

Notice of Funding Opportunity
Application due February 10, 2025

HRSA

Health Resources & Services Administration

HIV/AIDS Bureau/Office of Program Support








AIDS Education and Training Center (AETC) National Clinician Consultation Center

AIDS Education and Training Center National Clinician Consultation Center

Opportunity number: HRSA-25-061



Contents

Before you begin	3
 Step 1: Review the Opportunity	<u>4</u>
Basic information	5
Eligibility	7
Program description	9
 Step 2: Get Ready to Apply	<u>26</u>
Get registered	27
Find the application package	27
Application writing help	27
 Step 3: Prepare Your Application	<u>29</u>
Application contents and format	30
 Step 4: Learn About Review and Award	<u>39</u>
Application review	40
Award notices	46
 Step 5: Submit Your Application	<u>47</u>
Application submission and deadlines	48
Application checklist	49
 Step 6: Learn What Happens After Award	<u>51</u>
Post-award requirements and administration	52
Reporting	55
 Contacts and Support	<u>56</u>



Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on February 10, 2025.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



Step 1:

Review the Opportunity

In this step

Basic information	5
Eligibility	7
Program description	9

Basic information

Health Resources and Services Administration

HIV/AIDS Bureau/Office of Program Support

AIDS Education and Training Center (AETC) National Clinician Consultation Center

The AIDS Education and Training Center (AETC) Program consists of a network of HIV experts who collectively work to increase and support a workforce capable of and dedicated to providing care and treatment to people with or at risk of HIV nationally.

Summary

The AIDS Education and Training Center (AETC) Program consists of a network of HIV experts who collectively work to increase and support a workforce capable of and dedicated to providing care and treatment to people with or at risk of HIV nationally. As an integral part of the AETC Program's strategy to build the HIV workforce, the National Clinician Consultation Center (NCCC) serves as a centralized hub of experts in HIV, substance use disorders, and sexually transmitted infections who are available via a state-of-the-art call center (telephone-based warmlines and a hotline) and through internet-based educational consultation services. These experts respond to inquiries and provide clinical consultation to health care team members in [domestic locations](#) in real time.

The NCCC also serves as a resource to the Ryan White HIV/AIDS Program Part F AETCs by providing clinical consultation and data to help determine training needs in each AETC region. The NCCC is supported by multiple [funding streams](#).

Funding detail

Application type: New and competing continuation

Expected total available funding: Up to \$3,850,000 per year

Expected number and type of awards: One cooperative agreement

Funding range per award: \$3,265,000 to \$4,150,000 per year. The funding is provided by the following entities:

- RWHAP's AETC-NCCC base award: \$1,200,000 to \$1,400,000
- RWHAP AETC Minority AIDS Initiative: \$450,000



Have questions?

Go to [Contacts & Support](#)

Key facts

Opportunity name: AIDS Education and Training Center National Clinician Consultation Center

Opportunity number: HRSA-25-061

Announcement version: New

Federal assistance listing: 93.145

Statutory authority: 42 USC §§ 300ff-111(a) and 300ff-121 (§§ 2692(a) and 2693 of the Public Health Service (PHS) Act).

Key dates

NOFO issue date: December 10, 2024

Informational webinar: December 17, 2024, at 1:00 p.m. ET.

Application deadline: February 10, 2025, at 11:59 p.m. ET.

Expected award date is by: July 1, 2025

Expected start date: July 1, 2025

See [other submissions](#) for other time frames that may apply to this NOFO.

- RWHAP Ending the HIV Epidemic in the U.S.: \$300,000
- Bureau of Primary Health Care: Approximately \$400,000 to \$500,000 will be provided to support the [substance use warmline](#). An additional \$155,000 to \$300,000 will be available to carry out activities for the [Primary Care HIV Prevention Program](#).
- Centers for Disease Control and Prevention: Approximately \$760,000 to \$1,200,000 will be available to support [post-exposure prophylaxis and pre-exposure prophylaxis warmlines](#).

We plan to fund one award in five 12-month budget periods for a total five-year period of performance of July 1, 2025, to June 30, 2030.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.

Eligibility

Who can apply

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

Types of eligible organizations

These types of [domestic organizations](#) may apply.

- Public institutions of higher education.
- Private institutions of higher education.
- Nonprofits with or without a 501(c)(3) IRS status.
- State, county, city, township, and special district governments, including the District of Columbia, domestic territories, and the freely associated states
- Independent school districts.
- Native American tribal governments.
- Native American tribal organizations.

Note: “Domestic” means the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

Individuals are not eligible applicants under this NOFO.

Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

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

Application limits

You may not submit more than one application. If you submit more than one application, we will only accept the last on-time submission.

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. We will hold you accountable for any funds you add, including through reporting.

Program description

Purpose

The purpose of the NCCC program is to provide rapid, expert, and culturally competent clinical consultation and advice to health care team members on a wide range of HIV and HIV-related topics. The NCCC, using a combination of various funding sources, provides services through telephone-based warmlines, a hotline, and internet-based educational consultation services in the following clinical areas:

- General HIV prevention, care, and treatment, including diagnosis, testing, and antiretroviral therapy.
- Pre-exposure prophylaxis (PrEP).
- Post-exposure prophylaxis (PEP).
- Treatment and management of Hepatitis B and C and HIV coinfections.
- Treatment and management of substance use disorders in people with or at risk for HIV.
- Perinatal HIV care and management.

