDS Bureau's (HAB) Division of Community HIV/AIDS Programs.

### **National HIV/AIDS Strategy: Updated to 2020**

The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020 or Strategy) is a five-year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. This plan was developed by a group of federal experts with consultation from community members to apply scientific advances in HIV prevention and treatment to accelerate the end of new HIV infections, disease, and deaths. To the extent possible, program activities should strive to support the primary goals of [NHAS 2020](#):

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

Updated in 2015, NHAS 2020 has fully integrated the objectives and recommendations of the [HIV Care Continuum Initiative](#) (see below) and the Federal Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities. The Strategy also allows opportunities to refocus and strengthen the ongoing work in HIV prevention, care, and research.

Recipients should take action to align their organization's efforts, over the next five years, within the parameters of the RWHAP statute and program guidance, around the Strategy's four areas of critical focus:

- 1) Widespread testing and linkage to care, enabling PLWH to access treatment early;
- 2) Broad support for PLWH to remain engaged in comprehensive care, including support for treatment adherence;
- 3) Universal viral suppression among PLWH; and
- 4) Full access to comprehensive pre-exposure prophylaxis (PrEP) services for those for whom it is appropriate and desired, and support for medication adherence for those using PrEP.

More information on how recipients can support NHAS 2020, including the [Community Action Plan Framework](#), a tool to help recipients and other stakeholders in developing their own plans to implement NHAS 2020, can be found here: <https://aids.gov/federal-resources/national-hiv-aids-strategy/overview/>.

### **HIV Care Continuum**

The HIV care continuum includes the diagnosis of HIV, linkage to HIV medical care, lifelong retention in HIV medical care, appropriate prescription of antiretroviral therapy (ART), and, ultimately, HIV viral suppression. The HIV care continuum performance measures align with the [U.S. Department of Health and Human Services] [HHS Common HIV Core Indicators](#), approved by the HHS Secretary. RWHAP recipients and providers submit data through the RSR. HAB collects the data elements needed to produce the HHS Common HIV Core Indicators (Indicators); uses the data to calculate Indicators, across the entire RWHAP; and reports six of the seven Indicators to the HHS, Office of the Assistant Secretary for Health. These indicators are being updated to align with the updated National HIV/AIDS Strategy and may be further revised to reflect future scientific advances and policy priorities.

RWHAP recipients are encouraged to assess the outcomes of their programs along the HIV care continuum and work with their community and public health partners to improve outcomes, so that individuals diagnosed with HIV are linked to and engaged in care and started on ART as early as possible. HAB requests that recipients use the RWHAP [performance measures](#), at their local level, to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

### **Clinical Quality Management**

Section 2664(g)(5) of the PHS Act requires recipients of funding under the RWHAP Part C to establish Clinical Quality Management (CQM) programs to:

- Assess the extent to which HIV health services are consistent with the most recent HHS guidelines for the treatment of HIV/AIDS and related opportunistic infections, and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

Please see [PCN #15-02 Clinical Quality Management](#) and the accompanying [FAQs](#) for additional information.

## **II. Award Information**

### **1. Type of Application and Award**

Type of applications sought: New

Funding will be provided in the form of a grant.

### **2. Summary of Funding**

Approximately \$2,250,000 is expected to be available to fund up to 15 recipients. You may apply for a ceiling amount of up to \$150,000. The actual amount available will not be determined until enactment of the final FY 2017 federal budget. This program announcement is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is September 1, 2017 through August 31, 2018 (one (1) year).

The Division of Community HIV/AIDS Programs will only fund one activity proposed under one category (HIV Care Innovation or Infrastructure Development). The same activity funded in FY 2016 will not be funded in FY 2017; however, an expansion of activities currently supported with RWHAP Part C Capacity Development or Part D Supplemental funding will be considered with a clear rationale for how the proposed activity builds upon and furthers the objectives of the previously funded activity.

Entities applying for funding under this announcement (HRSA-17-042 RWHAP Part C Capacity Development Program) that also receive Supplemental funding under HRSA-17-039 (RWHAP Part D) must be able to demonstrate the ability to administer multiple federal awards (if successful) and to ensure adequate quality controls, staffing, and impartiality. Duplication of funded activities is not allowable.

All administrative and audit requirements and the cost principles that govern federal monies associated with this award are subject to the Uniform Administrative Requirements at [2 CFR part 200](#) as codified by HHS at [45 CFR part 75](#).

