U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HIV/AIDS Bureau
Division of Policy and Data

Emerging Strategies to Improve Health Outcomes for People Aging with HIV: Capacity-Building Provider

Funding Opportunity Number: HRSA-22-027
Funding Opportunity Type: New
Assistance Listings (AL/CFDA) Number: 93.928

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: January 25, 2022

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

Issuance Date: October 26, 2021

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See Section VII for a complete list of agency contacts.

Authority: 42 USC § 300ff-101 (§ 2691 of the Public Health Service Act)

508 Compliance Disclaimer

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Ryan White HIV/AIDS Program (RWHAP) Special Projects of National Significance (SPNS) Program initiative, **Emerging Strategies to Improve Health Outcomes for People Aging with HIV.**

This initiative will fund three components: a capacity-building provider (HRSA-22-027), demonstration sites (HRSA-22-028), and an evaluation provider (HRSA-22-029). All three components of the initiative will work together using the HRSA HIV/AIDS Bureau (HAB) implementation science framework to conduct the following activities simultaneously:

- Implement emerging strategies that comprehensively screen and manage comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV;
- Assess the uptake and integration of emerging strategies;
- Understand implementation processes including assessing specific implementation strategies;
- Understand and document broader contextual factors affecting implementation;
- Evaluate the impact of the emerging strategies; and
- Document and disseminate the emerging strategies.

HRSA defines emerging strategies as innovative strategies that address disparities and improve health outcomes for people with HIV. Real world validity and effectiveness have been demonstrated, but emerging strategies do not yet have sufficient published research evidence[1] or evaluation to document their effectiveness. The initiative will strengthen the evidence base for clinical and psychosocial services that improve the lives and health outcomes of people with HIV who are aging.

This NOFO, HRSA-22-027 Emerging Strategies to Improve Health Outcomes for People Aging with HIV: Capacity-Building Provider, will provide technical assistance and capacity development to up to 10 demonstration sites to identify, implement, refine, and evaluate emerging strategies to comprehensively screen and manage comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV, within the context of the RWHAP; and communicate and dissemination information regarding the initiative. The capacity-building provider will coordinate and implement all activities and products to align with the HAB implementation science framework.

The technical assistance and capacity development activities will consist of learning collaboratives, one-on-one technical consultation, and peer-to-peer exchanges related to identifying, implementing, and refining emerging strategies to comprehensively screen and manage comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV. The technical assistance and capacity development activities should facilitate the implementation and refinement of the emerging strategies with the existing resources and infrastructure of organizations funded through the RWHAP. The capacity-building provider will communicate information about the implementation and progress of the initiative throughout its duration and disseminate the evaluation findings and replication tools.

This notice is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. You should note that this program may be cancelled before award.

Funding Opportunity Title:	Emerging Strategies to Improve Health Outcomes for People Aging with HIV: Capacity-Building Provider
Funding Opportunity Number:	HRSA-22-027
Due Date for Applications:	January 25, 2022
Anticipated Total Annual Available FY 2022 Funding:	$750,000
Estimated Number and Type of Award:	One (1) cooperative agreement
Estimated Annual Award Amount:	Up to $750,000 per year (subject to the availability of appropriated funds)
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2022 through July 31, 2025 (3 years)
Eligible Applicants:	Eligible applicants include entities eligible for funding under RWHAP Parts A - D of Title XXVI of the Public Health Service (PHS) Act, including public and nonprofit private entities; state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; community health centers receiving support under Section 330 of the PHS Act; faith-based and community-based organizations; and Indian Tribes or Tribal organizations with or without federal recognition. 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: Monday, November 15, 2021
Time: 2:00 – 3:30 p.m. ET
Call-In Number:
Dial by your location
+1 (669) 254-5252 US (San Jose)
+1 (646) 828-7666 US (New York)
+1 (669) 216-1590 US (San Jose)
+1 (551) 285-1373 US
(833) 568-8864 US Toll-free

Meeting ID: 160 194 2123
Passcode: 04657297

Weblink: Join ZoomGov Meeting
https://hrsa-gov.zoomgov.com/j/1601942123?pwd=K3FXQVFVZFFSOE5Md0U0RzE2S0Mrdz09

Meeting ID: 160 194 2123
Passcode: HCzT7aWM

Playback: The webinar will be recorded and should be available within 10 business days on the TargetHIV website. Answers to questions posed before and during the webinar will also be posted there.

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I. Program Funding Opportunity Description

1. Purpose

This notice (HRSA-22-027), announces the opportunity to apply for FY22 Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) funding for the **Emerging Strategies to Improve Health Outcomes for People Aging with HIV: Capacity-Building Provider**.

This initiative will fund three components: a capacity-building provider (HRSA-22-027), demonstration sites (HRSA-22-028), and an evaluation provider (HRSA-22-029). All three components of the initiative will work together using the HRSA HIV/AIDS Bureau (HAB) implementation science framework to conduct the following activities simultaneously:

- Implement emerging strategies that comprehensively screen and manage comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV;
- Assess the uptake and integration of emerging strategies;
- Understand implementation processes including assessing specific implementation strategies;
- Understand and document broader contextual factors affecting implementation;
- Evaluate the impact of the emerging strategies; and
- Document and disseminate the emerging strategies.

HRSA defines emerging strategies as innovative strategies that address disparities and improve health outcomes for people with HIV. Real world validity and effectiveness have been demonstrated, but emerging strategies do not yet have sufficient published research evidence[1] or evaluation to document their effectiveness. The initiative will strengthen the evidence base for clinical and psychosocial services that improve the lives and health outcomes of people with HIV who are aging.

