

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



HIV/AIDS Bureau
Division of State HIV/AIDS Programs

***Ryan White HIV/AIDS Program Part B AIDS Drug Assistance Program
Training and Technical Assistance***

Funding Opportunity Number: HRSA-22-025
Funding Opportunity Type(s): New and Competing Continuation
Assistance Listings (CFDA) Number: 93.145

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: November 23, 2021

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

Issuance Date: August 23, 2021

Modified on November 16, 2021 to extend the application due date to November 23, 2021.

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Authority: 42 U.S.C. §§ 243(c) and 300ff-26 (§§ 311 (c) and 2616 of the Public Health Service Act).

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Ryan White HIV/AIDS Program (RWHAP) Part B AIDS Drug Assistance Program (ADAP) Training and Technical Assistance program. The purpose of this program is to build the capacity of ADAPs through tools and technical assistance to maximize the impact of ADAPs in improving the health outcomes of people with HIV in a changing health care environment.

Funding Opportunity Title:	Ryan White HIV/AIDS Program Part B AIDS Drug Assistance Program Training and Technical Assistance
Funding Opportunity Number:	HRSA-22-025
Due Date for Applications:	November 23, 2021
Anticipated Total Annual Available FY 2022 Funding:	\$500,000
Estimated Number and Type of Award(s):	Up to one cooperative agreement
Estimated Award Amount:	Up to \$500,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	July 1, 2022 through June 30, 2027 (5 years)
Eligible Applicants:	All domestic public or private, non-profit or for-profit entities, including faith-based and community-based organizations, tribes, and tribal organizations are eligible to apply. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance webinar:

Day and Date: Wednesday, September 22, 2021
Time: 3 – 4:30pm ET

Join ZoomGov Meeting

<https://hrsa-gov.zoomgov.com/j/1607027388?pwd=VVRjS1J5K1NkMXRvaHdLU3p2TkJCdz09>

Meeting ID: 160 702 7388
Passcode: 0kh3MC9R

One tap mobile

+16692545252,,1607027388#,,,,*57419112# US (San Jose)

+16468287666,,1607027388#,,,,*57419112# US (New York)

HAB will record the TA webinar and make it available on the [TargetHIV](#) website.

508 Compliance Disclaimer

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program (RWHAP) Part B AIDS Drug Assistance Program (ADAP) Training and Technical Assistance program. The purpose of this funding is to build the capacity of ADAPs through tools and technical assistance to maximize the impact of ADAPs in improving the health outcomes of people with HIV in a changing health care environment. In collaboration with HRSA, the funded entity will provide technical assistance to RWHAP Part B recipients to strengthen ADAP administrative structures and operations, and to strengthen the capacity of ADAPs to implement and administer medication assistance and health insurance assistance programs to optimize client health outcomes. The funded entity will also be responsible for conducting an ongoing assessment of RWHAP Part B recipients' technical assistance needs related to ADAP and adapting technical assistance to changing needs.

You must clearly demonstrate that you bring the experience and expertise needed to provide technical assistance and training to the state/territory health departments' RWHAP Part B ADAP programs. For the purposes of this program, "states/territories" include the 50 states, the District of Columbia, 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, and the Republic of Palau. Collaborations via subcontracts or memoranda of understanding to secure specific expertise are encouraged.

An ADAP is a state/territory-administered program authorized under Part B of the RWHAP that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare. ADAP funds may also be used to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of drug treatments. Client eligibility is determined by the state or territory and includes verification of HIV status and financial and residency eligibility. ADAPs are required to recertify client eligibility at least every six months.

This cooperative agreement supports the primary goals of the HIV National Strategic Plan: A Roadmap to End the HIV Epidemic (2021 – 2025).

2. Background

This program is authorized by 42 U.S.C. §§ 243(c) and 300ff-26 (§§ 311 (c) and 2616 of the Public Health Service Act). The RWHAP provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach 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; clinical training; and the development of innovative models of care to meet the needs of different communities and populations affected by HIV.