## **III. Eligibility Information**

### **1. Eligible Applicants**

Eligible applicants include public and nonprofit private entities. Faith-based and community-based organizations, and Tribes and tribal organizations are eligible to apply for these funds.

## 2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

## 3. Other

Applications that exceed the ceiling amount of \$150,000 will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this announcement.

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

**Maintenance of Effort** - The recipient must agree to maintain non-federal funding for early intervention services activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the award [as authorized by Section 2664(d) of the PHS Act]. Complete the Maintenance of Effort information and submit as **Attachment 5**.

NOTE: Multiple applications from an organization are not allowable.

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

## IV. Application and Submission Information

### 1. Address to Request Application Package

HRSA **requires** applicants for this FOA to apply electronically through Grants.gov. You must download the SF-424 application package associated with this FOA following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

### 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 FOA to do otherwise.

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

### **Application Page Limit**

The total size of all uploaded files may not exceed the equivalent of **30 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 FOA. Standard OMB-approved forms that are included in the application package are NOT included in the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

### **Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification**

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

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

### **Program-Specific Instructions**

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

#### ***i. Project Abstract***

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#). In addition to the requirements listed in the SF-424 Application Guide, include the following information in the Abstract:

- "FY17 RWHAP Part C Capacity Development Program," as the Project Title
- Identification of the selected category (HIV Care Innovation or Infrastructure Development) together with a summary of the proposed capacity development activity to improve health outcomes along the HIV care continuum with the specific stage(s) in the HIV care continuum to be addressed by the activity
- The amount requested for the one-year project period
- **The statutory preference requested, if applicable**

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

**ii. Project Narrative**

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

Use the following section headers for the Narrative:

- **INTRODUCTION -- Corresponds to Section V's Review Criterion #1 Need**  
In this section, briefly describe the purpose of the proposed project. Clearly state that you are requesting funding for one activity within either the HIV Care Innovation or Infrastructure Development categories as listed in Section I.1 of this FOA. Discuss why your local community and/or organization is in need of capacity development funds and how the proposed activity will strengthen organizational interventions to improve health outcomes along the HIV care continuum. In the introduction, address how the proposed project will meet one or more of the NHAS 2020 goals. If the proposed project is an expansion of a previously funded activity, clearly describe how the proposed activity builds upon and furthers the objectives of the previously funded activity in maximizing impact on the local HIV care continuum. Please address one activity from the list below for the FY 2017 RWHAP Part C Capacity Development Program:

**1) HIV Care Innovation Activities:**

- HIV Case Finding;
- Motivational Interviewing;
- Patient-Based Treatment Adherence;
- Patient Chronic Disease Self-Management; or
- Transitioning Youth into Adult Care.

**2) Infrastructure Development Activities:**

- Electronic Health Records (EHR);
- Financial Management Systems; or
- Management Information System.

- **NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 Need**  
In this section, describe the unmet need based on your evaluation of the gaps in the local HIV care continuum. Reference the specific proposed activity under the HIV Care Innovation or the Infrastructure Development category. Use and cite the pertinent demographic data whenever possible to support the information provided.

- For every stage of the HIV care continuum, provide the organization's data for calendar years 2015 and 2016; a table format is strongly encouraged. Use the same numerators and denominators as outlined for the HHS Common HIV Core Indicators.

(<http://www.aids.gov/pdf/hhs-common-hiv-indicators.pdf>;  
<http://hab.hrsa.gov/deliverhivaidscore/habperformmeasures.html>)

- Describe the specific target population(s) that will be impacted by the proposed activity. The proposed activity may address a gap across the entire HIV population served by your organization or it may address a subgroup of patients served by your organization that experiences poor health outcomes such as low viral suppression. For example, if you wish to address the gap in retaining young men who have sex with men (MSM) in care, the table needs to include data for that sub-population for each stage of the HIV care continuum, i.e., total number of young MSM, number of young MSM newly diagnosed with HIV, number of young MSM linked to care within 90 days of diagnosis, number of young MSM retained in care, number of young MSM prescribed ART, and number of young MSM who are virally suppressed.