The purpose of this funding opportunity (HRSA-22-027) is to support one capacity-building provider to provide technical assistance and capacity development to up to 10 demonstration sites to identify, implement, and refine and evaluate emerging strategies to comprehensively screen and manage comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV, within the context of the RWHAP and develop a communication plan to create, replicate, and disseminate products. The capacity-building provider will implement all activities and products to align with the HAB implementation science approach (HAB IS). HRSA defines emerging strategies as innovative strategies that address disparities and improve health outcomes for people with HIV. Real world validity and effectiveness have been demonstrated, but emerging strategies do not yet have sufficient published research evidence[1] or evaluation to document their effectiveness. The initiative will strengthen the evidence base for clinical and psychosocial services that improve the lives and health outcomes of people with HIV who are aging.

The technical assistance and capacity development activities will consist of learning collaboratives, one-on-one technical consultation, and peer-to-peer exchanges related to identifying, implementing, and refining emerging strategies to comprehensively screen and manage comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV. The technical assistance and capacity development activities should facilitate the implementation and refinement of the emerging strategies given the resources and infrastructure of organizations funded through the RWHAP. The capacity-building provider will communicate information about the implementation and progress of the initiative throughout its duration and disseminate the evaluation findings evaluation and replication tools.

This funding opportunity will support an organization that has the capacity, infrastructure, and experience to 1) provide technical assistance and capacity development to the demonstration sites (HRSA-22-028) that provide clinical and support services; and 2) communicate and disseminate information about the initiative. You must have capacity, infrastructure, and experience to perform the following activities:

1. Assist the demonstration sites in identifying, documenting, and refining the emerging strategies through the use of clinical workflows, roles and responsibilities of personnel, process maps, and swim lane flowcharts;
2. Assess individual organizations' technical needs; manage and provide peer-to-peer technical assistance, coaching, and capacity development to implement, refine, and document their emerging strategies;
3. Develop and implement the Institute for Healthcare Improvement (IHI) Learning Collaborative Model for Achieving Breakthrough Improvement with learning sessions, action periods, and performance measurement to refine the emerging strategies;
4. Create forums to facilitate and foster exchange of information between organizations to improve processes and outcomes;
5. Develop and communicate information to RWHAP recipients, subrecipients, and community throughout the duration of the project such as project status, lessons learned, and tools developed and used; and
6. Develop and disseminate information about the initiative evaluation and products

The demonstration sites (HRSA-22-028) will:

1. Implement: Identify, implement, and refine emerging strategies to comprehensively screen and manage comorbidities, geriatric conditions, behavioral health, and psychosocial concerns of people 50 years and older with HIV within the context of the RWHAP;
2. Evaluate: Collaborate in the development of and participate in the evaluation of the emerging strategies to screen and manage comorbidities, geriatric conditions, behavioral health, and psychosocial concerns of people 50 years and older with HIV

within the context of the RWHAP. Demonstration sites will participate in the evaluation of their own emerging strategies and a multi-site evaluation; and

3. Partner: Work closely with the other demonstration sites, capacity-building provider (HRSA 22-027) and evaluation provider (HRSA-22-029) for this initiative to refine, evaluate, and disseminate the emerging strategies.

The evaluation provider (HRSA-22-029) will establish and implement an evaluation design that includes the evaluation of the uptake, implementation, and associated client outcomes of the emerging strategies at the demonstration sites; and cost of emerging strategies.

Awardees under all three funding announcements (HRSA-22-027, HRSA-22-028, and HRSA-22-029) will work together to achieve the overall goals of this initiative. The demonstration sites, capacity-building provider, and evaluation provider will use the HAB IS approach when proposing activities and products. The capacity-building provider will engage the demonstration sites (HRSA-22-028) and evaluation provider (HRSA-22-029) in planning and implementation of all activities and should budget accordingly. Please review the demonstration sites (HRSA-22-028) and evaluation provider (HRSA-22-029) NOFOs for more information about these activities.

2. Background

The SPNS Program is authorized by 42 USC § 300ff-101 (§ 2691 of the Public Health Service Act). The SPNS Program supports the development of innovative models of HIV care to quickly respond to the emerging needs of clients served by the Ryan White HIV/AIDS Program. The SPNS Program evaluates the effectiveness of these models' design, implementation, utilization, cost, and health-related outcomes while promoting the communication, dissemination and replication of successful models.

The 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 hard-to-reach populations.

The RWHAP has five statutorily defined Parts (Parts A, B, C, D and F) that provide funding for core medical services, 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 HIV National Strategic Plan: A Roadmap to End the HIV Epidemic (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 provides 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 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.[2] For example, the disparities in viral suppression rates between Black/African Americans and White clients have decreased since 2010.[3] These improved outcomes mean more people with HIV in the United States will live near normal lifespans and have a reduced risk of transmitting HIV to others.[4]

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 Department of Health and Human Services (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 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 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.

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 Notice (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 healthcare environment. Manuals are currently available at the link provided and will be updated on an ongoing basis.

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

HIV and Aging:

According to the CDC, there are 1.1 million people with diagnosed HIV in the United States and six (6) dependent areas at the end of 2019. The RWHAP provides services to half of the people with diagnosed HIV. Half of the people receiving services through the RWHAP are 50 years and older. People with HIV have a life expectancy near that of the general population due to the availability and use of HIV antiretroviral therapy and high rates of viral suppression among people 50 years and older[5-7] Even with their HIV disease well managed, people aged 50 and older with HIV are at increased risk for and experience a vast host of comorbidities (e.g. cardiovascular disease, diabetes, osteoporosis), geriatric conditions (frailty, falls, neurocognitive impairment), and psychosocial needs (e.g. isolation, loneliness, lack of caregivers, and behavioral health).[8-10] People aging with HIV experience the same health concerns as the general aging population except that they experience the health concerns earlier[11] in life, more severely, and at a greater disproportion for comorbidities.[12] Turrini, et al. found older people with HIV have a higher overall hazard of mortality as well as higher odds of having depression, chronic kidney disease, COPD, osteoporosis, colorectal cancer, lung cancer, hypertension, ischemic heart disease, diabetes, chronic hepatitis, and end-stage liver disease compared to those without HIV, even after adjusting for demographic characteristics.[13] As summarized in a September 2020 Medscape article,[14] "they are also at higher risk for depression, frailty, polypharmacy, and other age-related conditions. Women may be especially vulnerable."

