Notice of Funding Opportunity

Issuance Date: 06/21/2024
Application Due 07/24/2024

HRSA
Health Resources & Services Administration

HIV/AIDS Bureau

Office of Program Support

HIV Clinical Training Tracks in Primary Care Residency Programs (HTR Program)

Opportunity number: HRSA-24-109

Modified July 9, 2024: Clarified the indirect cost rate for training awards.

Modified July 5, 2024: Clarified the funding level for each year.

Step 1:
Review the Opportunity

In this step

Basic information

The key facts

HRSA Bureau/Office: HIV/AIDS Bureau/Office of Program Support

Project Name: **HIV Clinical Training Tracks in Primary Care Residency Programs (HTR Program)**

Opportunity number: HRSA-24-109

Federal Assistance Listing Number: 93.145

AIDS Education and Training Centers funds are authorized by 42 USC §§ 300ff-111(a) and 300ff-121 (§§ 2692(a) and 2693 of the Public Health Service (PHS) Act), Sections 2606 and 2654(b) of the Public Health Service (PHS) Act (42 U.S.C. §§ 300ff-16 and 300ff-54(b)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L 111-87) and Ending the HIV Epidemic in the U.S. funds are authorized by Consolidated Appropriations Act, 2023, Pub. L. 117-328, Division H, title II.

Summary

Supported through funding from the Department of Health and Human Services Office of the Assistant Secretary for Health's Minority HIV/AIDS Fund, the Health Resources and Services Administration (HRSA), is accepting applications for the fiscal year (FY) 2024 ***HIV Clinical Training Tracks in Primary Care Residency (HTR) Programs***. Funding for this demonstration project will support one organization to develop a curriculum and implement an HIV training track for primary care residents interested in providing HIV care and treatment to people at risk or who have HIV. The organization will be responsible for partnering with primary care residency training programs to launch an HIV clinical training track within existing programs. Emphasis will be placed on residency programs located in communities identified in the Ending the HIV Epidemic jurisdictions and residents likely to remain in practice in communities most impacted and at-risk for HIV. Accredited internal and family medicine, nurse practitioner, and physician assistant primary care residency programs are eligible sites for the HTR program. In addition to training residents, the recipient will be responsible for creating a learning community for the participating residents.

Have questions?

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Key dates

Application deadline: July 24, 2024

NOFO issue date: June 21, 2024

Expected award date: September 30, 2024

Expected start date: September 30, 2024

Funding detail

Application type: New

Expected total available funding: $450,000 each year

Expected number and type of awards: One cooperative agreement

Funding range per award: up to $450,000 per award

HRSA plans to fund the award in 12-month budget periods for a four-year period of performance from September 30, 2024 to September 29, 2028.

Eligibility

Who can apply

Eligible applicants

You can apply if your organization is in the United States, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau and is a:

- Public or nonprofit private entity
- School or academic health science center
- Institutions of higher education
- Community-based organization
- Tribal (governments, organizations)

Other eligibility criteria

Organizations are allowed to apply for this opportunity in partnership with other organization(s) that meet the eligibility criteria stated above.

Cost sharing

This program does not have a cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. We will hold you accountable for any funds you add, including those reported.

Program description

Purpose

The purpose of this demonstration project is two-fold: train primary care providers that are likely to practice in communities most impacted and at-risk for HIV and to determine the feasibility and return on investment should the training of primary care residents in HIV be incorporated as a core component of the Ryan White HIV/AIDS Program Part F AIDS Education and Training Centers (AETC) Program.

Background

A HRSA HAB-funded analysis of the HIV provider shortage in 2016 concluded that provider shortages increased from 7 to 30% between 2010 and 2015 [1]. The analysis further concluded "we have a reason to believe this trend is continuing and will likely have long-term adverse consequences for public health if not addressed"[1] [1].

These statistics are most startling in the South where an astounding 80% of counties in the region lack experienced HIV providers.[2] These counties are located in 48 communities that experience over 50% of the new HIV infections in the country and are the focus of the Ending the HIV Epidemic (EHE) in the US Initiative.

