U.S. Department of Health and Human Services

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

HIV/AIDS Bureau

Office of Program Support

National AETC Support Center

Funding Opportunity Number: HRSA-24-099

Funding Opportunity Type(s): Competing Continuation and New

Assistance Listing Number: 93.145

Application Due Date: February 7, 2024

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

Issuance Date: November 9, 2023

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See Section VII for a complete list of agency contacts.

Authority: 42 USC §§ 300ff-111(a) and 300ff-121 (§§ 2692(a) and 2693 of the Public Health Service (PHS) Act). Secretary's Minority AIDS Initiative and Ending the HIV Epidemic in the U.S. funds are authorized by Consolidated Appropriations Act, 2023, Pub. L. 117-328, Division H.

508 COMPLIANCE DISCLAIMER

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

SUMMARY

Funding Opportunity Title:	National AIDS Education and Training Center (AETC) Support Center
Funding Opportunity Number:	HRSA-24-099
Assistance Listing Number:	93.145
Due Date for Applications:	February 7, 2024
Purpose:	The purpose of the National AETC Support Center (NASC) is to support the AETC program recipients and their local partners to deliver highly effective HIV training and workforce development programs and improve program coordination and outcomes.
Program Objectives:	○ Expand the national presence and utilization of the AETC Program services and resources; ○ Develop and deliver activities that promote and support collaborative learning and incorporate evidenced-based strategies and best practices into AETC program components; ○ Create and maintain an infrastructure that builds and supports the ability of the AETC Program recipients and local partners to effectively implement program activities and sustain partnerships; ○ Provide program support and coordination to enhance program performance; and ○ Provide opportunities for continuous learning and knowledge sharing for HIV care practitioners.
Eligible Applicants:	Eligible applicants include domestic public and nonprofit private entities, schools and academic health science centers, and institutions of higher

	education. Community-based organizations are eligible to apply. Tribal organizations and tribal governments are also eligible to apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2024 Total Available Funding:	Up to $2,200,000 *We are issuing this notice to ensure that, should funds become available for this purpose, we can process applications and award funds appropriately. You should note that we may cancel this program notice before award if funds are not appropriated.*
Estimated Number and Type of Award:	Up to 1: competing continuation or new cooperative agreement
Estimated Annual Award Amount:	Up to $2,200,000 per award, subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No
Period of Performance:	July 1, 2024, through June 30, 2029 (5 years)
Agency Contacts:	**Business, administrative, or fiscal issues:** Nancy Gaines Grants Management Specialist Division of Grants Management Operations, Office of Federal Assistance Management Email: ngaines@hrsa.gov **Program issues or technical assistance:** Tanya Gunn Public Health Analyst, Office of Program Support, HIV/AIDS Bureau Email: tgunn@hrsa.gov

Application Guide

You (the applicant organization / agency) are responsible for reading and complying with the instructions included in this NOFO and in *HRSA Application Guide (Application Guide)*. Visit HRSA's How to Prepare Your Application page for more information.

Technical Assistance

We have scheduled the following webinar:

Friday, November 17, 2023
1 – 3 p.m. ET

- Weblink: https://hrsa-gov.zoomgov.com/j/1606085331?pwd=RkVMY1BwNnN4NFVIOFBTSERWM0I0Zz09
- Meeting ID: 160 608 5331
- Passcode: 63Kuk4bQ

Attendees without computer access or computer audio can use the following dial-in information:

- Call-In Number: 1-833-568-8864
- Meeting ID: 160 608 5331
- Passcode: 92065134

We will record the webinar. The webinar recording will be available on the TargetHIV website at https://targethiv.org/library/nofos.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the AIDS Education and Training Centers (AETC), National AETC Support Center (NASC) program, a component of the Ryan White HIV/AIDS Part F AETC Program (RWHAP). HRSA will fund one entity under this announcement.

The purpose of the NASC is to support AETC Program recipients and their local partners to deliver highly effective HIV training and workforce development programs and improve program coordination and outcomes. The NASC will accomplish this by implementing activities that focus on program coordination and awareness, technical assistance, and stakeholder engagement to support recipients funded under the four AETC Program components below:

- **The Regional AETC Program:** The eight regional AETC recipients (funded under **HRSA-24-059**) train health care organizations and team members to care for and treat people with or at risk of HIV through various educational, training and technical assistance activities.

- **National Clinician Consultation Center (NCCC):** The NCCC offers warmlines and a hotline to provide one-on-one consultation with providers regarding prevention, screening, and the management of HIV, perinatal HIV transmission, Pre-exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), substance use disorder, and Hepatitis C.

- **National HIV Curriculum (NHC):** The NHC is an on-demand, online learning platform that provides training on the most current information about HIV care and increase provider competency in HIV prevention, screening, diagnosis, and ongoing treatment.

- **Integrating the NHC into Health Care Professions Programs:** These projects focus on incorporating the NHC into health professions curricula at institutions including medical, nursing, allied health, pharmacy programs, as well as graduate education/residency programs across the country.

Local partners are subrecipient organizations that help AETC recipients implement their HIV training and technical assistance activities. These local partners have a cadre of HIV and training experts readily available to help address regional HIV training and workforce development needs. Collectively, the AETC recipients along with their local partners provide a comprehensive approach to develop the HIV workforce and advance the mission of the program.

The primary objectives of the NASC are to:

- **Objective 1** - Expand the national presence and utilization of the AETC Program services and resources;
- **Objective 2** – Develop and deliver activities that promote and support collaborative learning and incorporate evidenced-based strategies and best practices into AETC Program components;
- **Objective 3** - Create and maintain an infrastructure that builds and supports the ability of the AETC Program recipients and local partners to effectively implement program activities and sustain partnerships;
- **Objective 4** - Provide program support and coordination to enhance program performance; and
- **Objective 5** - Provide opportunities for continuous learning and knowledge sharing for HIV care practitioners.

The NASC will achieve these objectives through the implementation of the following program strategies:

- Strategic Communication and Stakeholder Engagement
- Capacity Building
- Program Coordination
- Technical Assistance
- Supporting HIV Care Practitioners
- Outreach and Engagement with Minority-Serving Institutions and Health Professional Organizations, including those that focus on minority-serving providers

For more details, see Program Requirements and Expectations.

2. Background

The National AETC Support Center (NASC) is authorized by section 2692(a) (42 U.S.C. §300ff-111(a)) and section 2693 (42 U.S.C. § 300ff-121) of the Public Health Service Act. The Secretary's Minority AIDS Fund and Ending the HIV Epidemic funds will also be used to support the NASC and are authorized under the Consolidated Appropriations Act, 2023, Pub. L. 117-328, Division H.

The AETC Program

As the workforce development component of the RWHAP, the AETC Program supports and enhances the delivery of comprehensive HIV prevention, care, and treatment by providing training and technical assistance to health care organizations and health care team members. Since the inception of the program, AETC Program recipients have worked with local partners to provide quality HIV training and professional development resources across the nation.

For over 30 years, AETC recipients have implemented programs to support the continuous growth and enhancement of the HIV workforce. From July 2020 through July 2021 alone, the AETC Program trained 59,972 HIV health care team members. While the AETC Program continues to experience success and is a national cornerstone in HIV workforce training, HRSA seeks to strengthen the framework and expand the impact of the program. As such, the NASC will support this effort by providing innovative capacity building and program support services to the AETC Program recipients.