HIV medical care has evolved to focus not only on helping clients achieve and sustain viral suppression, but to screen for and manage comorbidities, geriatric conditions, behavioral health, and psychosocial needs.[15] The HIV Medicine Association of the Infectious Diseases Society of America published an update to its primary care guidelines for people with HIV[16] in November 2020, which includes recommendations for people 50 years and older. The body of evidence for models and strategies to effectively screen and manage comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV is growing. The emerging strategies include multidisciplinary care teams, focusing on the "M's" of geriatric care (mind, mobility, medications, multi-complexity, matters most, and modifiable), utilizing a comprehensive geriatric assessment, imbedding a geriatrician in the HIV clinic, and incorporating geriatric consultants.[17-22]

HHS implements many programs for people aging throughout the U.S. The Centers for Medicare & Medicaid Services (CMS) has a number of programs including the Medicare program and Programs of All-Inclusive Care for the Elderly (also known as PACE) focusing on older people in the U.S. The Administration for Community Living implements the Older Americans Act, which supports the Area Agencies on Aging, and the National Family Caregiver Support Program, among many others. HRSA funds the Geriatric Workforce Enhancement Program and Geriatric Academic Career Award Program. Even though the RWHAP funds over 30 core and support services, there are services that the RWHAP cannot provide or are not available in every service area in the U.S. It is essential that RWHAP recipients and subrecipients engage with all

available aging resources for their clients in order to maximize clients' health outcomes, quality of life, and client experience and not duplicate services.

HRSA HAB Implementation Science Approach:

This initiative will use the HAB IS to identify and demonstrate emerging strategies that could be effective for improving outcomes among people 50 years and older with HIV served by the RWHAP, thereby reducing disparities and moving toward ending the HIV epidemic in the U.S. HAB IS was developed to support the translation of insights from the implementation science literature to real-world settings.

HAB IS includes effectiveness criteria for three (3) categories of intervention strategies for the RWHAP: evidence-based interventions, evidence-informed interventions, and emerging strategies. HRSA developed these criteria in collaboration with the CDC and the NIH (see Fig 1 in Psihopaidas et al. (2020) for detailed descriptions). This initiative will focus on evidence-informed interventions and emerging strategies (hereafter referred to collectively as "intervention strategies"). By focusing on these two categories, HRSA seeks to identify highly innovative intervention strategies that are most responsive to the current HIV epidemic.

HAB IS involves two core components. The first component is rapid implementation, which, for this initiative, includes (1) identifying existing emerging strategies with demonstrated effectiveness at improving outcomes for people 50 years and older with HIV, (2) pilot testing those emerging strategies for success specifically within the RWHAP, and (3) creating accessible dissemination products to promote the replication and scale-up of the intervention strategy. The second component is an implementation science evaluation plan.

II. Award Information

1. Type of Application and Award

Type of applications sought: **New**

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:

- Providing the expertise of HRSA personnel and other relevant resources to the initiative.
- Facilitating relationships between the demonstration sites, capacity-building provider, evaluation provider, and other relevant stakeholders.
- Reviewing and providing feedback on the activities, documentation, procedures, measures, and tools established and implemented for accomplishing the goals of the cooperative agreement throughout the duration of the initiative.
- Reviewing, providing feedback, and concurring with activities, procedures, tools, measures, products, and written materials prior to external communication and dissemination on an ongoing basis.

- Facilitating, communicating, and disseminating status updates, lessons, results, best practices, evaluation data, and other information developed as part of this initiative to the broader network of RWHAP recipients and subrecipients, and the HIV care and treatment community.
- Collaborating with recipient to update existing work plans and, as needed, identifying and relaying new priorities during the funding period.
- Conducting regular monitoring calls with recipient.

The cooperative agreement recipient's responsibilities will include:

- Assisting the demonstration sites in identifying and refining the emerging strategies.
- Assessing individual demonstration sites' needs and addressing them through coaching and capacity development to implement, refine, and document their emerging strategies.
- Adapting and implementing the IHI Learning Collaborative Model for Achieving Breakthrough Improvement.
- Creating forums to facilitate and foster exchange of information between organizations with the goal of improving processes and outcomes.
- Developing and implementing a communications and dissemination plan to share information about the initiative, and to disseminate materials to support rapid replication of emerging strategies, including initiative findings, implementation toolkits, manuscripts, and professional conference presentations.
- Supporting the evaluation center in carrying out its multi-site evaluation.
- Collaborating with the evaluation center to assess the implemented emerging strategies to inform dissemination plans.
- Anticipating and responding to the changes taking place in the health care environment that may affect the initiative and demonstration sites.
- Collecting and analyzing data relative to national health issues, unmet needs, marketplace conditions, special populations, and other key health indicators to guide current/future strategic planning, developmental efforts, and work plan activities.
- Collaborating with HRSA to update existing work plans and, as needed, integrating new priorities during the funding period.
- Participating in regular monitoring calls with HRSA.

2. Summary of Funding

HRSA estimates approximately $750,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to $750,000 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 August 1, 2022 through July 31, 2025 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for Emerging Strategies to Improve Health Outcomes for People Aging with HIV: Capacity-Building Provider in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

HRSA may reduce recipient funding levels beyond the first year if recipients are unable to fully succeed in achieving the goals listed in application.