The growing trend to augment the number of primary care providers who can provide expert HIV care and treatment is critically important as HRSA aims to (1) support care for more people with HIV are either not yet diagnosed or diagnosed and out of care (currently estimated at approximately 500,000) and (2) assure these providers can manage multiple co-morbidities associated with people aging with HIV. Primary care providers are well positioned to provide this kind of quality care and treatment, particularly as antiretroviral treatment methods for HIV have become less complex.

According to the AAMC's 2021 Report on Residents, more than half (57.1%) of the people who completed residency training from 2011 to 2021 are practicing in the state where they completed their residency training.[3]

This recipient of this award will, at a minimum:

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[1] Wijesinghe S, Alexander JL. Management and treatment of HIV: are primary care clinicians prepared for their new role? BMC Fam Pract. 2020 Jul 1;21(1):130. doi: 10.1186/s12875-020-01198-7. PMID: 32611326; PMCID: PMC7330969.

[2] Bono RS, Dahman B, Sabik LM, Yerkes LE, Deng Y, Belgrave FZ, Nixon DE, Rhodes AG, Kimmel AD. Human Immunodeficiency Virus-Experienced Clinician Workforce Capacity: Urban-Rural Disparities in the Southern United States. Clin Infect Dis. 2021 May 4;72(9):1615-1622. doi: 10.1093/cid/ciaa300. PMID: 32211757; PMCID: PMC8096280.

[3] Accreditation Council for Graduate Medical Education. *ACGME Data Resource Book: Academic Year 2020-2021*. Chicago, IL: ACGME; 2021. acgme.org/globalassets/pfassets/publicationsbooks/2020-2021_acgme_databook_document.pdf

- Develop and implement a comprehensive HIV clinical training curriculum at a minimum of three primary care residency training programs located:
    - In or in close proximity to Ending the HIV Epidemic (EHE) jurisdictions and/or
    - Minority-Serving Institutions (MSIs)
- Ensure the HTR program compliments the existing residency program curriculum.
- Provide an interactive, clinical training experience to internal and family medicine, nurse practitioner, and physician assistant residents to facilitate becoming an expert in HIV care and treatment with the knowledge and experience to train other primary care providers. The training track should reflect the principles of adult learning and best practices for training health professionals and incorporate various types of learning experiences.
- Of the three required training sites, at least one must be at an internal medicine or family practice residency program and one must be at a nurse practitioner and/or PA residency training program.
- The training program at the three sites must be active by year two of the cooperative agreement
- Host in-person and/ virtual collaborative sessions that include participants from all residency training sites.

The Ryan White HIV/AIDS Program

The HRSA Ryan White HIV/AIDS Program has five statutory funding parts that provide a comprehensive system of medical care, support, and medications for low-income people with HIV. The goal is better health results, and lower HIV spread in priority groups.

The HIV care continuum is key to the program. It shows the journey of someone with HIV from diagnosis to effective treatment, leading to viral suppression. Achieving viral suppression boosts the patient's quality of life and prevents HIV spread.

This continuum also helps programs and planners measure progress and use resources effectively. We encourage you to assess your outcomes and work with your community and public health partners to improve. To assess your program, learn more at HRSA's Performance Measure Portfolio.

Strategic Frameworks and National Objectives

To address health challenges faced by low-income people with HIV, using national objectives and strategic frameworks is crucial. These frameworks include:

Healthy People 2030

National HIV/AIDS Strategy (NHAS) (2022–2025)

Sexually Transmitted Infections National Strategic Plan for the United States (2021–2025)

Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025)

These strategies offer guidance on the main principles, priorities, and steps for our national health response. They serve as a blueprint for collective action.