The aim of the program during the next five-year period of performance (July 1, 2024 – June 30, 2029) is to implement a modernized and strengthened program framework based on industry standards and the previous work and successes of the AETC Program and its local partners.

The Ryan White HIV/AIDS Program

The HRSA Ryan White HIV/AIDS Program (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; technical assistance (TA); clinical training; and the development of innovative interventions and strategies for HIV care and treatment to respond to emerging needs of RWHAP clients.

An important framework in the RWHAP is the HIV care continuum, which is comprised of 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 National HIV/AIDS Strategy (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 United States

As demonstrated by recent data from the 2021 Ryan White HIV/AIDS Program Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2017 to 2021, 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 85.9 percent to 89.7 percent. Additionally, racial and ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.[1]

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: Integrated Data Sharing and Use

HRSA and the Centers for Disease Control and Prevention's (CDC) 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.

[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2021. https://ryanwhite.hrsa.gov/data/reports. Published December 2022. Accessed December 13, 2022.

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 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 secure 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 United States 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.

HRSA's RWHAP Compass Dashboard is an 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 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).

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. 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 (for example, 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.

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 HIV/AIDS Bureau (HAB) projects focused on specific TA, evaluation, demonstration, and intervention activities. A full list is available on TargetHIV. Recipients should be familiar with these resources and are encouraged to use them as needed to support their program implementation.

Examples of these resources include:

- 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)
- AIDS Education Training Center Program – National Coordinating Resource Center

II. Award Information

1. Type of Application and Award

Application type(s): Competing Continuation and New.

We will fund you via a cooperative agreement.

A cooperative agreement is like a grant in that we award money, but we are substantially involved with program activities.

Aside from monitoring and technical assistance (TA), we also get involved in these ways:

- Participating in the design and development of plans, models, tools, white papers, and other project materials required under this cooperative agreement;

- Participating in the planning, coordination, and approval of trainings, and workgroups/committees as appropriate;
- Facilitating relationships between the AETC recipients to identify and support collaboration across and within programs;
- Reviewing, as necessary, activities, procedures, and measures to be developed and implemented for accomplishing the goals of the cooperative agreement;
- Reviewing and, as appropriate, assisting the recipient with the dissemination of project findings, lessons learned, promising practices, and other information and materials developed as part of this project;
- Coordinating partnership and communication with federally funded HIV care and treatment facilities and other federal entities that may be relevant for the successful completion of tasks and activities identified in the approved scope of the cooperative agreement; and
- Providing consultation regarding the collection of information and administrative data designated by HRSA.

You must follow all relevant federal regulations and public policy requirements. Your other responsibilities will include:

- Completing activities proposed in response to the Program Requirements and Expectations section of this NOFO;
- Providing the federal project officer with the opportunity to review and discuss any publications, audiovisuals, and other materials produced, as well as meetings planned, through this cooperative agreement;
- Participating with HRSA HAB in face-to-face and virtual meetings, and conference calls conducted during the period of performance;
- Leveraging existing products or resources developed by the previously funded entity, as well as internal and external resources, to maximize the NASC's efficiency and effectiveness, if applicable;
- Working with HRSA HAB, as appropriate, to analyze and modify activities in keeping with the changing health care environment trends and the needs of the RWHAP;
- Attending the biennial Ryan White National Conference, and other AETC Program meetings noted under this cooperative agreement;
- Developing and leading meetings, trainings, and technical assistance as described in this NOFO;
- Ensuring the staff of the NASC are well qualified to carry out the activities as described in this NOFO; and
- Onboarding and orienting new AETC recipients and local partners in partnership with HRSA-HAB staff);

2. Summary of Funding

We estimate $2,200,000 will be available each year to fund 1 recipient. You may apply for a ceiling amount of up to $2,200,000 annually (reflecting direct and indirect costs).

This funding includes:

- **NASC Base funds** – $1,600,000 to support core NASC activities.

- **Ending the HIV Epidemic in the U.S. (EHE) funds** – $300,000 to support technical assistance coordination and collaboration activities to increase AETC best practices in EHE jurisdictions. EHE funds must be tracked separately and reporting accordingly.

- **Minority AIDS Initiative (MAI) funds** – $300,000 to support outreach and engagement activities with minority-serving institutions and organizations to increase awareness and utilization of AETC training and professional development resources. MAI funds must be tracked separately and reporting accordingly.

The period of performance is July 1, 2024, through June 30, 2029 (5 years).

This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, we will proceed with the application and award process.

Support beyond the first budget year will depend on:

- Appropriation
- Satisfactory progress in meeting the project's objectives
- A decision that continued funding is in the government's best interest

HRSA may reduce funding levels or take other enforcement actions after the initial budget year, if recipients are unable to fully succeed in achieving the goals listed in the application.

45 CFR part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards applies to all HRSA awards.

If you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate of 10 percent of modified total direct costs (MTDC)*. You may use this for the life of the award. If you choose this method, you must use it for all federal awards until you choose to negotiate for a rate. You may apply to do so at any time. See Section 4.1.v. Budget Narrative in the *Application Guide*.

**Note*: One exception is a governmental department or agency unit that receives more than $35 million in direct federal funding.

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

State or local governments, and federally recognized Indian tribes, receive reimbursement based on their negotiated rate or state cost allocation plans. State universities or hospitals are not considered governmental agencies.

III. Eligibility Information

1. 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:

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

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

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

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

Multiple Applications

We will only review your **last** validated application before the Grants.gov due date.

IV. Application and Submission Information

1. Address to Request Application Package

We ***require*** you to apply online through Grants.gov. Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). Follow these directions: How to Apply for Grants. If you choose to submit using an alternative online method, see Applicant System-to-System.

Note: Grants.gov calls the NOFO "Instructions."

Select "Subscribe" and enter your email address for HRSA-24-099 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You're responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Submit your information as the *Application Guide* and this program-specific NOFO state. **Do so in English and budget figures expressed in U.S. dollars.** There is an Application Completeness Checklist in the *Application Guide* to help you.

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **60 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items do not count toward the page limit:

- Standard OMB-approved forms you find in the NOFO's workspace application package
- Abstract (standard form (SF) "Project Abstract Summary")
- Indirect Cost Rate Agreement
- Proof of non-profit status (if it applies)

If there are other items that do not count toward the page limit, we will make this clear in Section IV.2.vi Attachments.

If you use an OMB-approved form that is not in the HRSA-24-099 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-099 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[1] (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in 45 CFR § 75.371. This includes suspending or debarring you.[2]
- If you cannot certify this, you must include an explanation in *Attachment 10-15: Other Relevant Documents*.