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

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

Strategic Frameworks and National Objectives

National objectives and strategic frameworks like the [Healthy People 2030](#), the [National HIV AIDS Strategy \(NHAS\) \(2021-2025\)](#); 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

According to recent data from the [2019 Ryan White Services Report \(RSR\)](#), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2015 to 2019, 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 83.4 percent to 88.1 percent. Additionally, racial/ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.¹ For example, the disparities in viral suppression rates between Black/African Americans and White clients have decreased since 2010.² These improved outcomes mean more people with HIV in the United

¹ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2019. <http://hab.hrsa.gov/data/data-reports>. Published December 2020. Accessed December 2, 2020.

² Black/African American clients went from 79.4 percent viral suppression in 2015 to 85.2 percent in 2019, while 88.3 percent of White clients were virally suppressed in 2015 and 91.8 percent in 2019

States will live near normal lifespans and have a reduced risk of transmitting HIV to others.³

In February 2019, the [Ending the HIV Epidemic in the United States](#) (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. This 10-year initiative seeks to achieve the important goal of reducing new HIV infections in the United States to fewer than 3,000 per year by 2030. The initiative promotes and implements four strategies to substantially reduce HIV transmissions – Diagnose, Treat, Prevent, and Respond. The initiative is a collaborative effort among key HHS agencies, primarily HRSA, the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

For the RWHAP, the EHE initiative expands the program's ability to meet the needs of clients specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed and in care but not yet virally suppressed to the essential HIV care and treatment and support services needed to help them achieve viral suppression.

Using Data Effectively: Integrated Data Sharing and Use

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

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

Integrated data sharing, analysis, and utilization of HIV data by state and territorial health departments can help further progress toward reaching the HIV National Strategic Plan 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 integrated data sharing, analysis, and utilization. State health departments may use CD4, VL, and HIV 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

³ National Institute of Allergy and Infectious Diseases (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: <https://clinicaltrials.gov/> NCT00074581 NLM Identifier: NCT00074581.

assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic in the U.S. can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

Program Resources and Innovative Models

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

In addition, many RWHAP Special Projects of National Significance (SPNS) projects have demonstrated promising new approaches for linking and retaining priority populations into care. As resources permit, RWHAP recipients are encouraged to review and integrate these tools within their HIV system of care in accordance with the allowable service categories defined in Policy Clarification ([PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds](#)). Examples of these resources include:

- [**E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV**](#)
E2i uses an implementation science approach to evaluate and understand existing and new intervention strategies that can be used in RWHAP provider settings. Once interventions or strategies are demonstrated and evaluated using implementation science, manuals, guides, interactive online tools, publications, and instructional materials are developed and disseminated for replication and integration into RWHAP provider settings.
- [**Integrating HIV Innovative Practices \(IHIP\)**](#)
Resources on the IHIP website include easy-to-use training manuals, curricula, case studies, pocket guides, monographs, and handbooks, as well as informational handouts and infographics about SPNS generally. IHIP also hosts TA training webinars designed to provide a more interactive experience with experts, and a TA help desk exists for you to submit additional questions and share your own lessons learned.
- [**Replication Resources from the SPNS Systems Linkages and Access to Care**](#)
There are intervention manuals for patient navigation, care coordination, state bridge counselors, data to care, and other interventions developed for use at the state and regional levels to address specific HIV care continuum outcomes among hard-to-reach people with HIV.

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

HRSA HAB also recognizes the importance of addressing emerging issues, as well as supporting the needs of special populations. To help recipients in responding to these critical issues, HRSA HAB funds projects to provide technical assistance and resources for recipients. Examples of projects include:

- [**Building Futures: Supporting Youth Living with HIV**](#)
- [**The Center for Engaging Black MSM Across the Care Continuum \(CEBACC\)**](#)
- [**Using Community Health Workers to Improve Linkage and Retention in Care**](#)

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New and Competing Continuation.