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 entities eligible for funding under RWHAP Parts A - D of Title XXVI of the Public Health Service (PHS) Act, including public and nonprofit private entities; state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; and community health centers receiving support under Section 330 of the PHS Act. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not 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 HRSA-22-027 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

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

Application Page Limitation

The total size of all uploaded files included in the page limitation may not exceed the equivalent of **60 pages** when printed by HRSA. The page limitation includes the project and budget narratives, attachments, and letters of commitment and support required in the HRSA SF-424 *Application Guide* and this NOFO. 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-22-027**, it may count against the page limitation. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limitation. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limitation.**

Applications must be complete, within the specified page limitation, 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) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 8-15: Other Relevant Documents*.

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

Program Requirements and Expectations

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 or it will count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, 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.

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

ii. Project Narrative

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

To assist in preparing your work plan and budget, please see the anticipated overall timeframe and phases for this initiative. Plan to participate in National Ryan White Conferences that occur during the initiative by preparing and presenting on the initiative. If possible, learning sessions and annual initiative meetings will be held at HRSA headquarters in Rockville, Maryland. At least two members from each demonstration site, capacity-building provider, and evaluation provider will attend the learning sessions and annual initiative meetings.

At least annually, the successful applicant should plan to collaborate with HRSA to update existing work plans and, as needed, integrate new priorities during the funding period. The recipient should plan for regular monitoring calls with HRSA (every other week).

Below are the overall phases for the Emerging Strategies to Improve Health Outcomes for People Aging with HIV demonstration sites (HRSA-22-028), the capacity-building provider (HRSA-22-027), and the evaluation provider (HRSA-22-029). This notice outlines anticipated phases that successful applicants should aim to address across the lifespan of this initiative. This notice also clarifies below the interrelationship between the HRSA-22-027, HRSA-22-28, and HRSA-22-029 recipients as well as with HRSA, on specific initiative activities.

Table 1. Phases and timeline

Phase	Demonstration Sites (HRSA-22-028)	Capacity-Building Provider (HRSA-22-027)	Evaluation Provider (HRSA-22-029)
Year 1, Quarter 1	• Participate in a meeting with HRSA, capacity-building provider, and evaluation provider to develop joint work plan, timeline, and internal communication strategy • Finalize and document emerging strategies to be implemented at demonstration site • Prepare institutional review board submission (if applicable) in coordination with evaluation provider • Prepare business associate	• Convene a meeting with HRSA, demonstration sites, and evaluation provider to develop joint work plan, timeline, and internal communication strategy • Support demonstration sites in finalizing and documenting emerging strategies • Finalize learning collaborative structure, activities, and timeline • Finalize technical assistance plan including process for tracking	• Participate in a meeting with HRSA, capacity-building provider, and demonstration sites to develop joint work plan, timeline, and internal communication strategy • Support demonstration sites in finalizing and documenting emerging strategies • Finalize evaluation design including approach, typology, evaluation questions, and goals

Phase	Demonstration Sites (HRSA-22-028)	Capacity-Building Provider (HRSA-22-027)	Evaluation Provider (HRSA-22-029)
	agreement (if needed) with evaluation provider • Participate in learning collaborative and corresponding activities (ongoing)	technical assistance provided and outcome • Develop a communication and dissemination plan	• Develop data collection systems and tools • Assist in the development of the communication and dissemination plan • Assist demonstration sites with preparation of business associate agreement and institutional review board package
Year 1, Quarter 2	• Implement and refine emerging strategies • Participate in the evaluation activities (ongoing) • Receive institutional review board determination or approval (if needed) • Establish business associate agreement with evaluation provider (if needed) • Participate in an assessment of technical assistance needs • Finalize documentation of emerging strategies	• Support demonstration sites to finalize and document emerging strategies • Implement learning collaborative's first learning session • Assess demonstration sites' technical assistance needs • Develop site visit plan for demonstration sites in coordination with HRSA, demonstration sites and evaluation provider • Finalize and implement the communication and dissemination plan • Plan and participate in annual initiative meeting	• Finalize data collection system and tools • Receive institutional review board determination or approval • Establish business associate agreement with demonstration sites (if needed) • Support demonstration sites to finalize and document emerging strategies • Develop tailored and multi-site evaluation plans • Finalize typology of demonstration sites and emerging strategies • Evaluate the learning collaborative learning sessions (ongoing for each learning session) • Assist in the development of the

Phase	Demonstration Sites (HRSA-22-028)	Capacity-Building Provider (HRSA-22-027)	Evaluation Provider (HRSA-22-029)
			communication and dissemination plan • Support demonstration sites in collecting and reporting evaluation data • Plan and participate in annual initiative meeting
Year 1, Quarter 3	• Implement and refine emerging strategies (ongoing) • Request and receive technical assistance from the capacity-building provider (ongoing) • Submit baseline data collection	• Provide, track, and report technical assistance to demonstration sites (ongoing)	• Collect baseline data • Support demonstration sites in collecting and reporting evaluation data
Year 1, Quarter 4 through Year 2	• Implement and refine emerging strategies (ongoing) • Assist in planning and participate in annual initiative meeting (ongoing) • Assist in the development and release of communication and dissemination materials (ongoing)	• Support demonstration sites in the implementation and refinement of the emerging strategies • Co-host with evaluation provider annual initiative meeting (ongoing) • Develop and release communication and dissemination materials (ongoing)	• Support demonstration sites in the implementation and refinement of the emerging strategies • Implement the evaluation plan • Co-host with capacity-building provider annual initiative meeting (ongoing) • Assist in the development and release of communication and dissemination materials (ongoing)
Year 3, Quarter 1	• Closeout the implementation of the emerging strategies • Document emerging strategies	• Host final learning collaborative learning session • Assist demonstration sites in documenting emerging strategies	• Support demonstration sites in the implementation and refinement of the emerging strategies