(See Section 4.1 viii "Certifications" of the *Application Guide*)

Program Requirements and Expectations

The successful NASC award recipient is expected to meet the following program requirements and expectations as outlined below:

- **Strategic Communication and Stakeholder Engagement** – Design and implement a communication plan to increase AETC Program awareness and utilization among HAB recipients, stakeholders and partners throughout the period of performance. Specifically, you must:

    - Develop and maintain a public facing website that will serve as a gateway for the AETC Program and serve as a centralized source for AETC Program information and updates;
        - The website must be compliant with Section 508 Compliance and Accessibility of Information and Communications requirements and have the capacity to host an AETC learning events calendar.
        - Establish a process to track and report analytics on website usage.
    - Develop AETC data infographics and disseminate to internal and external partners and stakeholders;
    - Establish and maintain a social media presence;
    - Develop communication strategies to ensure that RWHAP recipients and traditional and non-traditional stakeholders receive relevant AETC Program information and updates. Non-traditional stakeholders are defined as organizations that are typically not involved with HIV-related organizations, however, are engaged with communities at high risk or disproportionally impacted by HIV or whose membership is comprised of health care team members able to provide care to people with or at risk of HIV;
    - Foster and support relationships with traditional and non-traditional stakeholders to increase partnership opportunities and utilization of AETC services and training; and

[1] See definitions at eCFR :: 2 CFR 180.995 -- Principal. and eCFR :: 2 CFR 376.995 -- Principal (HHS supplement to government-wide definition at 2 CFR 180.995).
[2] See also 2 CFR parts 180 and 376, 31 U.S.C. § 3354, and 45 CFR § 75.113.

- Develop AETC Program logo and clearance package in partnership with HRSA HAB. Develop guidelines for logo usage and train AETC recipients and local partners on logo guidelines.

- **Capacity Building** – Develop, manage, and facilitate an array of collaborative learning activities and accompanying resources to facilitate knowledge sharing, the identification of promising practices, and increase standardized practices among AETC recipients. Specifically, you must:

  - Establish a web-based HIV Expert Speakers' Bureau for use by AETC recipients to share experts across the regions and national programs;
  - Establish a Peer-to-Peer Learning Collaborative for AETC recipients and their local partners that will allow the real time sharing of information and best practices and encourage networking and collaboration;
  - Host expert speakers during AETC meetings to present on emerging research and evidenced-based practices on topics relevant to the work of the AETCs; and
  - Develop and maintain a repository of AETC training and technical assistance resources and best practices.

  Technical Assistance – Develop and deliver a cadre of one-on-one and group technical assistance activities. Technical assistance activities will assist AETC recipients and their local partners with meeting program requirements, objectives, as well as promote emerging and best practices for training health care team members.

  The implementation of group technical assistance includes planning, facilitating and providing logistical support for up to six virtual and one in-person technical assistance meetings annually over the five-year period of performance. Technical assistance topics should include but, are not limited to the following:

    - AETC Program guidance and requirements;
    - Program areas for Regional AETCs: Foundations of HIV (FH), Practice Transformation (PT), Inter-Professional Education (IPE), and Capability and Expertise Expansion (CEE), integrating the NHC into curricula, and promising practices for effective virtual training;
    - Program evaluation;
    - Data collection and reporting;
    - Emerging and best practices related to the work of the AETCs; and
    - Replicating and expanding AETC best practices in EHE jurisdictions.

  One-on-one technical assistance includes the planning and facilitation of technical assistance sessions for individual recipients to be provided on an as-

needed basis. AETC recipients or HRSA staff may identify the areas where one-on-one technical assistance is needed. One-on-one technical assistance should be delivered virtually. The NASC recipient must develop a clear and easily accessible process for requesting one-on-one technical assistance.

- **Program Coordination-** Support program coordination activities to improve overall AETC Program operations and effectiveness. Specifically, you must:

    - Lead the development of core competencies for levels of expertise in HIV care and treatment for providers in collaboration with the AETC recipients These levels of expertise will inform the development of individualized training plans for participants interested in substantially increasing their current level of expertise;
    - Facilitate the development of training tracks for health care team members and produce training materials;
    - Facilitate engagement and collaboration between all AETC recipients and local partners to promote the sharing of resources and best practices;
    - Develop whitepapers and articles on HIV topics that require a rapid response;
    - Develop and maintain a public-facing, web-based AETC training calendar;
    - Maintain an electronic listing of active PT sites, HIV IPE programs, and NHC Curriculum Integration projects;
    - Create and maintain a current list of AETC Program data for PT sites, IPE programs, NHC Curriculum Integration project sites.
    - Utilize program data to develop a tool that provides a visual representation of program reach;
    - Support the monthly AETC Directors Meeting. This includes attending meetings, note-taking and, as needed, obtain speakers for special topic discussions. The Director's Meeting is a virtual meeting, convened monthly by federal staff to provide program updates, introduce new and trending topics related to training health care team members and, serves as a forum for recipients to discuss issues impacting program implementation;
    - Conduct needs assessments and other surveys among AETC recipients; and
    - Coordinate and collaborate with the Ending the HIV Epidemic Technical Assistance Provider and the Systems Coordination Provider to share information and resources as appropriate to help enhance HIV workforce development resources available in EHE jurisdictions.

- **Supporting HIV Care Practitioners** – Develop and host the annual RWHAP Clinical Conference. This conference is a forum of national thought leaders and experts in HIV, brought together to advance the knowledge and skills of HIV providers. The conference should be in-person. Specifically, you must:

- Implement all aspects of conference planning, such as logistics, communication plan to promote the conference, registration, staffing, presenter support, and onsite support.
- Provide continuing medical education credits and maintenance of board certification.
- Provide a separate budget for the conference.

For conference planning purposes please see additional information provided in the iii. Budget (Specific Instructions) section of this NOFO. If unforeseen emergency circumstances arise, the awardee may seek approval from HRSA HAB to deliver the conference virtually.

- **Outreach and Engagement with Minority-Serving Institutions and Health Professional Organizations, including those that focus on minority-serving providers** – Develop and implement a plan to identify and engage minority-serving institutions and health professional organizations, including those that focus on minority-serving providers, to increase their awareness and utilization of AETC resources and services by their members. The plan should include strategies to:
  - Engage minority-serving institutions and health professional organizations including those that focus on minority-serving providers;
  - Disseminate information on AETC Program updates and resources;
  - Develop and facilitate a virtual, biennial stakeholders' meeting to highlight the AETC Program resources and discuss HIV care workforce opportunities and challenges (starting in year two of this cooperative agreement); and
  - Provide technical assistance to AETC recipients to increase their engagement with minority- serving institutions and organizations to improve program outcomes.

- **Evaluate Performance** – Develop and implement a plan to evaluate the performance and operations of the NASC. The plan must track and measure program performance. At a minimum, the evaluation plan must contain the performance measures outlined below. Applicants are encouraged to propose additional performance measures to assess program performance:

  - Number and type of technical assistance and training events held per year
  - Number of engagement activities initiated with stakeholders
  - Number of engagement activities initiated with minority-serving organizations and minority professional organizations
  - Number and type of AETC Program updates and materials disseminated to stakeholders

- Number of new collaborations established as a result of program coordination activities implemented by the NASC
- Number of individuals from AETC recipient organizations attending technical assistance meetings and peer learning sessions
- Percentage of AETC recipient staff surveyed who indicate that NASC-sponsored events met the stated objectives
- Percentage of AETC local partner staff surveyed who indicate that NASC sponsored events met the stated objectives
- Number of participants attending the RWHAP Clinical Conference
- Percentage of RWHAP Clinical Conference participants surveyed that indicate the learning event met the stated objectives and that specific topics were effectively covered.