Expanding the Effort

There have been significant accomplishments:

- From 2017 to 2021, HIV viral suppression among Ryan White program patients improved from 85.9% to 89.7%. For more, see the 2021 Ryan White Services Report (RSR).
- Racial, ethnic, age-based, and regional disparities in viral suppression rates have significantly reduced. For more, see the Annual Client-Level Data Report 2021.
- In February 2019, the Ending the HIV Epidemic in the U.S (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. For the RWHAP, the EHE initiative expands the program's ability to meet the needs of clients, specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed and in care but not yet virally suppressed, to the essential HIV care, treatment, and support services needed to help them reach viral suppression.

Using Data Effectively

HRSA and CDC promote integrated data sharing and use for program planning, quality improvement, and public health action.

We encourage you to:

- Follow the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs.
- Create data-sharing agreements between surveillance and HIV programs.
- Progress towards NHAS goals through integrated data sharing, analysis, and use of HIV data by health departments.
- Complete CD4, viral load, and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems. CDC mandates the reporting of all such data to the National HIV Surveillance System (NHSS).
- Use HRSA's interactive RWHAP Compass Dashboard to visualize reach, impact, and outcomes of the Ryan White program and to inform planning and decision making. The dashboard gives you a look at national, state, and metro area data and displays client demographics, services, outcomes, and viral suppression. It also includes data about clients using the AIDS Drug Assistance Program (ADAP).
- Develop data-sharing strategies with others to reduce administrative burden.

- Use electronic data sources to verify client eligibility when you can. See Policy Clarification Notice 21-02, Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program.

Program Resources and Innovative Models

HRSA offers multiple projects and resources to help you. A full list of resources is available on TargetHIV. We urge you to learn about them and use them in your project. For some examples, see Helpful Websites.

Cooperative agreement terms

Our responsibilities

In addition to monitoring and technical assistance, we also get involved in these ways:

- Facilitating effective collaborative relationships with federally funded training programs well as academic training programs
- Providing information resources, including TA resource centers and other entities of relevance to the project;
- Reviewing activities, procedures, measures, and tools to be implemented for accomplishing the overall goals and objectives of this project on an on-going basis;
- Participating in the design and implementation of evaluation tools, evaluation plans, and curriculum; and
- Reviewing and participating in the dissemination of project activities, products, findings, best practices, evaluation data, and other information developed as part of this project to AETC recipients, federal partners, stakeholders, and the broader health care community.

Your responsibilities

You must follow all relevant laws and policies. Your other responsibilities will include:

- Designing and implementing a curriculum that trains primary care residents to provide HIV care and treatment
- Recruiting, onboarding, and supporting residency training program faculty and residents to participate in the program
- Establishing a community of practice among residents participating in the program
- Developing the tools and measures for the demonstration program.
- Provide a detailed analysis of the data and comprehensive assessment of the findings with recommendations regarding the incorporation of the program as a key component of the AETC program at the end of the project period.

- Provide a briefing to HRSA staff and leadership on the data, findings, accomplishments, recommendations on the feasibility and sustainability of the program as well as potential return on investment.
- Completing all reporting requirements and communicating about project design and outcomes throughout the project; and
- Collaborating with assigned HRSA project officers and other HRSA staff as necessary to plan, execute and evaluate project activities.

Funding policies & limitations

Policies

- If funds are appropriated for this purpose, HRSA will move forward with the review and award process.
- Applicant organizations can only submit and/or be a partner on one application.
- Support beyond the first budget period will depend on:
  - Appropriation of funds.
  - Satisfactory progress in meeting the project's objectives.
  - A decision that continued funding is in the government's best interest.
- If we receive additional funding for this program, we may consider options such as:
  - Funding more applicants from the rank order list
  - Extending the period of performance
  - Awarding supplemental funding

General limitations

- For guidance on types of costs that are not allowed or are restricted, see Budget in section 4.1.iv of the Application Guide. You can also see 45 CFR part 75, General Provisions for Selected Items of Cost.
- You cannot earn profit from the federal award. See 45 CFR 75.400(g).
- The salary rate limitation imposed by the current appropriations act applies to this program. As of January 2024, the salary rate limitation is $221,900. Note this limitation may apply in future years and will be updated.