The data that outline the specific target population(s) for the proposed activity is best presented in a table format which lists the stages vertically in the left hand column (HIV diagnosis, linkage to HIV care within 90 days of diagnosis, retention in HIV medical care, ART among persons with HIV medical care, and viral suppression among persons in HIV medical care). Horizontally, across the top of the table, provide data for calendar years 2015 and 2016. Data for each numerator and denominator must be provided as whole numbers together with the calculated percentage (numerator/denominator). Clearly define the data provided, including the definitions of the numerators and denominators that are used.

- **METHODOLOGY -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact**

In this section, propose the methods that will be used to address the specific proposed activity under the HIV Care Innovation or the Infrastructure Development category. Identify expected collaboration and coordination efforts and strategies, and describe how you propose to continue the activity at the end of the one-year project period when the period of federal funding ends.

- **Collaboration and Coordination:** In describing the activity proposed to address at least one aspect of the HIV care continuum, clearly outline the needed partners for the proposed project. Identify in the outline the tasks that each partner proposes to perform, the responsible party of the partner, and the amount of funds, if any, allocated to the partner. Include Letters of Support and/or Letters of Commitment from each partner and/or collaborating entity in **Attachment 7**.
- **Sustainability:** Explain how the efforts set forth in this project will be maintained or continued beyond the project period. For example, describe how you will support maintenance of systems, newly trained staff, or the activity that addresses the identified gap in the HIV care continuum at the conclusion of the one-year project period.

Include a description of the plan for the dissemination of information and/or products developed as a result of this capacity development program to other providers in the community and/or collaborators to this project. The intent is to

outline how lessons learned will be shared to enhance the capacity of HIV care throughout the local community.

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

**The work plan should contain both a narrative section and a table, as outlined below.** In the work plan, identify the specific proposed activity under the HIV Care Innovation or the Infrastructure Development category and discuss how the activity is expected to address the specified stage of the HIV care continuum, and how the activity is to be implemented. For example, if you propose to partner with the regional AETC to provide Motivational Interviewing training, provide a description of the training curriculum, the number of persons to be trained, which staff would be designated for the training, how the training will be applied to the appropriate stage of the HIV care continuum, and how you will monitor the results. As another example, if you propose to put in place a Management Information System to improve data collection, reporting, and quality improvement activities, describe how you will select the new information system, the number of persons who will utilize the system, how you will use the system to improve a selected stage or stages of the HIV care continuum, and how you will monitor the results of the new data system.

The work plan table should include:

- A **Problem Statement(s)** that identifies the specific stage(s) in the HIV care continuum to be addressed (1-2 sentences);
- A description of each **Goal** that corresponds to a problem statement (1-2 sentences) which identifies the specific stage(s) in the HIV care continuum to be addressed;
- A description of each **Objective** that corresponds to a goal (1 sentence); it should include how each objective addresses the corresponding stage(s) of the HIV care continuum;
- A listing of **Key Action Steps** for each objective (1-2 sentences), such as types of training to be completed and the number of staff to be trained; and
- A targeted **Completion Date** (Month/Year) for each objective and each action step.

Submit the work plan as **Attachment 4**. The detailed work plan must be submitted for the 12-month project period of **September 1, 2017 – August 31, 2018**.

As part of the project narrative, include all action steps that will be necessary to implement the capacity development proposal and accomplish the proposed objectives for the selected activity. If you propose an activity that reaches across specific sub-populations, ensure that the activity is tailored to meet the specific needs of the targeted populations, and use applicable performance measures for evaluation.

- *RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 Response*  
Discuss challenges that are likely to be encountered in designing and

implementing the activity/ies described in the work plan, and in measuring improvement in the HIV care continuum in your HIV program and/or community. Discuss the approaches that will be used to resolve such challenges. Challenges discussed should be specific to the proposed activity and relate to either the overall goal(s) or objective(s) proposed within the work plan.

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

The required components of this section include the following:

- **Data Collection and Management:** Describe the data collection system and the method(s) used to collect and monitor the outcomes of the proposed activity in the work plan. Discuss the mechanisms to be used for tracking and monitoring the proposed activity and the impact of the activity on affecting positive change along the stage(s) of the HIV care continuum. Clearly outline how data are collected, verified, and reported to involved staff and PLWH.
- **Project Evaluation:** Describe the evaluation activities, including clinical quality management activities, that will be used by the HIV program to assess the impact of the proposed capacity development activity aimed at reducing the identified gaps along your HIV care continuum.