- **Quality Improvement** – The evaluation plan should indicate how and what quality improvement processes will be implemented to consistently assess and improve the training, technical assistance and program coordination support required under this cooperative agreement. Additionally, the plan should address how program data will be used to inform program enhancements.

  Participant surveys must be issued after the completion of all technical assistance, training, learning events, the annual RWHAP Clinical Conference and other activities delivered by the NASC to assess participant satisfaction and help determine if the event's intended objectives and outcomes were achieved. You are expected to analyze participant survey data and report the extent to which each event achieved the intended outcome.

- **Ensure qualified staff and expertise for each component of your program.**

  The NASC recipient should hire staff with the appropriate education, experience, and skills necessary to implement the requirements and expectations of this NOFO. This includes staff with an understanding of HIV workforce development, experience providing technical assistance, program support, event and strategic communications planning, experience with federal grants administration, program management and evaluation, data collection and reporting. The following descriptions are examples of key duties and positions that may be needed to execute the functions of the NASC. The NASC applicant may determine specific staff titles, roles, and responsibilities.

  - **Principal Investigator –** This individual is responsible for the preparation, conduct, and administration of the NASC cooperative agreement within the recipient organization. Requires skills and experience in providing training and technical assistance, stakeholder engagement, data analysis and reporting, and communication.

- **Project Director –** This individual should have the experience and ability to manage a federal award, provide oversight and direction to the program's activities, and ensure that the day-to-day operations of the NASC are conducted in accordance with the NOFO requirements and Notice of Award terms. The individual should have prior experience leading program support and technical assistance activities and providing other capacity building services to a national public health program. The level of effort should range between 0.5 and 1.0 full-time equivalent (FTE).
- **Communications Director –** This individual should have the experience and skills necessary to:
    1. establish and drive a multi-channel communication strategy;
    2. prepare and manage all communication activities and materials;
    3. develop a brand voice and maintain brand integrity across all platforms; and
    4. create internal communications protocols, managing all communications plan activities and building external relationships with the AETC Program stakeholders.
- **Data Manager –** This individual should have the knowledge, skills, and experience to manage data collection and reporting activities for national public health project.
- **Web Designer –** This individual should have the experience and ability to create the design and layout of a website or web pages and manage all visual aspects of a website, such as website layout and usability.
- **Web Developer –** This individual should have the experience and ability to create and maintain websites**.** This staff person should have the expertise to develop and manage all technical aspects of the website, such as website performance, capacity, and maintenance.
- **Digital Project Manager –** This individual should have the experience and ability to manage digital projects from concept to completion. The role of a digital project manager is to ensure all of the necessary deliverables for a project are completed and handed over on time and on budget.
- **Instructional Designer –** This individual should have extensive knowledge of instructional theory and proficiency in learning management systems. They are responsible for creating compelling learning activities and course content, working with subject matter experts to identify training needs, applying instructional design theories and methods, and utilizing multimedia tools to enhance the learning process.
- **Event Planner/Meeting Coordinator –** This individual should have the experience and ability to lead the planning and coordination for all aspects of

professional conferences and meetings that will be required under the NASC NOFO. This individual should have experience planning meetings on a national scale that includes arranging meeting locations and transportation, developing agendas, organizing, and procuring speakers, developing speaker biographies and meeting materials and managing logical support.

Program-Specific Instructions

Include application requirements and instructions from Section 4 of the *Application Guide* (budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract). Also include the following:

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form that you will find in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information you must include in the Project Abstract Summary Form, see Section 4.1.ix of the *Application Guide.*

NARRATIVE GUIDANCE

The following table provides a crosswalk between the narrative language and where each section falls within the review criteria. Make sure you have addressed everything. We may consider any forms or attachments you reference in a narrative section during the merit review.

Narrative Section	**Review Criteria**
Introduction	*Criterion 1: NEED*
Organizational Information	*Criterion 5: RESOURCES/CAPABILITIES*
Need	*Criterion 1: NEED*
Approach	*Criterion 2: RESPONSE* *Criterion 4: IMPACT*
Work Plan	*Criterion 2: RESPONSE* *Criterion 4: IMPACT*
Resolution of Challenges	*Criterion 2: RESPONSE*
Evaluation and Technical Support Capacity	*Criterion 3: EVALUATIVE MEASURES* *Criterion 5: RESOURCES/CAPABILITIES*
Budget Narrative	*Criterion 6: SUPPORT REQUESTED*

ii. *Project Narrative*

This section must describe all aspects of the proposed project. Make it brief and clear.

Provide the following information in the following order. Please use the section headers. This ensures reviewers can understand your proposed project.

- *Introduction – Corresponds to Section V's Review Criterion (1) Need*
    - Briefly describe your understanding of the need and purpose of the NASC that is consistent with Section I.1 Purpose of this NOFO. Your description should be succinct, self-explanatory, and well organized.
- *Organizational Information – Corresponds to Section V's Review Criterion (5) Resources/Capabilities*
    - Describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to support the development and management of the NASC. The organizational profile should also include significant collaborative partners, key personnel, budget, and other resources.
    - Include a project organizational chart as Attachment 8 that clearly shows how your organization is structured. The organizational chart should depict the primary organizational structure and identified partners or significant collaborators you will engage to implement this initiative. You must provide a memorandum of understanding (MOU) or letter of agreement for each identified partner using Attachment 4.
    - Describe the scope of workforce training and technical assistance in which your organization is currently engaged.
    - Describe your organization's level of experience and number of years of experience supporting workforce training and technical assistance projects.
    - Provide a description of your experience with fiscal management of grants and contracts including experience managing multiple federal grants and documenting all costs to avoid audit findings.
    - Describe the qualifications of key personnel (including any consultants and contractors, if applicable) and their knowledge, experience, skills, and credentials.
    - Include a staffing plan for proposed project staff and brief job descriptions to include the roles and responsibilities, including who will manage and oversee the various project activities and their qualifications. Include as Attachment 2. *See Section 4.1. of HRSA's SF-424 Application Guide* for additional

information. Include short biographical sketches of key project staff as Attachment 3. *Section 4.1. of HRSA's SF-424 Application Guide* for information on the content for the sketches.

- *Need–Corresponds to Section V's Review Criterion (1) Need*

  This section will help reviewers understand whom you will serve with the proposed project.

  - Describe the current needs and expected changes for the primary health care and HIV care workforce. You may cite Health Professional Shortage Areas designations indicating provider gaps, and primary health care and HIV health disparity data to support the described need. The discussion should demonstrate a strong knowledge of the current state of the HIV care workforce, including trends in the availability of HIV treatment and care, and the types of organizations that serve or can potentially serve people with or at-risk of HIV.
  - Describe the needs and gaps regarding HIV training and professional development, and where there may be opportunities for the AETC Program to make an impact.