Program-specific limitations

You cannot use funds under this notice for the following:

- International HIV/AIDS training activities.

- Payment for any item or service to the extent that payment has been made (or reasonably can be expected to be made), with respect to that item or service, under any state compensation program, insurance policy, federal or state benefits program, or any entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Service).
- Cash payment to intended recipients of RWHAP services.
- Clinical quality management.
- International travel.
- Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval).
- HIV test kits.
- Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy.
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity. This does not include otherwise permissible harm reduction training.

See Manage Your Grant for other information on costs and financial management.

Indirect costs

Indirect costs are those incurred for a common or joint purpose across more than one project and that cannot be easily separated by project (like utilities for a building that supports multiple projects). Learn more at 45 CFR 75.414, Indirect Costs.

There are limitations on indirect cost rates for training and education grants. Training awards are budgeted and reimbursed at 8 percent of modified total direct costs (MTDC). To calculate the (MTDC), we exclude from the direct cost base:

- Direct cost amounts for, equipment, tuition, fees, and participant support costs
- Subawards and subcontracts exceeding $25,000

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at 45 CFR 75.307.

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to SAM.gov Entity Registration and click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will need to register.

Grants.gov

You must also have an active account with Grants.gov. You can see step-by step instructions at the Grants.gov Quick Start Guide for Applicants.

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number HRSA-24-109.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit HHS Tips for Preparing Grant Proposals.

Visit HRSA's How to Prepare Your Application page for more guidance.

See Apply for a Grant for other help and resources.

Join the webinar

For more information about this opportunity, join the webinar on **Tuesday, July 9, 2024** from **1:30 to 3:30 PM ET**. You can join at:

https://hrsa-gov.zoomgov.com/j/1609557862?pwd=Y2pDMW81N1g3QWovcVdyVHBiWGtDUT09

If you are not able to join through your computer, you can call in at:

- Dial-in: **833 568 8864**
- Participant Code:**45495396**

We will record the webinar. If you are not able to join live, you can find the recording on TargetHIV.org.

Need Help? See Contacts & Support.

Step 3:
Write Your Application

In this step

Application contents & format

Application contents & format

Applications include four main components. This section includes guidance on each.

There is a 50-page limit for the overall application.

Submit your information in English and express budget figures using U.S. dollars.

Make sure you include each of these:

Components	Submission Format
Project abstract	Use the Project Abstract Summary form
Project narrative	Use the Project Narrative Attachment form
Budget narrative	Use the Budget Narrative Attachment form
Attachments	Insert each in the Other Attachments form.
Other Required Forms	Upload using each required form.

Required format

You must format your narratives and attachments using our required formats for fonts, size, margins, etc. See the formatting guidelines in section 4.2 of the Application Guide.

Project abstract

Complete the information in the Project Abstract Summary Form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. For more information, see section 4.1.ix of the Application Guide.

Project narrative

In this section, you will describe all aspects of your project. Project activities must comply with the nondiscrimination requirements.

Use the section headers and the order below.

Introduction

See merit review criterion 1: Need

Briefly describe the purpose of your project and how you plan to address the need to bolster the HIV workforce in communities most impacted by HIV.

Organizational information

See merit review criterion 5: Resources & Capabilities

Applicants are expected to have a history and experience in developing and implementing curriculum to train primary care providers to provide HIV care and treatment in a residency model. Because this project calls for an extensive network of relationships with primary care training programs, it is important that you demonstrate your organization's ability to utilize existing relationships and experience to fully implement the HTR by the second year of the award. In this section of your application:

- Briefly describe your mission, structure, and the scope of your current projects or activities that attest to your organization's experience, particularly in supporting HIV training in residency programs. Explain how they support your ability to carry out the program requirements. Include a project organization chart.
- Discuss how you will follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
- Describe your organization's experience in developing relationships with health professional organizations including those responsible for training health care professionals.
- Describe your organizational profile, budget, partners, key staffs' experience, skills, and knowledge, and key processes.
- Describe your organization's capability and experience with engaging and partnering with health professional organizations and training programs to implement clinical training activities. Provide examples where your organization has served as the lead on these projects. Describe the purpose and outcome(s).
- Describe your experience working in the HIV health workforce community.
- Describe, if applicable, applicant partners and their contribution and responsibilities to this project