The NCCC provides expert consultation that demonstrates an understanding of the HIV epidemic in a variety of locations including:

- EHE jurisdictions.
- Rural areas.
- Areas disproportionately impacted by substance use disorders including opioid use disorder, and other co-morbidities.
- Communities where a large number of the people with HIV identify as a non-white racial or ethnic group.

The goals for the NCCC align with those of the RWHAP Part F AETC Program, which are:

- **Goal 1:** Expand the number of health care team members providing HIV care and prevention services, including providers with different backgrounds or experiences.
- **Goal 2:** Expand the ability of health care team members to provide effective HIV care and prevention services.
- **Goal 3:** Improve health equity by integrating HIV care and prevention in primary care and other health care settings that provide services to underserved populations.
- **Goal 4:** Enhance the capacity of the AETC Program to train health care team members to serve people at risk for or with HIV.

Background

The Ryan White HIV/AIDS Program

The Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) has five statutory [funding parts](#) that provide a comprehensive system of medical care, support, and medications for low-income people with HIV. The goal is better health results, and lower HIV transmission in priority groups.

The [HIV care continuum](#) is key to the program. It shows the journey of someone with HIV from diagnosis to effective treatment, leading to viral suppression. Achieving viral suppression boosts the person's quality of life and prevents HIV transmission.

This continuum also helps programs and planners measure progress and use resources effectively. We require you to assess your outcomes and work with your community and public health partners to improve outcomes across the HIV care continuum. To assess your program, learn more at [HRSA's Performance Measure Portfolio](#).

Strategic frameworks and national objectives

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

- [Healthy People 2030](#)
- [National HIV/AIDS Strategy \(NHAS\) \(2022–2025\)](#)
- [Sexually Transmitted Infections National Strategic Plan for the United States \(2021–2025\)](#)
- [Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination \(2021–2025\)](#)

These strategies offer guidance on the main principles, priorities, and steps for our national health response.

Expanding the effort

There have been significant accomplishments:

- From 2018 to 2022, HIV viral suppression among Ryan White program patients receiving Outpatient Ambulatory Health Services improved from 87.1 percent to 89.6 percent. For more, see the [2022 Ryan White Services Report \(RSR\)](#).
- Racial, ethnic, age-based, and regional disparities in viral suppression rates have significantly reduced. For more, see the [RWHAP Annual Data Report 2022](#).
- In 2020, the [Ending the HIV Epidemic in the U.S. \(EHE\)](#) initiative launched to further expand federal efforts to reduce HIV transmission. For the RWHAP, the EHE

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

Using data effectively

HRSA and Centers for Disease Control and Prevention (CDC) promote integrated data sharing and use for program planning, quality improvement, and public health action.

We encourage you to:

- Follow the [Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs](#).
- Create data-sharing agreements between surveillance and HIV programs.
- Progress toward National HIV/AIDS Strategy (NHAS) goals through integrated data sharing, analysis, and use of HIV data by health departments.
- Complete CD4, viral load, and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems. CDC mandates the reporting of all such data to the National HIV Surveillance System (NHSS).
- Use HRSA's interactive [RWHAP Compass Dashboard](#) to visualize reach, impact, and outcomes of the Ryan White program and to inform planning and decision making. The dashboard gives you a look at national, state, and metro area data and displays client demographics, services, outcomes, and viral suppression. It also includes data about clients in the AIDS Drug Assistance Program (ADAP).
- Develop data-sharing strategies with other RWHAP recipients and relevant entities to reduce administrative burden.
- Use electronic data sources to verify client eligibility when you can. See Policy Clarification Notice 21-02, [Determining Client Eligibility and Payor of Last Resort in the Ryan White HIV/AIDS Program](#).

Program resources and innovative models

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

Program requirements and expectations

If your application is successful, you must ensure that:

- multiple funding streams are used for the correct program components
- the budget clearly delineates where funds are allocated to avoid any comingling of funds.

You will be responsible for the following:

General program requirements

Warmlines and hotlines

Establish five warmlines and one hotline to provide clinical consultation services in specific areas outlined below. For the purposes of this program, we define a warmline and hotline as:

- **Warmline:** A confidential, internet- or phone-based consultation service offering live clinical support and guidance to providers and other members of health care teams who serve individuals with HIV. The warmlines must be staffed by clinicians who have educational background, training, and/or relevant experience in topics including HIV, substance use disorders, and sexually transmitted infections.
- **Hotline:** A phone line that members of health care teams can use to access seven days a week, twenty-four hours a day (24/7) to receive confidential, clinical support from staff with backgrounds and training in HIV. The information provided cover various topics related to HIV diagnosis, treatment, and prevention.

You may use internet-based technology to provide access to consultation services or resources.

