U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

HIV/AIDS Bureau
Division of State HIV/AIDS Programs

Ryan White HIV/AIDS Program (RWHAP) Integrated HIV/AIDS Planning and Resource Allocation Cooperative Agreement

Funding Opportunity Number: HRSA-23-054

Funding Opportunity Type(s): New & Competing Continuation

Assistance Listings Number: 93.145

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Application Due Date: January 19, 2023

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: October 19, 2022

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See Section VII for a complete list of agency contacts.

Authority: 42 U.S.C. §§ 243(c) and 300ff-16 (§§ 311(c) and 2606 of the Public Health Service Act).

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the HRSA staff in Section VII. Agency Contacts.

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for fiscal year (FY) 2023 Ryan White HIV/AIDS Program (RWHAP) Integrated HIV/AIDS Planning and Resource Allocation Cooperative Agreement. The purpose of this cooperative agreement is to provide technical assistance to RWHAP Parts A and B recipients and their planning bodies regarding: 1) the integration of HIV planning across systems of HIV prevention and care within their jurisdictions; and 2) the development, implementation, monitoring, evaluation, and improvement of Integrated HIV Prevention and Care Plans (Integrated Plans), including Statewide Coordinated Statements of Need (SCSN), submitted to HRSA and the Centers for Disease Control and Prevention (CDC) in response to legislative and programmatic requirements. RWHAP Parts A and B recipients and planning bodies use Integrated Plans to better inform and coordinate HIV prevention and care program planning, priority setting, resource allocation, and continuous quality improvement efforts to meet the HIV service delivery needs within their jurisdictions.

Funding Opportunity Title:	Ryan White HIV/AIDS Program (RWHAP) Integrated HIV/AIDS Planning and Resource Allocation Cooperative Agreement
Funding Opportunity Number:	HRSA-23-054
Due Date for Applications:	January 19, 2023
Anticipated FY 2023 Total Available Funding	$700,000
Estimated Number and Type of Award:	Up to one (1) cooperative agreement
Estimated Annual Award Amount:	Up to $700,000 per award subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2023 through June 30, 2027 (4 years)
Eligible Applicants:	Eligible organizations may include national organizations; State, local, and

	Indian tribal governments; institutions of higher education; other non-profit organizations (including faith-based, community-based, and tribal organizations); and academic health science centers. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following webinar:

November 2, 2022
1:30 – 3 p.m. ET
Weblink:https://hrsa-gov.zoomgov.com/j/1612766237?pwd=aFRFaWxzQWM0aGtHUWhoYkNNWTRVQT09

Attendees without computer access or computer audio can use the dial-in information below.

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

833 568 8864 US Toll-free

Meeting ID: 161 276 6237

Passcode: 83411337

HRSA will record the webinar and the recording will be posted on TargetHIV when available.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the fiscal year (FY) 2023 Ryan White HIV AIDS Program (RWHAP) Integrated HIV/AIDS Planning and Resource Allocation Cooperative Agreement. The purpose of this cooperative agreement is to provide tools, training and technical assistance (TA) to RWHAP Parts A and B recipients and their planning bodies.

RWHAP Parts A and B recipients and planning bodies submit Integrated HIV Prevention and Care Plans/ Statewide Coordinated Statements of Need (SCSNs) to HRSA and the Centers for Disease Control and Prevention (CDC) in response to legislative and programmatic requirements. Recipients and planning bodies must use Integrated Plans/SCSNs to better inform and coordinate HIV prevention and care program planning, priority setting, resource allocation, and continuous quality improvement efforts to meet the HIV service delivery needs within their jurisdictions.

The primary goals of this cooperative agreement is to provide technical assistance to Ryan White HIV/AIDS Program (RWHAP) Parts A and B recipients and their planning bodies regarding: 1) the integration of HIV planning across systems of HIV prevention and care within their jurisdictions; and 2) the development, implementation, monitoring, evaluation, and improvement of Integrated HIV Prevention and Care Plans (Integrated Plans), including Statewide Coordinated Statements of Need (SCSN), submitted to HRSA and the Centers for Disease Control and Prevention (CDC) in response to legislative and programmatic requirements

This cooperative agreement will help ensure state and local health departments and planning bodies have the knowledge, skills, tools, and other materials to ensure meaningful, efficient, and collaborative integrated planning processes.

The funded entity will work in collaboration with HRSA and CDC to accomplish the following key objectives:

1) Develop strategies, tools, training, and TA for RWHAP Part A and B recipients and planning bodies to support the development, implementation, monitoring, evaluation, and improvement of Integrated Plans/SCSNs.

    a. Identify innovative approaches to providing effective targeted TA to select jurisdictions in need of additional instruction or support regarding integrated planning processes.

    b. Facilitate peer learning opportunities across RWHAP Part A and B recipients and planning bodies.

    c. Collaborate and engage with a broad spectrum of national organizations, including CDC's Capacity Building Assistance (CBA) providers and programs, that have common interests and support state, territorial, and

local health department integrated HIV programs, (e.g.: TA on engagement plan/protocol development, collaborative meetings/conference calls, development and distribution of informational materials, etc.)