Need

See merit review criterion 1: Need

- Describe the unmet needs related to the HIV workforce and gaps in residency training programs as it relates to training in HIV.
- Discuss the residency training programs you plan to target and provide a justification.
- Describe gaps in training on HIV care and treatment.
- Discuss relevant barriers that you hope to overcome.
- Use and cite demographic data whenever possible.

Approach

See merit review criterion 2: Response

- Tell us how you will address your stated needs and meet the program requirements and expectations described in this NOFO.

- Include strategies to:
    - Develop a discipline-appropriate, comprehensive training curriculum on HIV care and treatment based on the length of the programs. You are strongly encouraged to utilize the training modules and sessions in the AIDS Education and Training Centers Program, National HIV Curriculum, developed by the University of Washington on behalf of HRSA, to inform the content of your curriculum. Please note that HRSA will retain the right to use the training curriculum, and allow others to do so, for governmental purposes.
    - Select primary care residency programs for the HTR.
    - Implement the curriculum, obtain feedback, and ensure continuous improvement.
    - Establish partnerships and implement the HTR at residency programs. Include the number of residency programs, by discipline, that will be included in your methodology (the minimum number is three over the course of the award). Include MOUs, data use agreements, etc.
    - Solicit and select residents to participate in the project. Describe the support you will provide.
    - Ensure the clinical competence of HTR participants.
    - Describe the faculty and how you will onboard, expand, and maintain staffing to support. Describe how you will ensure staff are credentialed at each training site.
    - Include a plan to distribute reports to key stakeholders.
    - Create collaborative learnings among all HTR program participants.
    - Continue the project when federal funding ends. HRSA expects you to keep up key strategies and actions that have led to improved practices and outcomes for the project.

High-level work plan

See merit review criteria 2: Response & 4: Impact

- Describe the framework and key components of the HTR. Make sure they align with your goals and objectives.
- Provide a timeline for onboarding each proposed residency program.
- Describe how you will achieve each of the objectives during the period of performance.
- Provide a project timeline that includes each activity and identifies who is responsible for the activity as well as each subtasks.
- Identify key stakeholders and their role(s) in helping to plan, design, and carry out all activities, including the application.

- You will also include a more detailed work plan in your Attachments.

Resolving challenges

See merit review criterion 2: Response

Discuss challenges that you are likely to encounter in designing, carrying out, and maintaining the activities in the work plan. Explain approaches that you will use to resolve them.

Evaluation & technical support capacity

See merit review criteria 3: Evaluation Measures & 5: Resources & Capabilities

- Describe the goals, objectives, and expected outcomes of the funded activities.
- Describe the systems and processes that you will use to track performance outcomes.
- Describe how you will assess the clinical competency of HTR participants.
- Describe how you will collect and manage data in a way that allows for accurate and timely reporting of those outcomes. These might include assigned skilled staff or data management software.
- Describe your plan to evaluate how the project performs and how the results will contribute to continuous quality improvement. The evaluation should monitor ongoing processes and the progress towards the project's goals and objectives.
- Budget & budget narrative

Budget & budget narrative

See merit review criterion 6: Support Requested

The budget should follow the instructions in Section 4.1.iv Budget of the *R&R Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement.

The budget narrative supports the information you provide in Standard Form 424-A. See other required forms. It includes an itemized breakdown and a clear justification of the requested costs. The merit review committee reviews both.

It includes added detail and justifies the costs you ask for. As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- Restrictions on spending funds. See funding limitations.

To create your budget narrative, see detailed instructions in section 4.1.v of the Application Guide.