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

HRSA program involvement will include:

- Working with the cooperative agreement recipient to analyze and modify activities as necessary in keeping with the changing trends and needs of the RWHAP and the health care environment;
- Collaborating and participating in the design, direction, and evaluation of activities;
- Contributing to the development of training curriculum, publications, and other resources;
- Providing ongoing input and collaboration in the management and technical performance of activities;
- Facilitating relationships with RWHAP Part B recipients and other stakeholders; and
- Ensuring consideration of HAB programmatic and data reporting requirements and initiatives in the design of ADAP training and technical assistance, as relevant.

The cooperative agreement recipient's responsibilities will include:

- Jointly working with the assigned HAB project officer and other HRSA

staff as necessary to plan, execute, and evaluate activities, including analytical approaches to the types of training and technical assistance needed, and the delivery of the training and technical assistance activities, providing sufficient time for HAB to provide input and/or assistance.

- Designing and delivering training and technical assistance to maximally assist RWHAP Part B recipients in the following areas:
 - **Strengthening ADAP administrative structures**, including:
 - Building the capacity of RWHAP Part B recipients to incorporate ADAP into the state/territory's comprehensive systems of HIV care, integrated planning processes, continuous quality improvement programs and efforts to end the HIV epidemic in their jurisdictions.
 - Assessing and building the capacity of ADAPs' staffing, policies and procedures, and financial oversight and monitoring systems.
 - Strengthening ADAP staffing through:
 - Effective on-boarding and training (using a curriculum developed through a separate technical assistance project) of new ADAP staff,
 - Development of succession planning, and
 - Use of peer mentors.
 - Building the capacity of ADAPs to develop emergency preparedness plans that demonstrate a state of readiness to ensure access to HIV medications in emergency situations.
 - **Strengthening ADAP operations**, including:
 - Expanding and enhancing ADAP financial forecasting tools and providing support regarding the use of the tools and other mechanisms to ensure effective ADAP financial forecasting.
 - Strengthening ADAP effectiveness in the generation, tracking and utilization of ADAP-generated program income and drug manufacturer rebates.
 - Evaluating the effectiveness and utilization of cost-containment strategies (both cost-cutting and cost-saving).
 - Strengthening the capacity of ADAPs to prepare for and effectively implement and manage cost-containment measures, including ADAP waiting lists.
 - **Strengthening the capacity of ADAPs** to implement and administer medication assistance and health insurance assistance programs to optimize client health outcomes.
 - Expanding and enhancing current tools, and creating new tools as necessary, to analyze the cost-effectiveness of health insurance plans to assist ADAPs in ensuring compliance with RWHAP legislative requirements.
 - Providing targeted technical assistance to ADAPs to maximize the use of their available resources to meet client need.
 - Conducting ongoing assessment of RWHAP Part B recipients'

technical assistance needs related to ADAP and adapting technical assistance to changing needs in a timely way.

- Providing HAB with a complete, updated, and accessible copy of all federally supported materials, including online content, prepared under this cooperative agreement for the duration of the project.
- Working with HAB to analyze and modify activities as necessary in keeping with the changing trends and needs of the RWHAP and the health care environment.

2. Summary of Funding

HRSA estimates approximately \$500,000 to be available annually to fund one recipient. You may apply for a ceiling amount of up to \$500,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. The period of performance is July 1, 2022 through June 30, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for RWHAP Part B ADAP Training and Technical Assistance program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the federal government.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public and non-profit entities, faith-based and community-based organizations, tribes, and tribal organizations.

As noted earlier, collaborations via subcontracts or memoranda of understanding to secure specific expertise are encouraged. You may submit a proposal that includes subcontracts or memoranda of understanding with a collaborating organization(s) if the partnership(s) enhances the approach, capacity and reach of the cooperative agreement.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

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

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

2. Content and Form of Application Submission

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

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

Application Page Limit

The total size of all uploaded files included in the page limit may not exceed the equivalent of **80 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Please note: Effective April 22, 2021, the abstract is no longer an attachment that counts in the page limit. The abstract is the standard form “Project_Abtract Summary.” Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-025, it may count against the page limit. Therefore,

we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3321).
- 3) Where you are unable to attest to the statements in this certification, an explanation shall be included in **Attachments 8-15: Other Relevant Documents**.