2) Collaborate with CBA providers in TA to HRSA recipients and CDC grant recipients on relevant HIV prevention & care planning content areas, (e.g.: integrated planning, community engagement, etc.).

3) Support RWHAP Part A & B recipients and planning bodies in establishing effective integrated planning processes, maximizing collaboration within and across jurisdictions at a state or territory level, and obtaining meaningful community engagement.

   a. Help jurisdictions coordinate different HIV plans such as the Ending the HIV Epidemic in the U.S. (EHE) and Getting to Zero and further the National HIV/AIDS Strategy (NHAS).

   b. Promote increased involvement from people with HIV, particularly from those communities most affected by HIV.

4) Establish measures and methods for obtaining feedback from RWHAP Parts A and B recipients and their planning bodies, evaluating the process and outcome of cooperative agreement activities, and using feedback and evaluation findings to improve future work.

5) Identify, describe, and disseminate through cooperative agreement activities required under this NOFO, the common challenges, successes, and promising or best practices among RWHAP Part A and B recipients and planning bodies in their integrated planning processes, and in their attainment of goals outlined in Integrated Plans/SCSNSCSNs.

2. Background

This cooperative agreement is authorized by the technical assistance authorities in the RWHAP legislation, codified at Title XXVI of the Public Health Service Act. This program will build upon and enhance work conducted under the previous cooperative agreement, RWHAP Integrated HIV Planning Implementation (Funding Opportunity Number HRSA-19-029).

Integrated Plans/SCSNs support the goals of the NHAS and establish a plan for realizing those goals along the HIV care continuum. The development, monitoring, and evaluation of Integrated Plans/SCSNs requires extensive communication, collaboration, and data sharing across federal, state, territorial, local, and non-governmental partners. Improving outcomes across the HIV care continuum requires Integrated Plans/SCSNs to support interventions with demonstrated effectiveness in addressing identified unmet need.

The RWHAP provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds

grants to states, cities, counties and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among priority populations.

The RWHAP has five statutorily defined Parts (Parts A, B, C, D, and F) that provide funding for core medical, support services, and medications; TA; clinical training; and the development of innovative interventions and strategies for HIV care and treatment to quickly respond to emerging needs of RWHAP clients.

An important framework in the RWHAP is the HIV care continuum, which depicts the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication to achieve viral suppression. Supporting people with HIV to reach viral suppression not only increases their own quality of life and lifespan, it also prevents sexual transmission to an HIV-negative partner.

The HIV care continuum framework allows recipients and planning groups to measure progress and to direct HIV resources most effectively. RWHAP recipients are encouraged to assess the outcomes of their programs and should work with their community and public health partners to improve outcomes across the HIV care continuum. HRSA encourages recipients to use the performance measures developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

Strategic Frameworks and National Objectives

National objectives and strategic frameworks like Healthy People 2030, the NHAS (2022 – 2025); the Sexually Transmitted Infections National Strategic Plan for the United States (2021 – 2025); and the Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021 – 2025) are crucial to addressing key public health challenges facing low-income people with HIV. These strategies detail the principles, priorities, and actions to guide the national public health response and provide a blueprint for collective action across the federal government and other sectors. The RWHAP supports the implementation of these strategies and recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to the extent possible.

Expanding the Effort: Ending the HIV Epidemic in the U.S.

According to recent data from the 2020 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2016 to 2020, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 84.9 percent to 89.4 percent. Additionally, racial and ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.[1] For example, the disparity in viral

[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2020. https://ryanwhite.hrsa.gov/data/reports. Published December 2021. Accessed December 2, 2021.

suppression rates between Black/African American and White clients has decreased since 2010.[2] These improved outcomes mean more people with HIV in the United States will live near-normal lifespans and cannot sexually transmit HIV to others. [3]

In February 2019, the EHE initiative was launched to further expand federal efforts to reduce HIV infections. This 10-year initiative seeks to achieve the important goal of reducing new HIV infections in the United States to fewer than 3,000 per year by 2030. The initiative will continue to bring the additional expertise, technology, and resources needed to end the HIV epidemic in the United States and is a collaborative effort among key HHS agencies, primarily HRSA, the CDC, the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

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 achieve viral suppression.

Using Data Effectively: Integrated Data Sharing and Use

HRSA and CDC's Division of HIV Prevention support integrated data sharing, analysis, and utilization for the purposes of program planning, conducting needs assessments, determining unmet need estimates, reporting, quality improvement, enhancing the HIV care continuum, and public health action. HRSA strongly encourages RWHAP recipients to:

- Follow the principles and standards in the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action.
- Establish data sharing agreements between surveillance and HIV programs to ensure clarity about the process and purpose of the data sharing and utilization.

Integrated data sharing, analysis, and utilization of HIV data by state and territorial health departments can help further progress toward reaching the NHAS goals and improve outcomes on the HIV care continuum.