Phase	Demonstration Sites (HRSA-22-028)	Capacity-Building Provider (HRSA-22-027)	Evaluation Provider (HRSA-22-029)
	• Assist in development of dissemination materials	• Lead the assessment of dissemination plans for each intervention strategy based on TA tracking, learning sessions, and preliminary evaluation findings • Develop tools for replication of strategies	• Implement the evaluation plan • Support demonstration sites to complete final data reporting • Develop evaluation-related dissemination materials
Year 3, Quarter 2	• Finalize documentation of the emerging strategies • Finalize dissemination materials	• Finalize communication and dissemination materials	• Present preliminary evaluation findings • Develop evaluation-related dissemination materials
Year 3, Quarter 3	• Disseminate materials	• Disseminate materials	• Finalize evaluation findings • Develop evaluation-related materials for dissemination • Develop evaluation tools for replication products
Year 3, Quarter 4	• Disseminate materials	• Disseminate materials	• Disseminate evaluation findings

Use the following section headers for the narrative:

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

  Briefly describe the purpose of the initiative as set forth in the purpose section of the NOFO. Provide a clear and succinct description of the roles and activities of the capacity-building provider. Describe your organization's current capacity and infrastructure to provide technical assistance to support the demonstration sites related to screening and managing comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV. Include your experience providing one-on-one technical assistance; developing, implementing, and managing a learning collaborative; and assisting organizations to identify and refine strategies.

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

  Throughout the needs assessment section, use and cite the most recent and relevant organization, local, and national data and published research whenever possible to support the information you provide. This section will help reviewers understand your approach and activities.

  Provide a summary of the literature that demonstrates a comprehensive understanding of the issues regarding the role of emerging strategies in screening and managing comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV.

  Discuss the issues affecting the effective implementation of emerging strategies. Discuss the role of an implementation science framework in the effective implementation of intervention strategies. Discuss the issues affecting the provision of effective technical assistance tailored to individual demonstration sites with a diversity of clients, needs, structures, and resources, particularly as they relate to screening and managing comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV. Include examples where technical assistance has led to successful strategies to overcome barriers to HIV care engagement and subsequent improvements in health outcomes, with specific attention to screening and managing comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV.

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

  Provide detailed information regarding the proposed approaches that you will use to address the sections below:

  Technical assistance:

  - Describe your methods to assist the demonstration sites to identify, refine, and document the emerging strategies while maintaining fidelity to the core elements of the emerging strategies as originally described. Describe how you will involve HRSA, the demonstration sties, and the evaluation provider. Describe your approach to guide the demonstration sites to address health disparities and assure the emerging strategies are culturally appropriate.
  - Describe your approach and methods to assess needs and provide technical assistance for each individual demonstration site, in consultation with HRSA, and the evaluation provider. Describe the types of tools and materials needed to provide technical assistance.
  - Describe how you will track, monitor, and summarize demonstration sites' TA requests including how HRSA and the evaluation provider can access the information and how HRSA, demonstration sites, and the evaluation

provider can contribute to the documentation. Describe how you will synthesize and summarize this information in quarterly updates for the evaluation provider and HRSA.

- Describe a plan and process for supporting the demonstration sites in understanding the emerging strategies and the HAB IS framework including:
    1. Core elements of the emerging strategies,
    2. Tailorable or customizable components of the emerging strategies,
    3. Elements of comorbidities, geriatric conditions, behavioral health, and psychosocial needs that each emerging strategy is intended to address, and
    4. Mechanisms through which it is intended to address them.
- Describe a process for supporting sustainability planning for the demonstration sites throughout the project period.

Learning collaborative:

- Describe an approach and steps to develop and facilitate a learning collaborative based on the IHI Learning Collaborative Model for Achieving Breakthrough Improvement to include you, the demonstration sites, and the evaluation provider.
- Describe the roles and responsibilities of your organization, HRSA, the demonstration sites, and the evaluation provider in the design and implementation (learning sessions and action periods) of the learning collaborative.
- Describe how the learning sessions and action periods will address different learning needs and assist demonstration sites with achieving the goals of the initiative.
- Describe how you will work with the demonstration sites to identify any potential mid-implementation refinements during the learning collaborative and technical assistance, how you will collaborate with the demonstration sites, the evaluation provider, and HRSA to assess those proposed changes, and how you will work with the demonstration sites to integrate any approved refinements.
- Describe the types of tools and materials you will provide during the learning collaborative.
- Define and describe how the learning sessions will be successfully carried out in either an in-person or virtual setting.
- Describe the process to develop and implement performance measures (such as quality of life, screening and management of comorbidities, and psychosocial needs) used in the learning collaborative.

Collaboration with the demonstration sites and the evaluation provider:

- Describe a plan for working collaboratively with the demonstration sites and the evaluation provider.
- Describe a plan to work collaboratively with the evaluation provider to ensure that technical assistance activities do not duplicate or undermine the evaluation.
- Describe a plan for integrating the evaluation findings with the technical assistance tracking and demonstration site monitoring reports in order to inform communication and dissemination activities throughout the initiative.

Communication and dissemination:

- Describe a plan to communicate information to RWHAP recipients, subrecipients, and community throughout the duration of the initiative such as status, lessons learned, and tools developed and used to reach all RWHAP recipients, subrecipients, and stakeholders. Describe the content development, messages, products, timeline, and information channels. Provide examples of potential materials and messages. Describe how you will collaborate with the demonstration sites and the evaluation provider on the communication plan, including roles and responsibilities.
- Describe a plan to disseminate information about the initiative evaluation and products that support and promote replication inclusive of and beyond manuscripts and conferences to reach all RWHAP recipients, subrecipients, and stakeholders. The plan should include initiative information, activities, and findings as well as experiences and initiative insights of demonstration site staff. Provide examples of potential dissemination materials. Describe how you will collaborate with the demonstration sites and the evaluation provider on the dissemination plan, including roles and responsibilities.
- Describe the key components of the replication products and tools for dissemination; include a discussion of how the tools are innovative beyond commonly used documents to describe intervention strategies, to maximize impact and accessibility.
- Describe how the replication products and tools for dissemination will incorporate the experiences of the demonstration sites funded through this initiative, including lessons learned from mid-implementation adjustments made by demonstration sites when applicable.
- Describe how the replication products and tools for dissemination will incorporate information regarding emerging strategies used, core components versus tailorable components of the emerging strategies.
- Describe the plan for promoting materials/webinars using TargetHIV and the RWHAP Best Practices Compilation.
- Describe how you will ensure timely progress toward the creation of these materials such that they are ready for dissemination at the culmination of this initiative.