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

Program-Specific Instructions

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

i. Project Abstract

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment. For information on content required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's [SF-424 Application Guide](#).

ii. Project Narrative

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

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

- **INTRODUCTION** -- Corresponds to Section V's [Review Criterion 1 \(Need\)](#)
Briefly describe your qualifications and briefly summarize how you are proposing to address the responsibilities outlined in [Section II.1](#). of this NOFO.
- **NEEDS ASSESSMENT** -- Corresponds to Section V's [Review Criterion 1 \(Need\)](#)

Describe your understanding of the need for technical assistance to maximize the impact of ADAPs in improving the health outcomes of people with HIV in a changing health care environment. Briefly describe the current state of ADAPs nationwide and provide an assessment of the challenges and strategies that may impact the technical assistance work. Describe how to assess, in collaboration with HRSA, best practices for ADAPs. Use and cite data whenever possible to support the information provided. Reference your relevant work, as appropriate.

- **METHODOLOGY** -- *Corresponds to Section V's [Review Criterion 2 \(Response\)](#)*
Propose methods that will be used to address the stated needs and that meet each of the recipient responsibilities described in [Section II.1](#) of this NOFO. Discuss why the methodology chosen is appropriate for this project. The methodology should include the development of effective tools, strategies for collaboration, and technical assistance modalities, and how the utilization of the tools, strategies and technical assistance modalities will meet the goals of the cooperative agreement. Highlight any innovative methods. Include a plan to disseminate reports, products, and/or project outputs so project information is provided to RWHAP recipients.
- **WORK PLAN** -- *Corresponds to Section V's [Review Criteria 2 \(Response\)](#) and [4 \(Impact\)](#)*
Provide a work plan in a table format and a corresponding work plan narrative. For the work plan, include each project activity, action steps, intended target population, measurable outcome, target end dates and the person(s) responsible for each step. The work plan should relate to the needs previously identified in the needs assessment section. The work plan must include goals, objectives, and outcomes that are SMART (specific, measurable, achievable, realistic, and time measurable). Include appropriate milestones (e.g., a significant or important event in the project period) and any products to be developed. The work plan must be broken out by year and include five (5) years of work plans to cover goals, objectives and action steps proposed for the entire five (5)-year project period. Include the work plan as **Attachment 1**.

For the work plan narrative, describe the activities or steps that you will use to achieve each of the objectives proposed in the Methodology section during the entire period of performance. Use a timeline that includes each activity and identifies responsible staff. Discuss how these activities will contribute to the goal of the technical assistance. The work plan narrative should correspond to the activities described in the work plan. Describe the plan and methods for disseminating best practice models and methodologies and project accomplishments and results. Describe how any tools and resources developed will be utilized to provide continuing assistance to HRSA recipients.

- **RESOLUTION OF CHALLENGES** -- *Corresponds to Section V's [Review Criterion 2 \(Response\)](#)*
Discuss challenges and barriers that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges and barriers.

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

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

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

Describe relevant current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. As appropriate, describe the strategy to collect, analyze and track data (including by populations most disproportionately impacted by HIV) to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

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

Succinctly describe your organization's current mission, structure, and scope of current activities, and how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Emphasize experience related to: working with RWHAP recipients and key stakeholder organizations; providing technical assistance and creating technical assistance modules and materials; and supporting peer learning opportunities across RWHAP recipients. Describe past performance managing collaborative federal awards at the national level, including examples of the extent to which deliverables were completed in full and on time.

Provide information on your ability and capacity to, and experience in:

- Providing technical assistance and training to the state health departments' RWHAP Part B ADAP programs, including the ability to deliver technical assistance and training immediately upon receipt of the award;
- Working with state health departments' RWHAP Part B ADAPs on HIV National Strategic Plan goals and Ending the HIV Epidemic in the U.S. initiatives;
- Promoting communication between state health departments and federal HIV programs on RWHAP Part B ADAP;
- Collaborating with other pertinent and/or subcontracted agencies; and
- Meeting each of the program requirements and expectations as outlined in [Section II.1](#) in this NOFO.