HRSA's new RWHAP Compass Dashboard is a user-friendly, interactive data tool to allow users to visualize the reach, impact, and outcomes of the RWHAP and supports data utilization to understand outcomes and inform planning and decision making. The dashboard provides a look at national-, state-, and metro area-level data and allows users to explore RWHAP client characteristics and outcomes, including age, housing

[2] Viral suppression among Black/African American clients increased from 81.3 percent in 2016 to 86.7 percent in 2020, while viral suppression for White clients increased from 89.4 percent in 2016 to 92.5 percent in 2020; therefore the gap in viral suppression between these two groups decrease from 8.1 percentage points different to 5.8 percentage points different.

status, transmission category, and viral suppression. The RWHAP Compass Dashboard also visualizes information about RWHAP services received and the characteristics of those clients accessing the AIDS Drug Assistance Program (ADAP).

As outlined in Policy Clarification Notice 21-02, *Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program*, recipients and subrecipients should use electronic data sources (e.g., Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces) to collect and verify client eligibility information, such as income and health care coverage (that includes income limitations), when possible. RWHAP recipients and subrecipients should first use available data sources to confirm client eligibility before requesting additional information from the client. In addition, RWHAP recipients and subrecipients are encouraged to develop data-sharing strategies with other RWHAP recipients and relevant entities to reduce administrative burden across programs. HRSA strongly encourages complete CD4, viral load (VL), and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems to benefit fully from integrated data sharing, analysis, and utilization. State health departments may use CD4, VL, and nucleotide sequence data to identify cases, stage of HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic in the U.S. can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

Program Resources and Innovative Models

HRSA has several projects and resources that may assist RWHAP recipients with program implementation. These include a variety of HRSA HAB cooperative agreements, contracts, and grants focused on specific TA, evaluation, and intervention activities. A list of these resources is available on TargetHIV. Recipients should be familiar with these resources and are encouraged to use them as needed to support their program implementation.

In addition, tools have been developed under the RWHAP Special Projects of National Significance (SPNS) demonstration and evaluation program as well as various other HRSA TA and training projects. As resources permit, RWHAP recipients are encouraged to review and integrate these tools within their HIV system of care in accordance with the allowable service categories defined in PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds.

Examples of these resources include:

- RWHAP Best Practices Compilation (BPC)

The RWHAP BPC is a central repository ('compilation') located on TargetHIV.org that captures and houses intervention strategies. The interventions cataloged in this searchable database have demonstrated real-world impact in helping people with HIV engage in care. The collection is designed to serve as a central location for Ryan White-funded programs to share innovative interventions to bring people into care, keep them engaged in care, and improve their health while reducing new HIV infections.

- RWHAP Center for Innovation and Engagement (CIE)

The RWHAP CIE identified, cataloged, disseminated, and supported the replication of evidence-informed approaches and interventions to engage people with HIV who are not receiving care, or who are at risk of not continuing to receive care. To support the real-world replication of the cataloged interventions, CIE provides steps for implementation and resources such as, but not limited to, replication tips, job aids, a cost calculator, and TA.

- Integrating HIV Innovative Practices (IHIP)

Resources on the IHIP website include easy-to-use guides and manuals, interactive online tools/toolkits, publications, and instructional materials that describe how to coordinate, replicate, and integrate interventions and strategies for RWHAP providers. IHIP also hosts training webinars designed to provide a more interactive experience with experts, and a help desk that allows users to pose additional questions and share lessons learned.

- E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV

E2i used an implementation science approach to evaluate and understand existing and new intervention strategies that can be used in RWHAP provider settings. Manuals, guides, interactive online tools, publications, and instructional materials have been developed and are available for download to facilitate replication and integration into RWHAP provider settings.

- Dissemination of Evidence-Informed Interventions

The Dissemination of Evidence-Informed Interventions initiative ran from 2015-2020 and disseminated four adapted linkage and retention interventions from prior SPNS and the Minority HIV/AIDS Funds (MHAF) from the HHS Secretary's Office initiatives to improve health outcomes along the HIV care continuum. The initiative produced four evidence-informed care and treatment interventions (CATIs) that are replicable, cost-effective, capable of producing optimal HIV care continuum outcomes, and easily adaptable to the changing health care environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

See HIV Care Innovations: Replication Resources for additional information.

HRSA HAB also recognizes the importance of addressing emerging issues, as well as supporting the needs of special populations. To help recipients in responding to these

critical issues, HRSA HAB funds projects to provide TA and resources for recipients. Examples of projects include:

- Building Futures: Supporting Youth Living with HIV
- The Center for Engaging Black MSM Across the Care Continuum (CEBACC)
- Using Community Health Workers to Improve Linkage and Retention in Care
- Engage Leadership through Employment, Validation, and Advancing Transformation and Equity (ELEVATE)
- Ending Stigma through Collaboration and Lifting All to Empowerment (ESCALATE)

II. Award Information

1. Type of Application and Award

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

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

In addition to the usual monitoring and technical assistance (TA) provided directly to award recipients, HRSA program involvement will include:

- Make available experienced HRSA personnel to inform, support, or participate in planning, developing, and/or delivering cooperative agreement activities
- Coordinate communication and develop partnerships with personnel from HRSA, other state and federal agencies, including CDC CBA and other TA providers
- Participate in the design, development, direction, and/or delivery of procedures, strategies, tools, training, TA, and peer learning activities
- Review and provide substantive and stylistic input on cooperative agreement materials and activities. Inform methods for evaluating the process and outcomes of cooperative agreement activities and use evaluation findings to inform future work.
- Participate in the dissemination of cooperative agreement activities to internal and external stakeholder, progress and results (e.g., formal or informal presentations to internal and external stakeholders, presentations at national or regional conference), including best practices and lesson learned.