- *Approach – Corresponds to Section V's Review Criterion (2) Response and Criterion (4) Impact*

  Respond to the instructions below and tell us how you will address the stated needs and implement each program strategy as described in the Program Requirements and Expectations section of this NOFO. The program strategies are:

  - Strategic Communication and Stakeholder Engagement;
  - Capacity Building;
  - Technical Assistance;
  - Program Coordination Support;
  - Supporting HIV Care practitioners; and
  - Outreach and Engagement with Minority-Serving Institutions and Health Professional Organizations, including those that focus on minority-serving providers

  - Describe the communication and stakeholder engagement plan that you will use to increase awareness and utilization of AETC Program services and effectively engage stakeholders. Your plan should address all of the activities in the Program Requirements and Expectations section outlined for strategic communication and stakeholder engagement, including the plan to develop and maintain a public facing program website.

  - Describe how you will develop, manage, and facilitate collaborative learning and information sharing activities designed to increase the implementation and standardization of best practices in HIV care and prevention training amongst AETC recipients. Your discussion should describe the approaches

that you will use to address all of the activities in the Program Requirements and Expectations section outlined for capacity building.

- Describe the process that you will use to identify the technical assistance and training needs of the AETC recipients and how you propose to deliver all of the training and technical assistance activities as described in the Program Requirements and Expectation section of this NOFO. Your discussion should include how you will plan and deliver the six virtual and one in-person technical assistance sessions and implement onboarding activities for new recipients and their local partners.

- Describe the plan and strategies that you will use to develop, implement, and facilitate all of the program coordination activities in the Program Requirement and Expectations section.

- Describe the strategies that you will use to plan, provide logistical support and facilitate the annual RWHAP Clinical Conference, as noted in the Requirements and Expectations section for Supporting HIV Care practitioners. For conference planning purposes please see additional information provided in the iii. Budget (Specific Instructions) section of this NOFO.

- Describe your plan to identify and engage minority-serving institutions and health professional organizations, including those that focus on minority-serving providers to increase the awareness and utilization of AETC resources and services by members. The discussion should include how you will plan and implement all of the activities noted in the Program Requirements and Expectations section for this program strategy.

- *Work Plan – Corresponds to Section V's Review Criterion (2) Response and Criterion (4) Impact.*

  - Describe the activities or steps that you will use to achieve each of the objectives and activities proposed during the entire period of performance in the Approach section. Be sure the work plan focuses on the program strategies in the Program Requirements and Expectation section of the NOFO.
  - Provide a timeline that includes all planned activities for the entire period of performance (5 years) and identifies responsible staff.
  - As appropriate, identify meaningful support and collaboration with key partners and stakeholders in planning, designing, and implementing all activities, including developing the application.

- The work plan should directly relate to your approach and the program expectations and requirements of this announcement. The work plan should include clearly written (1) goals; (2) objectives that are specific, time-framed, and measurable; (3) action steps; (4) staff responsible for each action step (including consultants); and (5) anticipated dates of completion.
- First year objectives should describe key action steps or activities that will be undertaken to implement the project: e.g., hiring and training appropriate staff (if applicable); establishing partnerships; establishing quality control mechanisms; development of the implementation plans; and engaging stakeholders. The workplan for Year 1 should include the following activities:
    - By Month 2: Establish a draft implementation plan and confirmed venue for the annual RWHAP Clinical Conference. The conference is generally held during the last three months of the calendar year.
    - By Month 3: Hire all key personnel and partners with clearly defined roles/responsibilities.
- You must submit a workplan as Attachment 1 to include all the information and activities detailed in the narrative section of the application.

- *Resolution of Challenges – Corresponds to Section V's Review Criterion (2) Response*
    - Discuss challenges that are likely to be encountered in designing and carrying out the activities in the work plan.
    - Discuss approaches that will be used to resolve the challenges encountered.

- *Evaluation and Technical Support Capacity – Corresponds to Section V's Review Criterion (3) Evaluative Measures and (5) Resources/Capabilities*
    - Describe the evaluation plan and your organization's capability to track, measure, and monitor and assess program performance, including progress made with achieving the goals and objectives of the NASC as outlined in Section I. 1 Purpose of this NOFO.
    - Describe who will be responsible for collecting and analyzing data and leading program evaluation efforts. Discuss staff experience, skills, and knowledge, including previous work on similar projects related to evaluation and data management activities and providing technical support.
    - Describe the anticipated outputs and outcomes of proposed activities. Both outcome and process measures may be used to evaluate the progress of the program.

- Describe other key inputs (such as organizational support, collaborative partners, budget, and other resources), key processes, and variables to be measured.

- In addition to the performance measures noted in of this NOFO, please identify any additional performance measures that you will use to assess program performance.

- Describe how you will use data to inform program development and improvements, and continuously enhance quality improvement. **Note:** The NASC performance measures and data forms are subject to change.

- Describe data quality policies, including how you will ensure timely, complete, and valid submission of data.

iii. *Budget*

The *Application Guide* directions may differ from those on Grants.gov.

Follow the instructions in Section 4.1.iv Budget of the *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 (which may include Maintenance of Effort (MOE), if applicable).

Program Income

You must use any program income you generate from awarded funds for approved project-related activities. Use program income under the addition alternative (45 CFR § 75.307(e)(2)). Find post-award requirements for program income at 45 CFR § 75.307.

Specific Instructions

The NASC Program requires the following:

In addition to the information in the SF-424A, you must submit a program specific line-item budget as Attachment 5. NASC base, MAI and EHE funding as well as funds allocated for the annual RWHAP Clinical Conference must be tracked separately. The line-item budget must include, as separate columns, amounts for the NASC base component, MAI, EHE and the RWHAP Clinical Conference for the first budget period from July 1, 2024 – June 30, 2025.

For each funding column (NASC base, MAI, EHE, and annual RWHAP Clinical Conference), include subcategories for administrative and training costs. Include a final

column with totals for each row and column. The AETC-NASC application requires a detailed budget for the overall project for each year of the project.

NOTE for budgeting and planning purposes: Annual RWHAP Clinical Conference
The RWHAP Clinical Conference is an annual conference that convenes for up to 3 days. The conference should be in-person. If unforeseen emergency circumstances arise, the awardee may seek approval from HRSA HAB to deliver the conference virtually. The estimated audience is approximately 500 attendees primarily comprised of prescribers of antiretroviral therapy, including, but not limited to, physicians, advanced practice nurses, nurse practitioners, physician assistants, nurses, dentists, and pharmacists who are experienced HIV care providers. The conference provides updates in HIV care, treatment, and prevention to clinical providers who work in RWHAP-funded settings. The conference format is a mixture of lectures, case-based interactive presentations, and small-group workshop breakout sessions. This conference is separate and distinct from the Ryan White National Conference on HIV Care and Treatment. The RWHAP Clinical Conference is planned with, and supported by HRSA HAB. The recipient will not be responsible for the travel and lodging expenses of meeting attendees (this applies to both non-federal and federal attendees).

NOTE: HRSA recommends that the budgets be converted or scanned into a PDF format for submission. Do not submit Excel spreadsheets. HRSA recommends that you submit the program-specific line-item budget in table format, as a single table in PDF format.

The administrative budget should reflect all costs borne by your organization and your partners in your role as the administrator of the NASC award. Examples of administrative costs include:

- Personnel costs, fringe benefits, and proportion of full time equivalent of staff members responsible for the management of the project, such as the Project Director, or Project Coordinator. In-kind staff effort should be included;

- Portion of staff salaries spent on supervision activities, project management, technical assistance to contractors, or data collection;

- Secretarial or clerical support designated specifically for coordination/administrative tasks. **NOTE:** You must split and allocate between both budgets the salaries for staff that perform both administrative and direct training functions;

- Portion of rent, utilities, telephone, other facility support costs, supplies, and insurance that represent the proportion of administrative activities performed by the recipient;

Indirect costs based on the listed direct costs for this activity (See below for instructions relating to indirect costs).