Include an organizational chart as **Attachment 5**. Discuss expertise of staff as it relates to the program requirements as delineated in [Section II.1](#). Provide information on your organization's resources and capabilities to support provision of culturally and linguistically competent and health literate services.

Include as **Attachment 4** any relevant letters of agreement or contract documents exhibiting partner commitment to the project.

iii. Budget

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

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

The Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 states, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

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

NARRATIVE GUIDANCE	
To ensure that you fully address the review criteria, this table provides a crosswalk between the narrative language and where each section falls within the review criteria. Any attachments referenced in a narrative section may be considered during the objective review.	
<u>Narrative Section</u>	<u>Review Criteria</u>
Introduction	(1) Need
Needs Assessment	(1) Need
Methodology	(2) Response
Work Plan	(2) Response and (4) Impact
Resolution of Challenges	(2) Response

Evaluation and Technical Support Capacity	(3) Evaluative Measures and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget and Budget Narrative	(6) Support Requested

v. Attachments

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

Attachment 1: Work Plan

Attach the work plan for the project in a table format that includes all information detailed in [Section IV.2.ii. Project Narrative](#).

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

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

Attachment 3: Biographical Sketches of Key Personnel

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

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

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

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

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

Attachment 7: 5th Year Budget

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

Attachments 8–15: Other Relevant Documents

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

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

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

You must also register with SAM and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable DUNS (or UEI) and SAM requirements and, if you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award and use that determination as the basis for making an award to another applicant.

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

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

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

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

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

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *November 23, 2021 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Application Guide](#) for additional information.

5. Intergovernmental Review

The RWHAP Part B ADAP Training and Technical Assistance program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than \$500,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in the following fiscal years, as required by law.

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

- Provision of direct health care;
- International Travel;
- Purchase or improvement of land;
- Construction; however, minor alterations and renovations to an existing facility to make to more suitable for the purposes of the award program are allowable with prior-approval from HRSA.

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

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

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

V. Application Review Information

1. Review Criteria

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

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

Review criteria are used to review and rank applications. The RWHAP Part B ADAP Training and Technical Assistance program has six review criteria. See the review criteria outlined below with specific detail and scoring points.

Criterion 1: NEED (20 points) – Corresponds to Section IV's 2.ii. [Introduction](#) and [Needs Assessment](#)

The extent to which the application demonstrates the problem and associated contributing factors to the problem, including the strength and clarity of the following:

- The applicant's understanding of the need for technical assistance to maximize the impact of ADAPs in improving the health outcomes of people with HIV in a changing health care environment.

- The applicant's understanding of the current state of ADAPs nationwide and the challenges and strategies that may impact the technical assistance work.
- The proposed methods to be used in assessing best practices for technical assistance needs of RWHAP Part B ADAP recipients.

Criterion 2: RESPONSE (20 points) – Corresponds to Section IV's 2.ii. [Methodology](#), [Work Plan](#) and [Resolution of Challenges](#)

The scoring points are allocated as follows:

- Work Plan (10 points):
 - The extent to which the proposed project responds to the "[Purpose](#)" included in the program description.
 - The strength of the proposed goals and objectives and their relationship to the identified project.
- Resolution of Challenges (10 points):
 - The completeness and clarity of the assessment of the challenges likely to be encountered in designing and implementing the activities described in the needs assessment and work plan sections.
 - The strength and feasibility of the proposed approaches that will lead to resolution of stated challenges.
 - The extent to which the activities described in the application are capable of addressing the problem and attaining the project objectives.

Criterion 3: EVALUATIVE MEASURES (10 points) – Corresponds to Section IV's 2.ii. [Methodology](#) and [Evaluation and Technical Support Capacity](#)

- The strength and effectiveness of the method proposed to monitor and evaluate the project results.
- Evidence that the evaluative measures will be able to assess:
 - the extent to which the program objectives have been met, and
 - the extent to which these can be attributed to the project.
- The completeness and clarity of the description of any potential obstacles for implementing program performance evaluation and how these obstacles will be addressed.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's 2.ii. [Work Plan](#)

- The completeness and clarity of the work plan table in addressing the scope of the proposed activities of the program during the project period, including program goals, objectives and outcomes.
- The extent to which the proposed project has a public health impact and the project will be effective, if funded. This may include:
 - the effectiveness of plans for dissemination of project results,
 - the impact results may have on the community or target population,
 - the extent to which project results may be national in scope, and
 - the degree to which the project activities are replicable.