In addition to adhering to all applicable federal regulations and public policy requirements, the cooperative agreement recipient's responsibilities will include:

- Assess the training and TA needs of RWHAP Parts A and B recipients and their planning bodies related to the integration of HIV planning processes across prevention and care service delivery systems, and the development, implementation, monitoring, evaluation, and improvement of Integrated Plans/SCSN.

- Develop strategies, tools, training and TA to support RWHAP Part A and B recipients in developing and improving resource allocation methodologies that 1) align with prioritized needs, 2) support implementation of Integrated Plans/SCSN with their jurisdictions, and 3) support attainment of proposed goals.
- Develop opportunities for meaningful engagement and learning among peers across RWHAP Part A and B recipients and planning bodies. These methods and models should utilize or build upon existing platforms and engagement opportunities (e.g., national meetings or conferences).
- Ensure meaningful support and collaboration with key stakeholders in design, development, implementation, and evaluation of all activities, including development of this application.
- Identify and describe common challenges and successes among RWHAP Part A and B recipients and planning bodies in their development and submission of Integrated Plans/SCSNs, in their establishment of integrated planning processes, and in their attainment of proposed goals. Use these findings to inform cooperative agreement activities and suggest opportunities for enhancing work in this area.
- Assess and disseminate promising or best practices, tools, and tips to inform and guide the work of RWHAP Part A and B recipients and planning bodies in their integrated planning processes and attainment of proposed goals.

2. Summary of Funding

HRSA estimates approximately $700,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of up to $700,000 annually (reflecting direct and indirect costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is July 1, 2023 through June 30, 2027 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for RWHAP Integrated HIV/AIDS Planning and Resource Allocation Cooperative Agreement in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible organizations may include national organizations; state, territorial, local, and Indian tribal governments; institutions of higher education; other non-profit organizations

(including faith-based, community-based, and tribal organizations); and academic health science centers.

Applicants have the option to submit proposals with collaborating organizations if the partnership enhances the approach, capability and reach of the cooperative agreement.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the ceiling amount
- Fails to satisfy the deadline requirements referenced in Section IV.4

NOTE: Multiple applications from an organization are not allowed. HRSA will only accept and review your **last** validated electronic submission before the Grants.gov application due date.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS. If you use an alternative electronic submission, see Grants.gov: APPLICANT SYSTEM-TO-SYSTEM.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-23-054 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 4 of HRSA's *SF-424 Application Guide* provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, etc. You must submit the information outlined in the HRSA *SF-424 Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424*

Application Guide except where instructed in the NOFO to do otherwise. You must submit the application in the English language and in the terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the HRSA *SF-424 Application Guide* for the Application Completeness Checklist.

Application Page Limitation

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **60 pages** when printed by HRSA.

Forms that DO NOT count in the Page Limit

- Standard OMB-approved forms included in the workspace application package **do not** count in the page limit.
- The abstract is the standard form (SF) "Project_Abstract Summary." It **does not** count in the page limit.
- The Indirect Cost Rate Agreement **does not** count in the page limit.
- The proof of non-profit status (if applicable) **does not** count in the page limit.

If there are other attachments that do not count against the page limit, this will be clearly denoted in Section IV.2.v Attachments.

If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-054, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

- HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit.

Applications must be complete and validated by Grants.gov under HRSA-23-054 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).

3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 9-15: Other Relevant Documents*.

See Section 4.1 viii of HRSA's *SF-424 Application Guide* for additional information on all certifications.

Program-Specific Instructions

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

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

NARRATIVE GUIDANCE

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

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

ii. *Project Narrative*

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

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

- INTRODUCTION -- Corresponds to Section V's Review Criterion #1 - Need

  Briefly describe the purpose of and need for the proposed project. Include a brief discussion that exhibits an expert understanding of or expertise in the issues related to the activities included in this NOFO among your employees, subcontractors, and any partnering/collaborating organizations.

  Briefly describe your overall approach to meeting project goals. Include a brief discussion that exhibits expert understanding of or expertise in HIV planning processes, the impact of integrated planning processes, and development of effective partnerships across key stakeholders.

- NEEDS ASSESSMENT -- Corresponds to Section V's Review Criterion #1 - Need

  Describe your understanding of and your relevant work related to the EHE initiative, the NHAS, the HIV care continuum, data sharing and integration, and implementation of evidence-informed interventions. Describe the current state of HIV prevention and care planning, and an assessment of challenges and opportunities facing RWHAP Part A and B recipients and planning bodies that may impact the proposed project.

  Discuss why RWHAP Part A and B recipients and planning bodies may need the strategies, tools, training, TA, and other support provided through the proposed project. Use and cite data whenever possible to support the information provided.