In addition to the instructions above, you must include the following:

- A separate line-item budgets for each year of the four-year period of performance, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs as appropriate.
- The HTR will be responsible for creating a collaborative learning space for residents participating in the program and may travel to participating residency programs. Please include the costs for these activities in the budget including travel.
- Key personnel include the Principal Investigator, Project Director, and Evaluator. List each of these positions on the budget.
- For all staff listed on the budget identify what percentage of the FTE you will allocate to this award, the full salary amount and all other funding sources leveraged to account for the full salary. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period.

Attachments

Place your attachments in order in the Other Attachments form.

Attachment 1: Work plan

Counts toward page limit.

Attach the Project Work Plan. Make sure it includes everything required in the Project Narrative section.

Attachment 2: Staffing plan & job descriptions

Counts toward page limit.

See Section 4.1.vi of the Application Guide.

Include a staffing plan that shows the staff positions that will support the project and a brief description with key information about each position. Provide a justification with staff selection criteria such as education and experience as well as the percentage of FTE/amount of time requested for each staff position. Indicate if the personnel will support the overall project and/or the implementation of the program at the specific site.

For key personnel, attach a one-page job description. It must include the role, responsibilities, and qualifications.

Attachment 3: Biographical sketches

Does not count towards the page limit.

Include biographical sketches for people who will hold the key positions you describe in Attachment *2*.

For key personnel, include no more than two-page biographical sketches. Do not include personally identifiable information. If you include someone you have not hired yet, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of Agreement & Memoranda of Understanding

Counts toward page limit.

Provide any documents that describe working relationships between your organization and others you refer to in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of the partnering organization or contractors and any deliverable. Make sure you sign and date any letters of agreement.

Attachment 5: Project organizational chart

Counts toward page limit.

Provide a one-page diagram that depicts your organizational structure.

Attachment 6: Funding Preference documentation (required)

Counts toward page limit.

Provide information, including supporting documentation, data, and other details according to the instructions for funding preferences. You must cite examples of proposed activities in your application. Your organization must meet the required criteria to receive the funding preference.

If your organization does not propose any activities related to the funding preference, you must indicate "Not applicable" on Attachment 6.

See Funding Preferences for more detailed information about how these apply.

Attachment 7: Tables & charts

Counts toward page limit.

Provide tables or charts that give more details about the proposal. These might be Gantt, PERT, or flow chart. **Tables and charts are not required.**

Other required forms

You will need to complete additional forms. Upload the forms listed below at Grants.gov. You can find them in the NOFO application package or review them and any available instructions at Grants.gov Forms.

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.
Project/Performance Site Location(s)	With application.
Grants.gov Lobbying Form	With application.
Key Contacts	With application.

Step 4:
Learn About Review & Award

In this step

Application review

Initial review

We review each application to make sure it meets basic requirements. We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Requests funding above the award ceiling shown in the funding range.
- Is submitted after the deadline.

Also, we will not review any pages over the 50-page limit.

Merit review

A panel reviews all applications that pass the initial review. The members use the criteria below.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	30 points
3. Evaluation measures	10 points
4. Impact	20 points
5. Resources & capabilities	25 points
6. Support requested	5 points

Criterion 1: Need

10 points total

See Project Narrative *Introduction* and *Need* sections.

How well the application describes the need for HIV providers, the role of primary care physicians, nurse practitioners and physician assistants in increasing the HIV workforce, and the importance of training residents in the communities in which they may serve.

Criterion 2: Response

30 points total

See Project Narrative *Approach*, *Work Plan*, *and Resolving Challenges sections.*

The extent to which the proposal:

15 points

- Describes a comprehensive training program that will effectively train residents to practice as an HIV provider evidenced by learning objectives and the proposed curriculum.
- Describes how the organization will provide a viable plan to recruit and engage residency programs and recruit participants.
- Presents relevant goals and measurable objectives.

10 points

- Provides a sound plan to onboard and maintain faculty to participate in the HTR program.
- Clearly describes the role of all key staff

5 points

- Provides a clear and concise plan to create, grow, and maintain various learning communities as described in the Background section of the NOFO.
- Describes how they will raise awareness about the HTR program.