Provide a brief description of the CQM program, if applicable, and other resources that will be devoted to the evaluation, including the performance measures, timeline, and expected outcomes for the proposed HIV care continuum activity. Discuss how the evaluation results will be disseminated to staff, PLWH, and the community.

- *ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources/Capabilities*

The required components of this section include the following:

- **Organizational Capabilities:** Describe the current capabilities and expertise of your organization, including staff skills, current capacity to provide services, the cultural competency needed to implement the proposed activities, evaluation capabilities, and experience in administering federal funds. Describe current experience and knowledge that is explicitly related to implementing a system of change, including how to identify, address, and revise new health care models or systems.
- **Project Experience:** Describe the particular organizational skills or capabilities that will contribute to successful implementation of the proposed capacity development activity. Highlight key staff with pertinent expertise and past experience with similar work. Include a summary of the existing staff and vacant positions for the key personnel of the HIV program involved in this project and their roles in the project implementation in the Staffing Plan, **Attachment 3.**

- **PLWH Involvement:** Describe how PLWH and/or organizations that represent them will be engaged in the implementation of the capacity development activity, including decision making. HAB supports PLWH-driven change; therefore, participation of PLWH is critical in the implementation of any activity that impacts a local gap or gaps in the HIV care continuum.

| <b>NARRATIVE GUIDANCE</b>  |   |
|--|---|
| In order to ensure that the review criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. |   |
| <b><u>Narrative Section</u></b>  | <b><u>Review Criteria</u></b>   |
| 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<br>(5) Resources/Capabilities   |
| Organizational Information   | (5) Resources/Capabilities  |
| Budget and Budget Narrative  | (6) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested. |

### **iii. Budget**

See Section 4.1.iv of HRSA’s [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and the additional budget instructions provided below.

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

By law, no more than 10 percent of a RWHAP Part C award can be used for administrative expenses, including planning and evaluation, and excluding costs of a clinical quality management program. Administrative expenses are those costs incurred by the recipient for grant management and monitoring activities. Please see [PCN 15-01 Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Part A, B, C, and D](#) (<http://hab.hrsa.gov/sites/default/files/hab/Global/pcn1501.pdf>) for additional information.

Review the [PCN 16-02](http://hab.hrsa.gov/sites/default/files/hab/Global/service_category_pcn_16-02_final.pdf) for allowable uses of RWHAP funds ([http://hab.hrsa.gov/sites/default/files/hab/Global/service\\_category\\_pcn\\_16-02\\_final.pdf](http://hab.hrsa.gov/sites/default/files/hab/Global/service_category_pcn_16-02_final.pdf)) and [PCN 11-02](http://hab.hrsa.gov/sites/default/files/hab/Global/habpl1102.pdf) for guidance on contracting with for-profit entities (<http://hab.hrsa.gov/sites/default/files/hab/Global/habpl1102.pdf>).

The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2017, as required by law.

**iv. Budget Narrative**

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

**v. Attachments**

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

*Attachment 1: Program-specific Line Item Budget (Required)*

Submit a reasonable, allowable and allocable program-specific line item budget. HAB recommends that the program-specific line item budget be submitted in table format, listing the object class categories (Personnel, Fringe Benefits, etc.) in a column down the left hand side. The amount requested on the SF-424A and the amount listed on the program-specific line item budget must match. Under the Personnel Section of the line item budget, each position that is necessary to execute the capacity development activity should be listed by position title with the name of the individual, their title within the organization or noted if vacant. In addition, the full time equivalent (FTE) should be designated or “in-kind” if work activity will not be charged to the capacity development grant. The budget must relate to the activity proposed in the Project Narrative. **NOTE:** Do not submit an Excel spreadsheet. HAB recommends that the budgets be converted or scanned into a PDF format for submission.

*Attachment 2: Indirect Cost Rate Agreement, if applicable (not counted in the page limit)*

*Attachment 3: Staffing Plan and Job Descriptions for Key Personnel (see Section 4.1. of HRSA’s [SF-424 Application Guide](#)) (Required)*

Attach a staffing plan which lists the key personnel who will be involved in the implementation of the proposed capacity development activity. Key personnel is defined as the Program Director and other individuals who contribute to the programmatic development or execution of a project/program in a substantive, measurable way, whether or not they receive salaries or compensation under the grant. This may include the program coordinator, medical director, CQM staff, and data monitoring staff, if appropriate. For each listed person on the staffing

plan, include their role, responsibilities, credentials, if applicable, and the allocated FTEs. Only include brief job descriptions for key personnel vacancies for the proposed Capacity Development activity. Limit the staffing plan to two pages total in length.