- Travel, meeting, mailing, and other costs associated with administration/coordination of the NASC. You must include in your administrative costs the following required travel:
    - Attendance at biennial National Ryan White Conference in the Washington, D.C. area;
    - Attendance at RWHAP Clinical Conference for staff responsible for managing the event;
    - Attendance at biennial Regional AETC Program meeting in the Washington, D.C., area for the Principal Investigator, Project Director, and two additional staff members; and
    - Attendance at one technical assistance meeting in the Washington, DC area for the Project Director and staff needed to facilitate the meeting.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), 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." Effective January 2023, the salary rate limitation is $212,100. As required by law, salary rate limitations may apply in future years and will be updated.

iv. *Budget Narrative*

See Section 4.1.v. of the *Application Guide.*

In addition, NASC requires the following:

- A budget narrative that explains the amounts requested for each line in the budget.
- The budget narrative should be concise and provide a justification that specifically describes how each item will support the achievement of proposed objectives. Do not use the justification to expand the project narrative.
- For subsequent budget years, the budget justification narrative should include only information which differs from year one or clearly indicate that there are no substantive budget changes during the project period.

- State proposed and likely future sources of in-kind financial resources and identify what mechanisms you will use to track these resources as part of the overall program budget.

v. *Attachments*

Provide the following attachments in the order we list them.

Most attachments count toward the application page limit. Indirect cost rate agreements and biographical sketches are the only exceptions. They will not count toward the page limit.

Clearly label each attachment. Upload attachments into the application. Reviewers will not open any attachments you link to.

Attachment 1*: Work Plan (Required)*

Attach the project's work plan. Make sure it includes everything that Section IV.2.ii. Project Narrative details. If you'll make subawards or spend funds on contracts, describe how your organization will document funds.

Attachment 2: *Staffing Plan and Job Descriptions for Key Personnel (Required) (see Section 4.1. of* the *Application Guide)*

You must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Key personnel should have adequate time devoted to the project to achieve the project objectives.

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Describe your organization's timekeeping process. This ensures that you'll comply with federal standards related to recording personnel costs.

Attachment 3: *Biographical Sketches of Key Personnel (Required) (Do not count towards the page limit)*

Include biographical sketches for people who will hold key positions described in *Attachment 2.* Keep biographical sketches to two pages or less per person. Do **not** include personally identifiable information (PII). If you include someone you have not hired yet, include a letter of commitment from that person with the biographical sketch. Biographical sketches will not be counted toward the page limit.

Attachment 4: *Letters of Agreement, Memoranda of Understanding (if applicable)*

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

Attachment 5: *Program Specific Line-Item Budget (Required)*

Submit as a PDF document a program-specific line-item budget for each year of the five-year period of performance.

Attachment 6: *For Multi-Year Budgets--5th Year Budget (Required)*

After using columns (1) through (4) of the SF-424A Section B for a 5-year period of performance, you need to submit the budget for the 5th year as an attachment. SF-424A Section B doesn't count in the page limit; however, any related budget narrative does count. See Section 4.1.iv of the *Application Guide.*

Attachment 7: *Request for Funding Preference (Required)*

Provide information to support your request to be considered for a funding preference. You must cite examples of proposed activities in your application as indicated in the instructions for the funding preference. Your organization must meet the three criteria below 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/AIDS and other individuals who are at high risk of contracting such disease;
- Train, or result in the training of, minority-serving health professionals and minority-serving allied health professionals to provide treatment for individuals with such disease; and
- Train, or result in the training of, health professionals and allied health professionals to provide treatment for Hepatitis B or C and HIV co-infected individuals.

HRSA will review the information to determine whether you qualify for a funding preference. See Section V.2 for more information.

Attachment 8: *Project Organizational Chart (Required)*

Provide a one-page figure that shows the project's organizational structure.

Attachment 9: *Tables, Charts, etc. (If applicable)*

Provide tables or charts that give more details about the proposal (for example, Gantt or PERT charts, flow charts).

Attachments 10–15: *Other Relevant Documents (If applicable, no more than 15)*

Include any other documents that are relevant to the application. This may include letters of support, which are not required for eligibility. Letters of support must be dated and show 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)

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage: General Service Administration's UEI Update

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.[3]

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- System for Award Management (SAM) (SAM Knowledge Base)
- Grants.gov

Effective March 3, 2023, individuals assigned a SAM.gov Entity Administrator role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.

[3] Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)).

- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called “notarized letter”) will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.

If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) more about this change on the BUY.GSA.gov blog to know what to expect.

For more details, see Section 3.1 of the *Application Guide.*

Note: Allow enough time to register with SAM and Grants.gov. We do not grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

Application Due Date

Your application is due on February 7,2024, *at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide’s* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

The NASC does not need to follow the terms of Executive Order 12372 in 45 CFR part 100.

See Section 4.1 ii of the *Application Guide* for more information.

6. Funding Restrictions

The General Provisions in Division H of the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. See Section 4.1 of the *Application Guide* for information. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.

Program-specific Restrictions

You cannot use funds under this notice for the following:

- 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 payments 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, whether homosexual or heterosexual; and
- PrEP medications and related medical services or PEP, as the person using PrEP or PEP is not living with HIV and therefore not eligible for RWHAP funded medication.

You must have policies, procedures, and financial controls in place. Anyone who receives federal funding must comply with legal requirements and restrictions, including those that limit specific uses of funding.

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *Application Guide.* We may audit the effectiveness of these policies, procedures, and controls.

- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

Limitations on Indirect Cost Rates for Training and Education Awards:

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

State or local governments, and federally recognized Indian tribes, receive reimbursement based on their negotiated rate or state cost allocation plans. State universities or hospitals are not considered governmental agencies.

V. Application Review Information

1. Review Criteria

We review your application on its technical merit. We have measures for each review criterion to help you present information and to help reviewers evaluate the applications.

We use six (6) review criteria to review and rank NASC applications. Here are descriptions of the review criteria and their scoring points.

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

How well the application describes the problem and its contributing factors and demonstrates an understanding of:

- The need and purpose of the NASC.
- The current state of the primary health care and HIV care workforce.
- The needs and gaps in HIV care training and professional development and where there may be opportunities for the AETC Program to make an impact.

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

Approach *(30 points)*

The extent to which the application describes:

- How well the organization's proposed project responds to the program's "Purpose" as noted in Section 1 of the NOFO.
- How the organization will address the stated needs and implement each of the following program strategies outlined in the Program Requirements and Expectations section of the NOFO:
  - Strategic Communication and Stakeholder Engagement;
  - Capacity Building;
  - Technical Assistance;
  - Program Coordination Support;
  - Supporting HIV Care practitioners; and
  - Outreach and Engagement with Minority-Serving Institutions and Health
  - Professional Organizations including those that focus on minority-serving providers.
- The communication and stakeholder engagement plan that will be used to increase awareness and utilization of AETC Program services and effectively engage stakeholders. The plan should address all of the activities in the Program Requirements and Expectations section outlined for strategic communication and stakeholder engagement, including the plan to develop and maintain a public facing program website.