- METHODOLOGY -- Corresponds to Section V's Review Criterion #2 - Response

  Discuss the methods and approaches you will use to address the stated purpose in Section I.1. and fulfill each of the key objectives listed in Section I.1. of this NOFO.

  Describe how you will support RWHAP Part A and B recipients and planning bodies in establishing effective integrated planning processes, maximizing collaboration within and across progress and jurisdictions at a state or territory level, and obtaining meaningful community engagement. Collaborative approaches for health departments and planning bodies may include the following:

  - Merging planning bodies for HIV prevention and care, ensuring cross program representation on separate planning bodies, and/or combining meetings;
  - Conducting joint and comprehensive needs assessments;
  - Promoting effective inclusion of people with HIV with a focus on innovative strategies to include communities underrepresented in planning bodies/councils.

- Exploring alternate approaches for more effective allocation of resources toward goals and objectives included in Integrated Plans/SCSNs or other plans to end the HIV epidemic;
- Sharing data and information regarding progress and plans;
- Maintaining a list of best practices, that include barriers and solutions in HIV planning.
- Aligning or combining related projects; and
- Other approaches for streamlining the integrated planning process.

Describe how you will support RWHAP Part A and B recipients and planning bodies in obtaining and using data and information regarding HIV resources, HIV service utilization, and the impact of HIV at a community or group level, which are essential to state, territory and local decision-making. These data are critical for prioritizing identified needs and information, informing the allocation of resources to address those needs, and measuring progress towards improving health outcomes across the HIV care continuum. Data also are critical for demonstrating success and improving quality.

To promote data integration and use, describe how you will support RWHAP Part A and B recipients and planning bodies in the development, implementation and maintenance of protocols and systems for ongoing data and information sharing across federal, state, territorial, local, and non-governmental partners, programs, and providers.

- Include innovative strategies, procedures and activities for collaborating meaningfully with HRSA HAB, CDC Division of HIV Prevention (DHP) and other federal agencies and programs;
- Describe how you will effectively implement the proposed project; and
- Describe how you will meet the purpose, goals and objectives of the cooperative agreement. Describe how you will identify best practices in integrated HIV prevention and care planning, including potential selection criteria. Discuss why the methodology chosen is appropriate for this project. Discuss how the chosen methodology aligns with the overview provided in the Needs Assessment section and will contribute to the success of the proposed project over the entire project period.

NOTE: Applicants with subcontractors or formal partners/collaborators must provide information on how the applicant will ensure effective lines of communication and consistent, timely, high quality work from each organization.

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

Describe the action steps you will use over the duration of the four-year period of performance to implement the Methodology section, including approaches for

project implementation, dissemination, sustainability, and meaningful collaboration. .

Identify and describe the type and number of TA recipient resources to be developed (e.g., tools, trainings, TA) and appropriate milestones (e.g., a significant or important event in the period of performance). Include activities and/or materials that allow for continued impact after the period of federal funding ends.

Develop a time-framed and measurable work plan in table format that corresponds with the work plan narrative and include as **Attachment 1**. The work plan table should identify each project activity that was developed as a TA recipient resource. The work plan must include goals and objectives, specific action steps, intended priority population, measurable outcomes that are written in SMART (specific, measurable, achievable, realistic, and time measurable) format, proposed end date, and person(s) responsible for implementation.

NOTE: Applicants with subcontractors or formal partners/collaborators must describe and delineate the action steps completed by each organization in the work plan narrative and table.

- RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 - Response

  Discuss barriers or challenges that you are likely to encounter in designing and implementing the proposed activities detailed in your methodology and work plan, approaches you would employ to address the challenges, and how your agency would ensure the project meets key objectives listed in Section I.1 of this NOFO.

  Discuss barriers or challenges to collaborating with federal agencies, federally-funded programs, and other key partners and to maintaining engagement of RWHAP Part A and B recipients and planning bodies throughout the entire project period. Include approaches for resolving the challenges discussed.

- EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 – Evaluative Measures, Criterion #4 – Impact, and Criterion #5 – Resources/Capabilities

  State the anticipated or intended impact of the proposed activities on RWHAP Part A and B recipients and planning bodies, integrated planning, priority setting and resource allocation, systems of HIV prevention and care, and the HIV care continuum. Discuss your plan for the program performance evaluation, including process, outcome, and/or impact evaluation. Describe how the proposed evaluation plan will allow you to determine whether you were successful in realizing this anticipated or intended outcome or impact.

  Describe how you will monitor processes, track progress toward fulfilling the goals and objectives of the project, and measure outcomes over time. Identify specific performance measures and corresponding benchmarks you will use to support process, outcome, and/or impact evaluation. Identify the data collection and analytical strategies, data systems, tools, and/or techniques that you will use.

Describe how you will share with key stakeholders and/or broadly disseminate evaluation findings, best practices, and/or accomplishments to advance work in this area. Describe how you will use evaluation findings to support continuous quality improvement across project activities and throughout the entire project period.