*Attachment 4: Work Plan (Required)*

Attach the work plan for the project that includes all information detailed in Section IV. ii. Project Narrative. As stated, a table is preferred to outline the work plan.

*Attachment 5: Maintenance of Effort Documentation (MOE) (Required)*

Provide a baseline aggregate expenditure for the proposed activities for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

Submit a description of a consistent data set of non-Federal funds for the applicant’s previous fiscal year that is counted towards the MOE and methodologies for calculating MOE expenditures. Also include a brief narrative explaining any changes in the data set where HIV-related expenditures have been reduced or where the purpose of the HIV-related expenditure has changed.

| NON-FEDERAL EXPENDITURES  |   |
|---|---|
| <p>Applicant’s FY Prior to Application (Actual)</p> <p>Actual prior FY non-federal funds, including in-kind, expended for early intervention service activities proposed in this application.</p> <p>Amount: \$ _____</p> | <p>Applicant’s Current FY of Application (Estimated)</p> <p>Estimated current FY non-federal funds, including in-kind, designated for early intervention service activities proposed in this application.</p> <p>Amount: \$ _____</p> |

*Attachment 6: Request for Funding Preference*

To receive a funding preference, identify the preference, and include documentation that justifies your qualification for the preference. The justification must demonstrate clearly that the proposed target populations to be served meet the rural and/or underserved qualifications. **If Attachment 6 is not submitted, you will not be considered for a funding preference.** See [Section V.2](#).

*Attachment 7: Letters of Support and/or Commitment*

Provide letters of support and/or commitment from each organization identified in the application as a partnering and/or collaborating/ coordinating organization that

will work with your organization in implementing the capacity development project. The letters must be dated, and should clearly identify the role of the organization in the proposed capacity development activity, the tasks that each entity proposes to perform, the responsible party of the partner, and the amount of total cost funds, if any, for each organization.

*Attachments 8 – 15: Other Relevant Documents*

Include here any other documents that are relevant to the application.

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

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

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

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

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

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

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

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

### **4. Submission Dates and Times**

#### **Application Due Date**

The due date for applications under this FOA is *February 28, 2017 at 11:59 P.M. Eastern Time*.

See Section 8.2.5 – Summary of e-mails from Grants.gov of HRSA's [SF-424 Application](#)

[Guide](#) for additional information.

## 5. Intergovernmental Review

The RWHAP Part C Capacity Development Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100. See Executive Order 12372 in the [HHS Grants Policy Statement](#).

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

## 6. Funding Restrictions

You may request funding for a project period of up to one year, not to exceed \$150,000 total cost.

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

- Charges that are billable to third party payors (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, HUD, other RWHAP funding including ADAP)
- To directly provide health care services (e.g., HIV care, counseling and testing) that duplicate existing services
- PrEP medications and the related medical services, such as physician visits and laboratory costs; RWHAP Part C recipients may provide prevention counseling and information to eligible clients' partners (also see the [June 22, 2016 RWHAP and PrEP program letter](#))
- Purchase or construction of new facilities or capital improvements to existing facilities
- Purchase of or improvement to land
- Cash payments to intended recipients of RWHAP services
- Purchase of sterile needles and syringes for the purpose of illegal drug use. Some aspects of Syringe Services Programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See <https://www.aids.gov/federal-resources/policies/syringe-services-programs/>.
- Development of materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- Fundraising expenses
- Lobbying activities and expenses
- International travel
- Long-term activities; instead, the activities should be of a short-term nature with a targeted completion by the end of the one-year project period

By law, no more than 10 percent of a RWHAP Part C award can be used for administrative expenses, including planning and evaluation, and excluding costs of a clinical quality management program. Administrative expenses are those costs incurred by the recipient for grant management and monitoring activities. Please see [PCN 15-01 \(http://hab.hrsa.gov/sites/default/files/hab/Global/pcn1501.pdf\)](#) for additional information.

The General Provisions in Division H of the Consolidated Appropriations Act, 2016 (P.L. 114-113) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2017, as required by law.

You are required to have the necessary policies, procedures and financial controls in place to ensure that your organization complies with the all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures, and controls is subject to audit.