- How the organization will develop, manage, and facilitate collaborative learning and information sharing activities designed to increase the implementation and standardization of best practices in HIV care and prevent training among AETC recipients. The discussion should include a description of the approaches that will be used to address all of the activities in the Program Requirements and Expectations section outlined for capacity building.

- The process that the organization will use to identify the technical assistance and training needs of the AETC recipients and how it proposes to deliver all the training and technical assistance activities as described in the Program Requirements and Expectation section of the NOFO. The discussion should include how the organization will plan and deliver the six virtual and one in-person technical assistance sessions and implement onboarding activities for new recipients and their local partners.

- The plan and strategies that the organizations will use to develop, implement, and facilitate all of the program coordination activities outlined in the Program Requirement and Expectations section of the NOFO.

- The strategies that the organization will use to plan, provide logistical support and facilitate the RWHAP Clinical Conference, as described the Requirements and Expectations section as the program strategy for Supporting HIV Care practitioners.

- The organization's plan to identify and engage minority-serving institutions and health professional organizations including those that focus on minority-serving providers to increase their awareness and utilization of AETC resources and services by members. The discussion should include how the organization will plan and implement all of the activities noted in the Program Requirements and Expectations section for this program strategy.

Work Plan (7 *points)*

The extent to which the application:

- Describes the activities or steps that will be used to achieve each of the objectives and activities proposed in the Approach for the entire period of performance and a work plan that focuses on the program strategies in the Program Requirements and Expectation section of the NOFO.
- Provides a timeline that includes all planned activities for the entire period of performance (5 years) and identifies responsible staff.

- Identifies meaningful support and collaboration with key partners or stakeholders in planning, designing, and implementing all activities, including developing the application.
- Includes a work plan that directly relates to the applicant's approach and the program expectations and requirements of the NOFO. The work plan includes clearly written (1) goals; (2) objectives that are specific, time-framed, and measurable; (3) action steps; (4) staff responsible for each action step (including consultants); and (5) anticipated dates of completion.
- Includes in the workplan's first year objectives a description of key action steps or activities that will be undertaken to implement the project: e.g., hiring and training appropriate staff (if applicable); establishing partnerships; establishing quality control mechanisms; development of the implementation plans; and engaging stakeholders.
- Includes in the workplan for Year 1 actions that will be taken to address the following activities:
    - By Month 2: Establish a draft implementation plan for the annual RWHAP Clinical Conference and confirmed venue. The conference is generally held during the last three months of the calendar year.
    - By Month 3: Hire all key personnel and partners with clearly defined roles/responsibilities.
- Provides a workplan as Attachment 1 that includes all the information and activities detailed in the narrative section of the application.

Resolution of Challenges *(3 points)*

The extent to which the application describes:

- How well the organization describes challenges that they may encounter during the planning and implementation of the project described in the work plan.
- How well the organization describes proposed solutions to be used to resolve those challenges.

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

The extent to which the application describes:

- An evaluation plan and the organization's capability to track, measure, and monitor and assess program performance, including progress made with

achieving the goals and objectives of the NASC as outlined in Section I. 1 Purpose of this NOFO of this NOFO.

- Project personnel that will be responsible for collecting and analyzing data and leading program evaluation efforts. This discussion should address staff experience, skills, and knowledge, including previous work on similar projects related to evaluation and data management activities and providing technical support.

- The anticipated outputs and outcomes of proposed activities.

- Other key inputs (such as organizational support, collaborative partners, budget, and other resources), key processes, and variables that will be measured performance.

- Additional performance measures (other those provided in the NOFO) that will be used to assess program performance.

- How the organization will use data to inform program development and improvements, and continuously enhance quality improvement.

- The data quality policies, including how the organization will ensure timely, complete, and valid submission of data.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Work Plan and Approach

The extent to which the application:

- Demonstrates that the proposed project activities will likely increase the awareness and utilization of the AETC program resources, promote the standardization and use of best practices in HIV care training among the AETCs, and support the professional development of HIV practitioners.
- Demonstrates how likely the proposed goals, objectives and activities described in the workplan will support AETC recipients in achieving program objectives and delivering highly effective HIV training and professional development activities.
- Demonstrates how likely the proposed project activities will increase effective engagement with minority-serving institutions and minority-serving health care professional organizations to expand their awareness AETC Program services.

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

The extent to which the application:

- Describes the organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to support the development and management of the NASC. Including in the organizational profile significant collaborative partners, key personnel, budget, and other resources.

- Includes a project organizational chart as Attachment 8 that clearly shows how the organization is structured. The chart should depict the primary organizational structure and identified partners or significant collaborators you will engage to implement this initiative.
- Includes memorandums of understanding (MOU) or letters of agreement for each identified partner organization using Attachment 4.
- Describes the scope of workforce training and technical assistance in which the organization is currently engaged.
- Describes the organization's level of experience and number of years of experience supporting workforce training and technical assistance projects.
- Provides a description of the organization's experience with the fiscal management of grants and contracts including experience managing multiple federal grants and documenting all costs to avoid audit findings.
- Describes the qualifications of key personnel (including any consultants and contractors, if applicable) and their knowledge, experience, skills and credentials.
- Includes as Attachment 2, a staffing plan for the proposed project staff and brief job descriptions that outline the roles and responsibilities, including who will manage and oversee the various project activities and their qualifications.
- Includes as Attachment 3, short biographical sketches of key project staff.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Budget and Budget Narrative

- 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.

2. Review and Selection Process

Subject matter experts provide an impartial evaluation of your application. Then, they pass along the evaluations to us, and we decide who receives awards. See Section 5.3 of the *Application Guide* for details. When we make award decisions, we consider the following when selecting applications for award:

- How high your application ranks
- Funding availability
- Risk assessments
- Other pre-award activities, as described in Section V.3 of this NOFO
- Other factors
    - Funding Preferences for eligible organizations may be considered.

For this program, HRSA will use:

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 your application receives a funding preference, it will be placed in a more competitive position among fundable applications. If your application does not receive a funding preference, it will receive full and equitable consideration during the review process.

HRSA staff will determine the funding factor and will apply it to any qualified applicant that demonstrates they meet the three criteria for the preference(s) as indicated below. 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/AIDS and other individuals who are at high risk of contracting such disease;
- Train, or result in the training of, minority-serving health professionals and minority-serving allied health professionals to provide treatment for individuals with such disease; 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 7**. Please limit your response to one page.

If your organization does not propose any activities related to the funding preference, you can indicate “Not applicable” on **Attachment 7**.

Attachment 7 is required for all applicants. HRSA will review the information and determine whether your application qualifies for a funding preference, although receipt of a funding preference is not a guarantee of funding.

3. Assessment of Risk

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application (45 CFR § 75.205).