Criterion 5: RESOURCES/CAPABILITIES (30 points) – Corresponds to Section IV's 2.ii. [Evaluation and Technical Support Capacity](#) and [Organizational Information](#)

The extent to which:

- The organization's current mission, structure, and scope of current activities will contribute to the ability of the organization to conduct the program requirements and meet program expectations
- The applicant demonstrates experience working with RWHAP recipients and key stakeholder organizations, providing technical assistance and creating technical assistance modules and materials, and supporting peer learning opportunities across RWHAP recipients
- The applicant demonstrates its ability and capacity to, and experience in:
 - Providing technical assistance and training to the state health departments' RWHAP Part B ADAP programs, including the ability to deliver technical assistance and training immediately upon receipt of the award
 - Working with state health departments' RWHAP Part B ADAP on HIV National Strategic Plan goals and ending the HIV epidemic in the U.S. initiatives
 - Promoting communication between state health departments and federal HIV programs on RWHAP Part B ADAP
 - Collaborating with other pertinent and/or subcontracted agencies, and
 - Meeting each of the program requirements and expectations as outlined in [Section II.1.](#) of this NOFO
- The applicant describes the organization's past performance managing collaborative federal grants at the national level
- The organizational chart is complete and clear
- The applicant describes the expertise of staff as it relates to the program requirements as delineated in [Section II.1.](#)

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's 2.iii. [Budget](#) and 2.iv. [Budget Narrative](#)

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the training and technical assistance activities, and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The objective review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below. In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors (e.g., geographical distribution) described below in selecting applications for award. See Section 5.3 of HRSA's [SF-424 Application Guide](#) for more details.

Funding Priorities

This program includes a funding priority for competing continuation applicants. A funding priority is the favorable adjustment of combined review scores of individually

approved applications when applications meet specified criteria. HRSA staff adjusts the score by a set, pre-determined number of points. The RWHAP Part B ADAP Training and Technical Assistance program has one funding priority:

Priority 1: Program Compliance (5 Points)

You will be granted a funding priority if you are a competing continuation applicant who is assessed by HRSA to have satisfactorily accomplished the project activities and met reporting requirements during the most recent project period.

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award (NOA) prior to the start date of July 1, 2022. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

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

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

Accessibility Provisions and Non-Discrimination Requirements

Federal funding recipients must comply with applicable federal civil rights laws. HRSA supports its recipients in preventing discrimination, reducing barriers to care, and promoting health equity. For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

Requirements of Subawards

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

Data Rights

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

3. Reporting

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

- 1) **Progress Report(s).** The recipient must submit a progress report to HRSA on a **quarterly** basis. Further information will be available in the NOA.
- 2) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

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

VII. Agency Contacts

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

Nancy Gaines
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-5382
Email: NGaines@hrsa.gov

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

Susan Robilotto, D.O.
Director, Division of State HIV/AIDS Programs
Attn: HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09W52
Rockville, MD 20857
Telephone: (301) 443-6554
Email: SRobilotto@hrsa.gov

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

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

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through [HRSA's Electronic Handbooks \(EHBs\)](#). For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 8 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance webinar:

Day and Date: Wednesday, September 22, 2021
Time: 3 – 4:30pm ET

Join ZoomGov Meeting
<https://hrsa.gov.zoomgov.com/j/1607027388?pwd=VVRjS1J5K1NkMXRvaHdLU3p2TkJCdz09>

Meeting ID: 160 702 7388
Passcode: 0kh3MC9R

One tap mobile
+16692545252,,1607027388#,,,,*57419112# US (San Jose)
+16468287666,,1607027388#,,,,*57419112# US (New York)

HAB will record the TA webinar and make it available on the [TargetHIV](#) website.

Tips for Writing a Strong Application

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