Criterion 3: Evaluation measures

10 points total

See Project Narrative *Evaluation & Technical Support Capacity* section.

- How strong and effective is the methodology to:
    - Collect data.
    - Establish and analyze program performance and outcome measures.
    - Monitor and evaluate project results.
    - Assess the clinical competency of HTR participants.
- Evidence that the measures will assess how well program objectives have been met and to what extent the results are attributed to the project.

Criterion 4: Impact

20 points total

See Project Narrative *Work Plan* section.

The extent to which the proposal:

- Demonstrates a methodology that increases the likelihood of recruiting and retaining residents to participate in the HTR and become part of the HIV workforce.
- Presents a framework where all or some of the activities can be replicated at other primary care residency programs.

- Describes a methodology that will allow the HTR project to be scalable.
- Describes a sustainability plan for the HTR program to continue beyond federal funding.

Criterion 5: Resources & capabilities

25 points total

See Project Narrative *Organizational Information* and *Evaluation & Technical Support Capacity* sections.

The extent to which the:

15 points

- Applicant organization(s) has the experience, partnerships, and capacity to recruit and implement the HTR and eligible residency programs.
- Project staff have the training, knowledge and experience to carry out their specific roles in the project.

10 points

- Applicant has the knowledge and resources to develop a sound curriculum.
- Number of project staff is reasonable and sufficient to carry out the project.

Criterion 6: Support requested

5 points total

See Budget Narrative section.

- How reasonable the proposed budget is for each year of the period of performance.
- Whether costs, as outlined in the budget and required resources sections, are reasonable and align with the scope of work.
- Whether key staff have adequate time devoted to the project to achieve project objectives.

Risk review

Before making an award, we review the risk that you will not manage federal funds in prudent ways. We need to make sure you've handled any past federal awards well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.

- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information Responsibility / Qualification to check your history for all awards likely to be over $250,000. You can comment on your organization's information in SAM.gov. We will consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or may place specific conditions on the award.

For more details, see 45 CFR 75.205.

Selection process

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- The amount of available funds.
- Assessed risk.
- The larger portfolio of agency-funded projects, including the diversity of project types and geographic distribution.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a prime recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Funding preferences

This program provides a funding preference for some applicants, as authorized by Section 2692(a)(2) of the Public Health Service Act. If we determine that your application qualifies for a funding preference, we will move it to a more competitive position among fundable applications. Qualifying for a funding preference does not guarantee that your application will be successful. Regardless of whether your application receives a funding preference, it will receive full and equitable consideration during the review process. HRSA staff will determine the funding factor(s) and will apply it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

Your organization must meet all three criteria to receive the funding preference.

- Train, or result in the training of, health professionals who will provide treatment for minority individuals and Native Americans with HIV and individuals at increased risk;
- Train, or result in the training of, minority-serving health professionals and minority-serving allied health professionals to provide treatment for individuals with HIV; and
- Train, or result in the training of, health professionals and allied health professionals to provide treatment for Hepatitis B or C co-infected individuals.

To evaluate your eligibility for the funding preference, please cite examples of proposed activities in your application that meet the three criteria noted above in Attachment 8. Please limit your response to one page.

If your organization does not propose any activities related to the funding preference, you must indicate "Not applicable" on Attachment 6.

Award notices

We issue Notices of Award (NOA) on or around the start date listed in the NOFO. See Section 5.4 of the Application Guide for more information.

Step 5: Submit Your Application

In this step

Application submission & deadlines

See Find the Application Package to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations, and specifically with regard to grants. Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. See Get Registered. You will have to maintain your registration throughout the life of any award.

Deadlines

Application

You must submit your application by July 24, 2024 at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.

Submission method

Grants.gov

You must submit your application through Grants.gov. See Get Registered.

For instructions on how to submit in Grants.gov, see the Quick Start Guide for Applicants. Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

See Contacts & Support if you need help.

Other submissions

Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed.

Mandatory disclosure

You must submit any information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. See Mandatory Disclosures, 45 CFR 75.113.