First, your application must get a favorable merit review. Then we:

- Review past performance (if it applies)
- Analyze the cost of the project/program 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 (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

However, even at this point, we do not guarantee that you'll receive an award. After a full review we'll decide whether to make an award, and if so, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

We review information about your organization in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may comment on anything that a federal awarding agency previously entered about your organization. We'll consider your comments, and other information in FAPIIS. We'll use this to judge your organization's integrity, business ethics, and record of performance under federal awards when we complete the review of risk. We'll report to FAPIIS if we decide not to make an award because we have determined you do not meet the minimum qualification standards for an award (45 CFR § 75.212).

VI. Award Administration Information

1. Award Notices

The Notice of Award (NOA) is issued on or around the start date listed in the NOFO. See Section 5.4 of the *Application Guide* for more information.

2. Administrative and National Policy Requirements

See Section 2.1 of the *Application Guide*.

If you receive an NOA and accept the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of 45 CFR part 75, currently in effect.
- Other federal regulations and HHS policies in effect at the time of the. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance measurement.
- Any statutory provisions that apply
- The Assurances (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

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 HHS Office for Civil Rights website.

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

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.

Subaward Requirements

If you receive an award, you must follow the terms and conditions in the NOA. You'll also be responsible for how the project, program, or activity performs; how you and others spend award funds; and all other duties.

In general, subrecipients must comply with the award requirements (including public policy requirements) that apply to you. You must make sure your subrecipients comply with these requirements. 45 CFR § 75.101 Applicability gives details.

Data Rights

All publications you develop or purchase with award funds must meet program requirements.

You may copyright any work that's subject to copyright and was developed, or for which ownership was acquired, under an award.

However, we reserve a royalty-free, nonexclusive, and irrevocable right to your copyright-protected work. We can reproduce, publish, or otherwise use the work for federal purposes and allow others to do so. We can obtain, reproduce, publish, or otherwise use any data you produce under the award and allow others to do so for federal purposes. These rights also apply to works that a subrecipient develops.

Human Subjects Protection

All research that was commenced or ongoing on or after December 13, 2016, and is within the scope of subsection 301(d) of the Public Health Service Act is deemed to be issued a Certificate of Confidentiality (Certificate) through and is therefore required to protect the privacy of individuals who are subjects of such research. As of March 31, 2022, HRSA will no longer issue Certificates as separate documents. More information about HRSA's policy about Certificates can be found via this link to HRSA's website.

3. Reporting

Award recipients must comply with Section 6 of the *Application Guide* **and** the following reporting and review activities:

1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required. The report must be submitted to HRSA annually. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit Reporting Requirements | HRSA. More specific information will be included in the NOA.
2) **Progress Report**(s). The Non-Competitive Continuation Report will be used to capture recipient progress. The recipient must submit both a non-competitive continuation report mid-year and an annual progress report to HRSA electronically via the HRSA Electronic Handbooks (EHBs) system at

https://grants.hrsa.gov/webexternal/home.asp . Further information will be available in the award notice.

3) **Allocation Report -** Recipients must submit an allocation report to HRSA on an annual basis. The report must include a detailed description of how the award funds were allocated for project implementation. Additional information will be available in the NOA.

4) **Expenditure Report -** Recipients must submit an expenditure report to HRSA on an annual basis. The report must include a detailed description of funds expended for project implementation. Additional information will be available in the NOA.

5) **RWHAP NASC Data Report-** The NASC must submit to HRSA program activity data on a quarterly basis. Recipients must submit the Data Report online in the EHBs system at https://grants.hrsa.gov/webexternal/home.asp

6) **Ending the HIV Epidemic Biannual Report -** Recipients will be expected to submit a twice-yearly report on activities related to the EHE. HRSA will provide further details in the NOA.

7) **Final Report -** A final report is due within 90 days after the project period of performance ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goals and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences over the entire project period. Recipients must submit the final report online in the EHBs system at https://grants.hrsa.gov/webexternal/home.asp.

8) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as 45 CFR part 75 Appendix I, F.3. and 45 CFR part 75 Appendix XII require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

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

Program issues or technical assistance:

Tanya Gunn
Public Health Analyst, OPS
Attn: Ryan White HIV/AIDS Program
HIV/AIDS Bureau
Health Resources and Services Administration
Call: 301-443- 4304
Email: tgunn@hrsa.gov

You may need help applying through Grants.gov. If so, please see contact information below. Always get a case number when you call.

Grants.gov Contact Center (24 hours a day, 7 days a week, excluding federal holidays)
Call: 1-800-518-4726 (International callers: 606-545-5035)
Email: support@grants.gov
Search the Grants.gov Knowledge Base

Once you apply or become an award recipient, you may need help submitting information and reports through HRSA's Electronic Handbooks (EHBs). Always get a case number when you call.

HRSA Contact Center (Monday – Friday, 7 a.m. – 8 p.m. ET, excluding federal holidays)
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910
Electronic Handbooks Contact Center

The EHBs login process changed on May 26, 2023, for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs now uses **Login.gov** and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must have a Login.gov account for the new login process. For step-by-step instructions on creating a Login.gov account refer to the EHBs Wiki Help page.

VIII. Other Information

Technical Assistance

See TA details in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

Appendix A: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified page limit. (Do not submit this worksheet as part of your application.)

The Standard Forms listed in column 1 do not count against the page limit; however, attachments to the Standard Forms listed in column 2 do count toward the page limit. For example, the Budget Narrative Attachment Form does not count, however the attachment uploaded in that form does count against the page limit.

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States, etc.)	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	*My attachment = ___ pages*
Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	*My attachment = ___ pages*
Attachments Form	Attachment 1: Workplan	*My attachment = ___ pages*
Attachments Form	Attachment 2: Staffing Plan and Job Descriptions for Key Personnel	*My attachment = ___ pages*
Attachments Form	Attachment 3: Biographical Sketches of Key Personnel	*Does not count against the page limit.*
Attachments Form	Attachment 4: Letters of Agreement, Memoranda of Understanding, and/or contracts	*(Does not count against the page limit)*
Attachments Form	Attachment 5 Program Specific Line-Item Budget	*My attachment = ___ pages*
Attachments Form	Attachment 6 – Multi-Year Budgets- 5th Year Budget	*My attachment = ___ pages*

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** *Applicant Instruction – enter the number of pages of the attachment to the Standard Form*
Attachments Form	Attachment 7 – Request for Funding Preference	*My attachment* = ___ *pages*
Attachments Form	Attachment 8 – Project Organization Chart	*My attachment* = ___ *pages*
Attachments Form	Attachment 9- Tables, Charts, etc.	*My attachment* = ___ *pages*
Attachments Form	Attachment 10 - *Other Relevant Documents*	*My attachment* = ___ *pages*
Attachments Form	Attachment 11- *Other Relevant Documents*	*My attachment* = ___ *pages*
Attachments Form	Attachment 12 - *Other Relevant Documents*	*My attachment* = ___ *pages*
Attachments Form	Attachment 13 - *Other Relevant Documents*	*My attachment* = ___ *pages*
Attachments Form	Attachment 14- *Other Relevant Documents*	*My attachment* = ___ *pages*
Attachments Form	Attachment 15- *Other Relevant Documents*	*My attachment* = ___ *pages*
Project Narrative Attachment Form	Project Narrative	*Does not count against the page limit if upload in the grants.gov*
Budget Narrative Attachment Form	Budget Narrative	*My attachment* = ___ *pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-24-099 is 60 pages		**My total = ____ pages**