- *WORK PLAN -- Corresponds to Section V's Review Criterion #2 Response*

  A work plan is a concise easy-to-read overview of your goals, strategies, objectives, activities, and timeline, and includes those responsible for making the program successful. The work plan is used post award to manage and assess the implementation of the project. The work plan should include the phases, timeframes, and key activities outlined in Table 1.

  Describe the activities that you will implement during the entire period of performance. For each activity, include a description of the activity, targeted date for completion, staff (in-kind and cooperative agreement-supported) responsible for completing the activity, and measures to evaluate success (as relevant). As appropriate, identify meaningful support and collaboration with key partners in planning, designing, and implementing all activities. The work plan should be presented in a table format and include (1) goals; (2) objectives that are specific, time-framed, and measurable; (3) action steps with corresponding due dates; (4) staff responsible for each action step, and; (5) anticipated dates of completion of goals. Write objectives and key action steps in time-framed and measurable terms, providing numbers for targeted outcomes where applicable, not just percentages. Key activities to address in the timeline include, but are not limited to, start-up activities, assessments, implementation of emerging strategies, training activities, and documentation of the comprehensive emerging strategies. Include the phases and activities as described in Table 1.

  Submit the work plan as Attachment 1. You must submit the detailed work plan for each 12-month period of the three-year period of performance of August 1, 2022 through July 31, 2025. The first 12-month budget period will address activities from August 1, 2022 to July 31, 2023, with ensuing work plans covering years two and three.

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

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and the approaches you will use to resolve such challenges. More specifically:
  - Describe the challenges that are likely to occur in the implementation of an existing emerging strategy within varied program settings and propose potential strategies to overcome these challenges.
  - Describe challenges to existing emerging strategies for specific program settings and making mid-implementation refinements to the implementation of those intervention strategies as needed, and propose potential strategies to overcome these challenges.
  - Describe challenges to providing technical assistance within a variety of settings and techniques that you will use to address these challenges.
  - Describe any anticipated challenges to the collaboration with the demonstration sites and the evaluation provider and techniques that you will use to mitigate these challenges.

- *EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 Evaluative Measures*

  Describe a plan for evaluating your organization's performance and a process for continuous quality improvement. This evaluation should monitor ongoing processes and the progress toward 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 your 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 the current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

  Describe any experience in partnering with other entities for close collaboration as will be required with the evaluation provider and the demonstration sites.

  Describe your mission and structure, the scope of current activities, and experience in providing technical assistance, especially to RWHAP and other HIV providers nationwide. Describe how these all contribute to your ability to successfully implement this project and meet the goals and objectives of this initiative. Describe your experience in providing technical assistance for strategies to improve the delivery of HIV services to people with HIV. Describe an approach to providing technical assistance without interfering with the replicability of the success demonstrated at the demonstration sites.

- *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 provide capacity building assistance. Include a one-page figure as Attachment 5 depicting the organizational structure of your capacity-building provider project only.

  Describe specific organizational capabilities, resources, years of experience, and staffing that will contribute to successfully implementing the proposed activity related to:

  - Assisting the demonstration sites in identifying and refining the emerging strategies.

- Assessing individual demonstration sites' technical needs and addressing them through coaching and capacity development to implement, refine, and document their emerging strategies.
- Addressing health disparities and assuring emerging strategies are culturally appropriate.
- Developing and implementing the IHI Learning Collaborative Model for Achieving Breakthrough Improvement with learning sessions, action periods, and performance measurement to refine the emerging strategies.
- Creating forums to facilitate exchange of information between demonstration sites with the goal of improving processes and outcomes.
- Developing and communicating information to RWHAP recipients, subrecipients, and community throughout the duration of the initiative such as status, lessons learned, and tools developed and used.
- Developing and disseminating information about the initiative evaluation and products that support and promote replication.

Provide a staffing plan (Attachment 2) describing the roles and responsibilities for each person contributing to the project and job descriptions. Provide biographical sketches (Attachment 3) for all personnel included in the budget (Attachment 6) and in the staffing plan that highlights their experience relevant to this project. If you plan to use consultants or contractors to provide any of the proposed services, describe their roles and responsibilities on the project, experience relevant to the project, and amount of time contributing to each activity. Include signed letters of agreement, memoranda of understanding, and descriptions of proposed and/or existing contracts related to the proposed project in Attachment 6. See Section 4.1 of HRSA's SF-424 Application Guide for information on the content for the sketches.

Describe collaborative efforts with other pertinent agencies that enhance your ability to accomplish the proposed project. Discuss any examples of previous projects that reflect the experience of proposed staff in working collaboratively with RWHAP-funded organizations.

Describe your experience with the fiscal management of grants and contracts. Include information on your organization's experience managing multiple federal grants.

Discuss your organization's experience with implementing a cooperative agreement. Discuss how your organization will follow the approved work plan, properly account for the federal funds, and document all costs to avoid audit findings. Provide a description of the strength of the organization's fiscal and management information systems and the capacity to meet program requirements.

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 your 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.