To tell us about a violation, write to us:

HRSA via attachment as part of your application
AND
Office of Inspector General at grantdisclosures@oig.hhs.gov.

For full details, visit HHS OIG Grant Self Disclosure Program.

Application checklist

Make sure that you have everything you need to apply:

Component	How to Upload	Included in page limit?
☐ **Project abstract**	Use the Project Abstract Summary Form.	Yes
☐ **Project narrative**	Use the Project Narrative Attachment form.	Yes
☐ **Budget narrative**	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in a single Other Attachments form.	
☐ Work plan		Yes
☐ Staffing plan & job descriptions		Yes
☐ Biographical sketches		No
☐ Letters of agreement & MOUs		Yes
☐ Funding preferences (required)		Yes
☐ Project organizational chart		Yes
☐ Tables and charts (not required)		Yes
Other required forms	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		No
☐ Budget Information for Non-Construction Programs (SF-424A)		No
☐ Disclosure of Lobbying Activities (SF-LLL)		No
☐ Project/Performance Site Location(s)		No
☐ Grants.gov Lobbying Form		No
☐ Key Contacts		No

Step 6: Award

In this step

Post-award requirements & administration

Post-award requirements & administration

Administrative & national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award.
- The regulations at 45 CFR part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
- The termination provisions in 45 CFR 75.372.
- The HHS Grants Policy Statement (GPS). This document is incorporated by reference in your Notice of Award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements.
- See the requirements for performance management in 2 CFR 200.301.

Health information technology interoperability

If you receive an award, you must agree that where your activities involve implementing, acquiring, or upgrading health IT, you, and all your partners and subrecipients will:

- Meet the standards and specifications in 45 CFR part 170, subpart B, if those standards support the activity.
- If the activities relate to activities of eligible clinicians in ambulatory settings or hospitals under Sections 4101, 4102, and 4201 of the HITECH Act, that you will use only health IT certified by the ONC Health IT Certification Program.

If standards and implementation specifications in 45 CFR part 170, subpart B cannot support the activity, we encourage you to use health IT that meets non-proprietary standards and specifications of consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory.

Non-discrimination & assurance

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the Laws and Regulations Enforced by the HHS Office for Civil Rights.

Contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance.

Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Executive Order on Worker Organizing and Empowerment (E.O. 14025) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Reporting

If you are successful, you will have to follow the reporting requirements Section 6 of the Application Guide. The Notice of Award will provide specific details.

You must also follow these program-specific reporting requirements:

We will require the following reports:

- Annual allocations and expenditures report.
- Final Project Evaluation.
- Federal Financial Report. The Federal Financial Report (SF-425) is required. The report must be submitted to HRSA annually.
- Biannual progress reports to include the Non-Competitive Continuation Report and annual End of the Year Report.
- Ending the HIV Epidemic Biannual Report.

Contacts & Support

In this step

Agency contacts

Program & eligibility

Jeanean Willis-Marsh
jwillis@hrsa.gov

Financial & budget

Beverly H. Smith, MHS, RRT

Division of Grants Management Operations

Bsmith@HRSA.GOV

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.

Call: 877-464-4772 / 877-Go4-HRSA

TTY: 877-897-9910

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email support@grants.gov. Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the Federal Service Desk.

Helpful websites

- HRSA's How to Prepare Your Application page
- HRSA Application Guide
- HRSA Grants page
- HHS Tips for Preparing Grant Proposals
- Access, Care, and Engagement Technical Assistance Center (ACE TA)
- Best Practices Compilation
- Center for Innovation and Engagement (CIE)
- Center for Quality Improvement and Innovation (CQII)
- Dissemination of Evidence-Informed Interventions (DEII)

- Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)
- Ending Stigma through Collaboration and Lifting All to Empowerment (ESCALATE)
- Engage Leadership through Employment, Validation, and Advancing Transformation and Equity for persons with HIV (ELEVATE)
- Integrating HIV Innovative Practices (IHIP)