All program income generated as a result of awarded funds must be added to the grant amount and used for otherwise allowable costs under the program. Recipients are responsible for ensuring that subrecipients have systems in place to account for program income, and for monitoring to ensure that subrecipients are tracking and using program income consistent with RWHAP requirements. Please see 45 CFR §75.307 and [PCN 15-03 Clarifications Regarding the Ryan White HIV/AIDS Program and Program Income](#) ([http://hab.hrsa.gov/sites/default/files/hab/Global/pcn\\_15-03\\_program\\_income.pdf](http://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-03_program_income.pdf)) for additional information.

## V. Application Review Information

### 1. Review Criteria

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

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

Review criteria are used to review and rank applications. The RWHAP Part C Capacity Development Program has six (6) review criteria:

#### *Criterion 1: NEED (20 points) – Corresponds to Section IV's Introduction and Need Sections*

- For applicants that propose an activity previously funded under RWHAP Part C Capacity Development or RWHAP Part D Supplemental, the extent to which the application clearly demonstrates that it is not the same activity funded in FY 2016 and that the proposed activity builds upon and furthers the objectives of the previously funded activity, in response to current unmet need.
- The clarity of the description of the HIV service delivery system and the gap(s) in the HIV care continuum to be addressed by the proposed activity.
- The completeness of the baseline data reported for each stage in the local HIV care continuum for calendar years 2015 and 2016 with clear numerators and denominators that align with the HHS Common HIV Core Indicators.

- The strength of the justification for the need for capacity development funds in the proposed service area and for the identified target population(s) based on the identified gap(s) in their HIV care continuum.

*Criterion 2: RESPONSE (25 points) – Corresponds to Section IV’s Methodology, Work Plan, and Resolution of Challenges Sections*

- The extent to which the application fully demonstrates how the activity will enhance the ability to address changes introduced by the evolving health care landscape and to meet the goals of NHAS 2020 by targeting improvement in the HIV care continuum.
- The extent to which the proposed work plan activities (**Attachment 4**) address the gap(s) in the HIV care continuum (e.g. retention in medical care and viral suppression) which lead to improved health outcomes for targeted populations.
- The clarity and strength of the roles for identified partners in the proposed project, and the tasks for each partner as described in the letters of support.
- The extent to which the potential challenges to be encountered in designing, implementing, and measuring health outcome improvement are identified.
- The clarity and strength of the solution-oriented approaches for addressing the potential challenges.
- The extent to which the proposed plan for the dissemination of results illustrates how lessons learned will be shared to enhance the capacity of HIV care throughout the local community.

*Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV’s Evaluation and Technical Support Capacity Section*

- The extent to which proposed mechanisms to monitor the impact of the proposed activity align with specific points of the HIV care continuum.
- The extent to which the proposed data collection system can collect, verify, and report information about changes in the local HIV care continuum in a timely manner.
- The extent to which the proposed CQM program and/ or other resources that will be devoted to the evaluation component of the project include defined performance measures, feasible timelines, and expected outcomes.
- The extent to which the proposed plan for the dissemination of evaluation results includes staff, consumers and the community.

*Criterion 4: IMPACT (15 points) – Corresponds to Section IV’s Methodology and Work Plan Sections*

- The strength and feasibility of the proposed sustainability plan demonstrating how the agency will support the maintenance of systems, staff, or activities listed in the work plan at the conclusion of the project period.
- The extent to which the applicant describes the potential impact the proposed project may have on the applicant’s and the local community’s HIV care continuum when implemented.

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

- The organization's capacity to successfully fulfill the proposed project as demonstrated by qualified staff and partnerships, depth of experience, knowledge of system change, and the infrastructure to extend change into the community.
- The extent to which the staffing plan (**Attachment 3**) is consistent with the project description and proposed activity.
- As applicable, the extent to which the applicant demonstrates that PLWH will be involved in the decision making process for the execution of the proposed capacity development activity.
- The extent to which the applicant clearly demonstrates that key personnel have adequate time devoted to the project to achieve project objectives.

*Criterion 6: SUPPORT REQUESTED (20 points) – Corresponds to Section IV's Budget and Budget Narrative Section*

- The extent to which costs, as outlined in the budget (**SF-424A** and **Attachment 1**) are clearly delineated, allowable, and reasonable given the scope of work.
- The extent to which the budget justification narrative fully explains each line item and justifies the resources requested, including proposed staff.