In addition, the Special Projects of National Significance program requires the following:

As Attachment 6, submit a separate line item budget for years 1 through 3 as a spreadsheet using the Section B budget categories of the SF-424A and breaking down subcategorical costs.

As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43), "none of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

iv. Budget Narrative

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

v. Attachments

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

Attachment 1: Work Plan

Attach the work plan that includes all information detailed in Section IV.2.ii. Project Narrative. If you will make subawards or expend funds on contracts, describe how your organization will ensure proper documentation of funds.

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 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 deliverables. 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 capacity-building provider project.

Attachment 6: Line Item Budget for Years 1 through 3

Using the Object Class Categories of the SF-424A, provide the object class category breakdown (i.e., line item budget) for each of the three budget years.

Attachment 7: Tables, Charts, etc.

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

Attachments 8–15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support, indirect cost rate agreements, and proof of non-profit status, if applicable. 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 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 you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For

your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

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

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

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

- Dun and Bradstreet (https://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://sam.gov/content/home | SAM.gov Knowledge Base)
- Grants.gov (https://www.grants.gov)

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

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. 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.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 *January 25, 2022 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

Emerging Strategies to Improve Health Outcomes for People Aging with HIV: Capacity-Building Provider is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to three (3) years, at no more than $750,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the FY 2022 Extending Funding and Emergency Assistance Act (P.L. 117-43) apply to this program. See Section 4.1 of HRSA's SF-424 Application Guide for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

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

- Charges that are billable to third party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare, HUD, etc.);
- Purchase or construction of new facilities or capital improvement to existing facilities;
- Purchase vehicles;
- International travel;
- Cash payments to intended RWHAP clients;
- Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (nPEP) medications or the related medical services. (Please note that RWHAP recipients and providers may provide prevention counseling and information to eligible clients' partners – see RWHAP and PrEP Program Letter, June 22, 2016);
- Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See https://www.hiv.gov/sites/default/files/hhs-ssp-hrsa-guidance.pdf

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. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

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

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.

Six review criteria are used to review and rank The Emerging Strategies to Improve Health Outcomes for People Aging with HIV: Capacity-Building Provider applications. Below are descriptions of the review criteria and their scoring points.

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

Introduction (5 points)
- The strength and clarity of the description for the roles and activities of the capacity-building provider.
- The clarity of the brief descriptions of the organization and the ability to provide technical assistance to the demonstration sites.

Needs Assessment (5 points)
- The extent to which the summary of the literature demonstrates a comprehensive understanding of screening and managing comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV.
- The clarity of the discussion of the issues affecting the effective implementation of emerging strategies.
- The strength and clarity of the role of implementation science in the effective implementation of intervention strategies.
- The strength and clarity of the description of the issues affecting the provision of technical assistance tailored to individual demonstration sites with a diversity of clients, needs, structures, and resources.

Criterion 2: RESPONSE (45 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges
Methodology (25 points)

Technical assistance:

- The strength, clarity, and feasibility of the proposed method to assist the demonstration sites to identify, refine, and document the emerging strategies while maintaining fidelity to the core elements of the emerging strategies as originally described.
- The strength, clarity, and feasibility of the approach and methods to assess the needs of and provide technical assistance to each demonstration site, in consultation with HRSA, the demonstration sites, and the evaluation provider.
- The strength, clarity, and feasibility of the plan to track, monitor, and summarize demonstration sites' TA requests.
- The strength, clarity, and feasibility of the plan and process for supporting the demonstration sites in understanding the emerging strategies and the HAB IS framework.
- The strength, clarity, and feasibility of the process for supporting sustainability planning for the demonstration sites throughout the project period

Learning collaborative:

- The strength, clarity, and feasibility of the approach to develop and facilitate a learning collaborative.
- The strength, clarity, and feasibility of the roles and responsibilities of HRSA, capacity-building provider, the demonstration sites, and the evaluation provider in the design and implementation of the learning collaborative.
- The strength, clarity, and feasibility of the approach to identify any mid-implementation refinements and collaborate with the demonstration sites, the evaluation provider, and HRSA to integrate refinements.
- The strength, clarity, and feasibility of the process to develop and implement performance measures used in the learning collaborative.

Collaboration with the demonstration sites and the evaluation provider:

- The strength, clarity, and feasibility of the plan for working collaboratively with the demonstration sites and the evaluation provider in the identification and refinement of emerging strategies, evaluation of both process and initiative outcomes, and assessment of mid-implementation refinements.
- The strength, clarity, and feasibility of the plan to work collaboratively with the evaluation provider to ensure that technical assistance activities do not duplicate or undermine the evaluation.
- The strength, clarity, and feasibility of the plan for integrating the findings of the evaluation with the technical assistance tracking and demonstration site monitoring reports in order to inform communication and dissemination activities throughout the initiative.

Communication and dissemination:

- The strength, clarity, and feasibility of the plan to communicate information to RWHAP recipients, subrecipients, and community throughout the duration of the initiative.
- The strength and clarity of the description of collaboration with the demonstration sites and the evaluation provider on the communication plan, including roles and responsibilities.
- The strength, clarity, and feasibility of the plan to disseminate information about the initiative evaluation and products that support and promote replication.
- The strength and clarity of the description of how the replication products and tools for dissemination will incorporate the emerging strategies used, core components versus tailorable components of the emerging strategies, and emerging strategies.
- The strength, clarity, and feasibility of the plan for promoting materials/webinars using TargetHIV and the RWHAP Best Practices Compilation.
- The strength and clarity of the plan to create initiative tools and information that are ready for dissemination at the culmination of this initiative.

Work Plan (15 points)

- The strength, clarity, and feasibility of the work plan and its goals for the three-year period of performance.
- The extent to which the work plan relates to the Methodology section of the Narrative and addresses the program requirements of this announcement.
- The extent to which the work plan includes clearly written (1) objectives that are specific, time-framed, and measurable; (2) action steps and activities; and (3) anticipated dates of completion in table format.