Describe the current experience and technical knowledge and skills of employees or contractors who will implement the program performance evaluation, and identify any materials published and previous work of a similar nature.

Describe any potential obstacles for implementing the program performance evaluation, and how you plan to address those obstacles.

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

  Describe the ability, capacity, expertise, and past experience held by your organization and any subcontractors/partners/collaborators that demonstrate an ability to fulfill the stated purpose in Section I.1., and the key objectives listed in Section I.1. of this NOFO. Describe past performance managing collaborative federal grants at the national level, including examples of the extent to which required activities and materials were completed. Demonstrate a minimum four-year history of experience doing work directly related to the proposed project on a national scale.

  Provide a Staffing Plan and Job Descriptions for Key Personnel as **Attachment 2.** Include Biographical Sketches of Key Personnel as **Attachment 3**. The staffing plan, job descriptions, and biographic sketches should support the narrative description of your ability, capacity, expertise, and experience described in the narrative.

  Provide an organizational chart for the proposed project as **Attachment 4**. The organizational chart should be a one-page figure that depicts the organizational structure of only the proposed activities to be funded through this cooperative agreement, not the entire organization, and it should include subcontractors and other significant partners/collaborators.

  NOTE: To address these goals, objectives, and priorities, applicants may submit proposals with collaborating organizations if the partnership enhances the approach, capability, and reach of the cooperative agreement.

  Provide any relevant letters of agreement or contract documents exhibiting partner commitment to the proposed project as **Attachment 5**. Applicants proposing subcontractors or other significant partners/collaborators must provide information on how you will monitor and assess performance of activities completed by partner organizations, and how the individual efforts of the partner organization help to implement the activities in the cooperative agreement overall work plan.

iii. *Budget*

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

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

In addition, the Integrated HIV/AIDS Planning and Resource Allocation Cooperative Agreement requires the following:

Project Activity Budget: Applicants must submit a separate program-specific line item budget for each year of the four-year project period. Upload the budget as an attachment to the application as **Attachment 7**. Note: If indirect costs are included in the budget, please attach a copy of the organization's indirect cost rate agreement as **Attachment 8**. Indirect cost rate agreements will not count toward the page limit.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202, "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." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. *Budget Narrative*

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

v. *Attachments*

Provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Your indirect cost rate agreement and proof of non-profit status (if applicable) will not count toward the page limit. **Clearly label each attachment**. You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Work Plan Table

Attach the work plan in table format that corresponds with the work plan narrative detailed in Section IV. ii. Project Narrative.

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

Keep each job description to one page in length or less. Include the roles, responsibilities, and qualifications of key project staff.

Attachment 3: Biographical Sketches of Key Personnel

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

Attachment 4: Project Organizational Chart

Provide a one-page figure that depicts the organizational structure of the project, including any subcontractors or significant partners/collaborators.

Attachment 5: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)

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

Attachment 6: Table, or Chart, etc.

Provide an additional tables or charts with additional details about the proposed project (e.g., Gantt or PERT charts, flow charts). Please note, there is only one attachment allowed per Grants.Gov system

Attachment 7: Program Specific Line Item Budget

You must submit a separate program-specific line item budget with a separate budget for each year of the four-year project period. NOTE: HRSA recommends that you convert or scan the budget into PDF format for submission. Do not submit Excel spreadsheets. Please submit the line item budget in table format. The budget should include personnel name and title, fringe benefits, total personnel costs, consultant costs by individual consultant, supplies, staff travel, other expenses by individual expense, total direct costs, indirect costs, and total costs. Include annual salary and total project full-time equivalent (FTE).

See Section 4.1.iv of HRSA's *SF-424 Application Guide*.

Attachment 8: Indirect Cost Rate Agreement, if applicable

If indirect costs are included in the budget, please attach a copy of the organization's indirect cost rate agreement. **Indirect cost rate agreements will not count toward the page limit.**

Attachment 9-15: Other Relevant Documents

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

equipment, etc.).

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by SAM has replaced the Data Universal Numbering System (DUNS) number.
- Register at SAM.gov and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d))**.** For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may 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 two separate systems:

- System for Award Management (SAM) (https://sam.gov/content/home | SAM Knowledge Base)
- Grants.gov (https://www.grants.gov/)

For more details, see Section 3.1 of HRSA's *SF-424 Application Guide*.

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *January 19, 2023, at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Integrated HIV/AIDS Planning and Resource Allocation Cooperative Agreement is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 Application Guide* for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 4 years, at no more than $700,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022(P.L. 117-103) apply to this program. See Section 4.1 of HRSA's *SF-424 Application Guide* for additional information. Note that these and other restrictions will apply in following fiscal years, as required by law.

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

- Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, Department of Housing and Urban Development funding for housing services, other RWHAP funding including the AIDS Drug Assistance Program);
- Provision of housing or other direct HIV services (e.g., counseling, and testing) that duplicate existing services;
- Clinical research;
- Provision of direct health care;
- International travel;
- Pre-Exposure Prophylaxis (PrEP) or non-occupational post-exposure prophylaxis (nPEP) medications or related medical services (see the June 22, 2016 RWHAP and PrEP program letter),
- Cash payments to intended recipients of services;
- Syringe Services Programs - Purchase of sterile needles or syringes for the purposes of hypodermic injection of any illegal drug. Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy (see: https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs);
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual;
- Purchase or improvement of land; and

- Purchase, construction, or major alterations or renovations on any building or other facility (see 45 CFR part 75 – subpart A Definitions).