## 2. Review and Selection Process

The objective review provides advice to the individuals responsible for making award decisions. The highest ranked applications receive priority consideration for award within available funding. In addition to the ranking based on merit criteria, HRSA approving officials also may apply other factors in award selection, (e.g., geographical distribution), if specified below in this FOA. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

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

For this program, HRSA will use funding preferences.

### Funding Preferences

This program provides a funding preference for some as authorized by Section 2654(c)(3) of title XXVI of the PHS Act, (42 USC 300ff-54(c)(3)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87). Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. Funding preference will be granted to any qualified applicant that submits **Attachment 6** and demonstrates that they meet the criteria for preference(s) as follows:

#### Qualification 1: RURAL AREAS

An applicant can request funding preference if it is providing primary care services in a rural community. Rural communities are those that are NOT designated a metropolitan statistical area (MSA). An MSA, as defined by OMB, must include one city with 50,000 or more inhabitants. MSAs are also urbanized areas (defined by the Bureau of the Census) with at least 50,000 or more inhabitants and a total MSA population of at least 100,000 (75,000 in New England). Rural communities may exist within the broad

geographic boundaries of MSAs. For more information, see <http://www.hrsa.gov/ruralhealth/aboutus/definition.html>. For a list of those areas, refer to <http://datawarehouse.hrsa.gov/RuralAdvisor>.

#### Qualification 2: UNDERSERVED POPULATIONS

An applicant can request funding preference if it is providing primary care services to an underserved population. Underserved populations include communities and affected subpopulations which are underserved with respect to HIV related health services. These gaps in HIV related health services must be defined and documented in the application and may include inadequate and/or unavailable services.

If requesting a funding preference, please include the justification as **Attachment 6**. If Attachment 6 is not submitted, you will not be considered for a funding preference.

### **3. Assessment of Risk and Other Pre-Award Activities**

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

Applications receiving a favorable objective review that HRSA is considering for funding are reviewed for other considerations. These include, as applicable, cost analysis of the project/program budget, assessment of the applicant's management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or grants 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 an award will be made. Following review of all applicable information, the HRSA approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

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

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

### **4. Anticipated Announcement and Award Dates**

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2017.

## VI. Award Administration Information

### 1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2017. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

### 2. Administrative and National Policy Requirements

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

### 3. Reporting

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

- 1) **Progress Reports.** The recipient must submit a progress report to HRSA on a **semi-annual** basis. The first progress report is due 6 months after the project period start date. A final report is due within 90 days after the project period ends. The final report collects information relevant to program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences during the entire project period. Awardees will be expected to provide end-of-the-project-period outcome data and demonstrate the impact of the project's activity in addressing the gap in the HIV care continuum. Further information will be provided in the award notice.

## VII. Agency Contacts

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

Potie Pettway  
Grants Management Specialist  
Division of Grants Management Operations, OFAM  
Health Resources and Services Administration  
5600 Fishers Lane, Mailstop 10SWH01  
Rockville, MD 20857  
Telephone: (301) 305-1014  
Fax: (301) 594-6096  
E-mail: [ppetway@hrsa.gov](mailto:ppetway@hrsa.gov)

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

Mindy Golatt, MPH, MA, RN, CPNP  
CDR, United States Public Health Service  
Chief, Mid-West Branch  
Health Resources and Services Administration  
5600 Fishers Lane, Room 09N44  
Rockville, MD 20857  
Telephone: (301) 443-0717  
Fax: (301) 443-1839  
E-mail: [Mgolatt@hrsa.gov](mailto:Mgolatt@hrsa.gov)

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

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

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

All applicants are encouraged to participate in a technical assistance (TA) webinar for this funding opportunity. The TA webinar will be held Thursday, **January 26, 2017**, from **2:00 – 4:00 PM** Eastern Standard Time. The purpose of the webinar is to assist potential applicants in preparing applications that address the requirements of the FOA. Participation in the pre-application TA webinar is strongly encouraged to ensure the successful submission of the application.

- **Date:** January 26, 2017
- **Time:** 2:00 – 4:00 PM Eastern Time
- **Call-in number:** 877-917-3405, Passcode: 6478117
- **Webinar link:** [https://hrsa.connectsolutions.com/part\\_c\\_ta/](https://hrsa.connectsolutions.com/part_c_ta/)

## **IX. Tips for Writing a Strong Application**

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