Resolution of Challenges (5 points)

- The strength and clarity of the challenges likely encountered in the design and implementation of the activities described in the work plan.
- The clarity and feasibility of the approach, strategies, and techniques to resolve anticipated challenges.

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

- The strength and clarity of the description of current experience, skills, and knowledge of work of a similar nature to this initiative.
- The strength, clarity, and feasibility of the applicant's plan for evaluating their performance through monitoring ongoing processes and the progress toward goals and objectives of the project.
- The strength and clarity of the description of the data collection and management processes that allow for accurate and timely reporting of performance outcomes.

Criterion 4: IMPACT (10 points) – Corresponds to Section IV's Evaluation and Dissemination section of Methodology

- The strength and clarity of the description of the impact of technical assistance on the demonstration sites' ability to implement and refine the emerging strategies.

- The strength and clarity of the plan to communicate and disseminate information such as highly innovative dissemination tools and materials that describe the intervention strategies and support their successful and rapid replication in other RHWAP settings.
- The strength and clarity of the description of the key components of the replication products and tools for dissemination.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Organizational Information

- The extent to which the staffing plan (Attachment 3) and project organizational chart (Attachment 2) are consistent with the project description and project activities.
- The extent to which the organization and staff members have the capacity to:
  - Assist the demonstration sites in identifying and refining the emerging strategies.
  - Assess individual organization's technical needs and addressing the needs through coaching and capacity development.
  - Address health disparities and assuring emerging strategies are culturally appropriate.
  - Develop and implement the IHI Learning Collaborative Model for Achieving Breakthrough Improvement with learning sessions, action periods, and performance measurement to refine the emerging strategies.
  - Create forums to facilitate and foster exchange of information between organizations with the goal of improving processes and outcomes.
  - Develop and communicating information to the RWHAP recipients, subrecipients, and community throughout the duration of the initiative such as status, lessons learned, and tools developed and used during initiative.
  - Develop and disseminating information about the initiative evaluation and products that support and promote replication.
- The strength, feasibility, and clarity of the applicant's experience and plan to implement a cooperative agreement including following the approved work plan, accounting for federal funds, and documenting costs.
- The strength and appropriateness of the job descriptions (Attachment 3) and biographical sketches (Attachment 4) for key staff based on the goals and objectives of this project (Attachment 1).
- The extent to which the time allocated for staff is consistent with their anticipated workload toward the completion of the goals and objectives of the project.

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

- The extent to which costs outlined in the proposed budget are reasonable and appropriate for the project objectives for each year of the period of performance.
- The extent to which key personnel have adequate time devoted to achieving the stated objectives.
- The strength and clarity of the budget narrative to support each line item in the budget.

2. Review and Selection Process

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

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

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of August 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 NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

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

Accessibility Provisions and Non-Discrimination Requirements
Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, *see* http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. *See* https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, *see* https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

For more information on recipient civil rights obligations, visit the HRSA Office of Civil Rights, Diversity, and Inclusion website.

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

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

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.

Human Subjects Protection
Federal regulations (45 CFR part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If you anticipate research involving human subjects, you must meet the requirements of the HHS regulations to protect human subjects from research risks.

- Refer to instructions provided in HRSA's *SF-424 R&R Application Guide*, Appendix Supplemental Instructions for Preparing the Protection of Human Subjects Section of the Research Plan and Human Subjects Research Policy for specific instructions on preparing the human subjects section of the application.

- Refer to HRSA's *SF-424 R&R Application Guide* to determine if you are required to hold a Federal Wide Assurance (FWA) of compliance from the Office of Human Research Protections (OHRP) prior to award. You must provide your Human Subject Assurance Number (from the FWA) in the application. If you do not have an assurance, you must indicate in the application that you will obtain one from OHRP prior to award.
- In addition, you must meet the requirements of the HHS regulations for the protection of human subjects from research risks, including the following: (1) discuss plans to seek IRB approval or exemption; (2) develop all required documentation for submission of research protocol to IRB; (3) communicate with IRB regarding the research protocol; (4) communicate about IRB's decision and any IRB subsequent issues with HRSA.
- IRB approval is not required at the time of application submission but must be received prior to initiation of any activities involving human subjects. Do not use the protection of human subjects section to circumvent any page limitation in the Methodology portion of the Project Narrative section.

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 an annual 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 FAPIIS, as required in 45 CFR part 75 Appendix XII.

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

VII. Agency Contacts

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

Beverly Smith
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-7065
Email: bsmith@hrsa.gov

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

Marlene Matosky
Chief, Clinical and Quality Branch
Division of Policy and Data
HIV/AIDS Bureau
Health Resources and Services Administration
Attn: Funding Program – HRSA-22-027
5600 Fishers Lane, Room 9N154
Rockville, MD 20857
Telephone: (301) 443-0798
Email: mmatosky@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: 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). Always obtain a case number when calling for support. For assistance with submitting information in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Monday, November 15, 2021
Time: 2:00 – 3:30 p.m. ET
Call-In Number:
Dial by your location
+1 (669) 254-5252 US (San Jose)

+1 (646) 828-7666 US (New York)
+1 (669) 216-1590 US (San Jose)
+1 (551) 285-1373 US
(833) 568-8864 US Toll-free

Meeting ID: 160 194 2123
Passcode: 04657297

Weblink: Join ZoomGov Meeting
https://hrsa-gov.zoomgov.com/j/1601942123?pwd=K3FXQVFVZFFSOE5Md0U0RzE2S0Mrdz09

Meeting ID: 160 194 2123
Passcode: HCzT7aWM

Playback: The webinar will be recorded and should be available within 10 business days on the TargetHIV website. Answers to questions posed before and during the webinar will also be posted there.

Tips for Writing a Strong Application

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

Appendix: 1

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