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 4.1 of HRSA's *SF-424 Application Guide*. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307

V. Application Review Information

1. Review Criteria

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

Reviewers will evaluate and score the merit of your application based upon these criteria.

Six review criteria are used to review and rank Integrated HIV/AIDS Planning and Resource Allocation Cooperative Agreement applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (10 points) – Corresponds to Section IV's Introduction and Needs Assessment

- The extent to which the applicant (including employees, subcontractors, and partners/collaborators) demonstrates an expert understanding of or expertise in:
    - The primary goals, objectives, and priorities of this cooperative agreement;
    - The need for strategies, tools, training, TA, and other support provided through the proposed project;
    - Goals of the NHAS and EHE initiative;

    - Use of the HIV care continuum as a framework for measuring and improving health care outcomes;
    - State, territorial, and local health department HIV planning processes, including key steps or stages in the process, key participants in the process, and key stakeholders;
    - Potential impacts of an integrated HIV prevention and care planning process and development of an Integrated Plan/SCSN on HIV outcomes;
    - Development of effective partnerships across federal, state, territorial, local, and non-governmental organizations; and
    - Integrated data sharing, analysis, and utilization for all stages of the integrated planning process (especially priority setting and resource allocation), quality improvement, program development and evaluation, and public health action.
- The applicant's use of data to support information provided.

Criterion 2: RESPONSE (40 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

- Methodology (20)
    - The strength of proposed methods for:
        - Addressing the stated purpose in Section I.1 of this NOFO, and
        - Fulfilling each of the key objectives listed in Section I.1 of this NOFO.
    - The extent to which proposed methods:
        - Include innovative strategies, procedures and activities for collaborating meaningfully with HRSA HAB, CDC Division of HIV Prevention (DHP) and other federal agencies and programs;
        - Describe how the applicant will effectively implement the proposed project;
        - Address the plan to use data integration describe how you will support RWHAP Part A and B recipients and planning bodies in the development, implementation and maintenance of protocols and systems for ongoing data and information sharing across federal, state, territorial, local, and non-governmental partners, programs, and providers.
        - Describe how the applicant will meet the purpose, goals and objectives of the cooperative agreement.
        - Describe how the applicant will identify best practices in integrated HIV prevention and care planning, including potential selection criteria.
        - Discuss why the methodology chosen is appropriate for this project.
        - Discuss how the chosen methodology aligns with the overview provided in the Needs Assessment section and will contribute to the success of the proposed project over the entire project period.
        - Describes the applicant's plan to support RWHAP Part A and B recipients and planning bodies in establishing effective integrated planning processes, maximizing collaboration within and across progress and jurisdictions at a state or territory level, and obtaining meaningful community engagement.

    - Describe how applicant will support RWHAP Part A and B recipients and planning bodies in obtaining and using data and information regarding HIV resources, HIV
    - Includes a plan to obtain and use data and information regarding HIV resources, HIV service utilization, and the impact of HIV at a community or group level, which are essential to state, territory and local decision-making service utilization, and the impact of HIV at a community or group level, which are essential to state, territory and local decision-making.
  - If subcontractors or other partners/collaborators are proposed, the strength of proposed methods for ensuring effective lines of communication and consistent, timely, high quality work from each organization

- Work Plan (15*)*
  - The extent to which the work plan narrative:
    - Aligns with and supports the proposed methodology;
    - Provides an adequate level of detail to understand how the applicant will implement all cooperative agreement requirements;
    - Includes action steps pertaining to project implementation, dissemination, sustainability, and meaningful collaboration;
    - Identifies and describes the type and number of activities, and TA recipient resources be developed; and
    - Includes appropriate milestones to ensure adequate progress over the four-year period of performance.
  - The extent to which the work plan table:
    - Aligns with the work plan narrative;
    - Includes clear goals, objectives, and outcomes that in SMART (specific, measurable, achievable, realistic, and time measurable) format; and
    - Provides action steps across the entire four-year project period and is specific to each year of the project period.
  - If subcontractors or other partners/collaborators are proposed, the extent to which each organization's action steps are clearly described and delineated across the work plan narrative and table.

- Resolution of Challenges (5)
  - The extent to which the application demonstrates an understanding of the barriers and challenges that are likely to be encountered when:
    - Designing and implementing proposed methods and activities to address the stated purpose in Section I.1, and fulfill key objectives listed in Section I.1 of this NOFO;
    - Collaborating with federal agencies, federally-funded programs, and other key partners; and
    - Maintaining engagement of RWHAP Part A and B recipients and planning bodies.
  - The strength of proposed approaches for addressing identified barriers and resolving identified challenges.

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

- The extent that the program performance evaluation plan will contribute to:
  - Ongoing monitoring of processes and progress toward project goals and objectives as described in the work plan, and
  - Continuous quality improvement across project activities throughout the four-year period of performance.
- The strength and feasibility of the:
  - Proposed approach to identify best practices in integrated HIV prevention and care planning, including potential selection criteria;
  - Proposed plans for monitoring and evaluating performance over time, including the strategies, methods, systems, tools, and techniques used for data collection and analysis;
  - Proposed approach for assessing best practices for integrated HIV prevention and care planning in collaboration with HRSA and CDC; and
  - Proposed performance measures and benchmarks for process and outcome evaluation.
- The extent to which the application demonstrates an understanding of the challenges that are likely to be encountered when implementing the proposed program performance evaluation plan.
- The strength of proposed approaches for resolving identified challenges.
- The strength of employees and contractors who will implement the program performance evaluation.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Work Plan, and Evaluation and Technical Support Capacity

- The strength and feasibility of the proposed performance evaluation plan for determining whether the applicant was successful in realizing the anticipated or intended outcome or impact.
- The extent to which the proposed work plan will contribute to the anticipated or intended impact of proposed activities on RWHAP Part A and B recipients and planning bodies, integrated planning, priority setting and resource allocation, systems of HIV prevention and care, and outcomes along the HIV care continuum.
- The strength and feasibility of the performance evaluation plan for ensuring:
  - Proposed actions are successfully implemented and documented, in accordance with the work plan;
  - Evaluation findings are shared and/or broadly disseminated; and
  - Evaluation findings are used to support continuous quality improvement across project activities and throughout the entire project period.
- The strength and feasibility of proposed performance measures and corresponding benchmarks for evaluating the scope and complexity of the proposed project.

- The adequacy of proposed activities and/or resources for:
    - Having a positive impact after the period of federal funding ends (i.e., sustainability); and
    - Supporting the goals of the NHAS and improving outcomes along the HIV care continuum.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information

- The strength and relevance of the applicant organization's current mission, values, structure, and scope of work to the purpose, goals and objectives of this cooperative agreement
- The strength and appropriateness of the applicant's proposed staffing plan and job descriptions (Attachment 2), key personnel (Attachment 3), subcontractors or partners/collaborators (if any), and project organizational chart (Attachment 4) to the size and complexity of the proposed project.
- The extent to which the applicant and partner organization(s) demonstrate the abilities, capacity, expertise and experience necessary to fulfill the stated purpose in Section I.1, and the key objectives listed in Section I.1 of this NOFO.
- If subcontractors or other partners/collaborators are proposed,
    - the strength and feasibility of the proposed methods to monitor and assess their performance, and
    - the extent to which partner organization(s) efforts help implement or strengthen the proposed methods, work plan, performance evaluation plan, or other activities under the cooperative agreement
- The extent that the applicant clearly demonstrates experience with and current expertise in:
    - RWHAP Part A and B legislative and programmatic requirements;
    - HIV service delivery planning, needs assessment, resource allocation, and priority setting;
    - Data and evaluation;
    - Quality improvement;
    - NHAS and HIV care continuum;
    - Evidenced-informed interventions for improving HIV outcomes;
    - Collaboration and meaningful engagement with state, territorial, and local health departments; and
    - Design, development and delivery of tools, training, and TA for HIV prevention and care service delivery programs.
- The extent that the application demonstrates significant experience in successfully managing collaborative federal awards, including example of the extent to which activities or materials were completed. Applicants should be able to demonstrate a minimum of four years prior experience of developing and disseminating TA to RWHAP Parts A, B, and/or CDC HIV Prevention recipients.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and Budget Narrative

This includes the reasonableness of the proposed budget for each year of the four-year project period in relation to the objectives and the anticipated results. The extent to which the application:

- Demonstrates a realistic, adequately justified budget that is associated with the activities to be completed given the scope of work;
- Provides budget line items that are adequate and appropriate for proposed project activities;
- Clearly identifies key personnel who have adequate time devoted to the project to achieve project objectives; and
- Provides a clear justification of proposed staff, contract and other resources.

2. Review and Selection Process

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

3. Assessment of Risk

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

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

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

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal

awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of July 1, 2023. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award,
- other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See Providers of Health Care and Social Services and HHS Nondiscrimination Notice.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see Fact Sheet on the Revised HHS LEP Guidance and Limited English Proficiency.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see Discrimination on the Basis of Disability.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See Discrimination on the Basis of Sex.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see Conscience Protections for Health Care Providers and Religious Freedom.

Please 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 and assist HRSA recipients in meeting their civil rights obligations. 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

Pursuant to the Executive Order on Worker Organizing and Empowerment, HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

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

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on a semi-annual basis. More information will be available in the NOA.

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

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

Nancy Gaines
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 443-5382
Email: NGaines@hrsa.gov

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

CDR Cathleen Davies
Senior Policy Advisor
Division of State HIV/AIDS Programs
HIV/AIDS Bureau
Health Resources and Services Administration
Phone: 301-945-3127
Email: CDavies@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in

the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Telephone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910
Web: http://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Technical Assistance

See TA details in Executive Summary.

Tips for Writing a Strong Application

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