All consultations services must operate both over the phone and through an online mechanism such as a case consultation portal. You must also provide a minimum of one accompanying website that displays relevant information about the consultation lines and related services, including:

- Operational hours for each line.
- Clinical areas of focus.
- Links to relevant resources and training assistance.
- A calendar of NCCC events.

For each warmline and hotline, you must have a mechanism to receive requests and provide a timeframe for responses during off-hours, with the exception of the perinatal hotline, which is always operational. You should make sure staff respond at a time when the requestor is available.

You must provide the consultation service at no cost to the service users through a single toll-free telephone number.

You must establish the following five warmlines and one hotline as part of this grant.

Warmlines

General HIV care, prevention, and treatment warmline

Monday to Friday, 9 a.m. to 8 p.m. ET

This warmline provides clinical consultation for health care professionals on the care and treatment of people with HIV and those at high risk for HIV.

- General HIV clinical consultation must be provided by clinicians experienced in HIV care and treatment. General HIV clinical consultation should include at least the following areas:
 - HIV diagnostic techniques.
 - Antiretroviral treatment options, such as initial therapy, adherence, drug interactions, and toxicity.
 - Treatment of opportunistic infections.
 - Non-occupational post-exposure prophylaxis.
 - HIV-related oral disease.
 - Treatment of sexually transmitted infections.
 - Perinatal and pediatric HIV care.
 - HIV primary care management.
 - Cancer screening and diagnosis.
 - Palliative care.
 - Special populations, such as:
 - Older adults with HIV.
 - Patients in correctional settings.
 - Patients who are homeless.
 - Sexual, gender, racial, and ethnic minority populations.
- Your consultation service must be available during the designated days and times listed above through a toll-free warmline telephone number and an online mechanism such as a chat bot. You must have a mechanism to receive requests and provide a timeframe for responses during off-hours and weekends. You should make sure staff respond at a time when the requestor is available.
- The program must be able to handle a minimum of 350 to 550 calls per month about the care and treatment of HIV and HIV-related clinical care issues.

Post-exposure prophylaxis (PEP) warmline (PEpline)

Occupational: Seven days a week, 11 a.m. to 8 p.m. ET

Non-occupational:

- **Monday to Friday, 9 a.m. to 8 p.m. ET**
- **Saturday and Sunday, 11 a.m. to 8 p.m. ET**

This warmline provides advice regarding the treatment and management of occupational and non-occupational exposure to HIV and other blood-borne pathogens, such as viral hepatitis B and C.

- PEP consultation must be provided by clinicians experienced in managing occupational and non-occupational exposures to HIV and other blood-borne pathogens consistent with the most recent [United States Public Health Service \(USPHS\) Guidelines for the Management of Occupational Exposures to HIV and Recommendations for PEP](#) and [USPHS Guidelines for Antiretroviral PEP After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV](#).
- Clinicians' experience, and the information they are able to provide callers, must include:
 - Assessing risk of occupational and non-occupational exposures.
 - Deciding when to start PEP.
 - Selecting the best PEP regimen.
 - Determining the duration of HIV follow-up testing.
- The PEpline must be available through a toll-free telephone number and an online mechanism, such as a chat bot, during the designated days and times listed above. You must have a mechanism to receive requests and provide immediate responses to service users with post-exposure questions during off-hours. You should make sure staff respond at a time when the requestor is available.
- The warmline must be able to handle a minimum of 600 to 1,000 calls per month on occupational post-exposure.

Pre-exposure prophylaxis (PrEP) warmline (PrEpline)

Monday to Friday, 9 a.m. to 8 p.m. ET

This warmline provides clinical consultation for health-care professionals on pre-exposure prophylaxis guidelines for HIV prevention in high-risk populations.

- The information provided over the warmline should reflect information from the most recent [USPHS Guidelines for PrEP for the Prevention of HIV Infection in the United States](#).

- PrEP consultation must be provided by clinicians with expertise in managing PrEP as part of an HIV prevention regimen for those at risk for HIV. Topics should include:
 - Medication regimen.
 - Adherence issues.
 - Testing protocols.
 - Initial and follow-up laboratory evaluations.
 - Transitioning from PEP to PrEP.
- The PrEPline consultation service must be available through a toll-free telephone number and an online mechanism, such as a chat bot, from 9:00 a.m. to 8:00 p.m. Eastern Time, Monday through Friday. You must have a mechanism to receive requests and provide immediate responses to service users with PrEP questions during off-hours. You should make sure staff respond at a time when the requestor is available.
- You will also be responsible for supporting robust marketing of the PrEPline and online consultation services to clinicians in the geographic areas, as outlined in the [Ending the HIV Epidemic: A Plan for America](#) initiative. Suggested marketing mechanisms include, but are not limited to, dissemination of information about NCCC services through electronic newsletters, social media postings, in-person or virtual conference presentations, and cross-promotion efforts in collaboration with the Regional AETCs.

Treatment and management of hepatitis B and C and HIV coinfections
warmline (HEPline)

Monday to Friday, 9 a.m. to 8 p.m. ET

This warmline provides clinical consultation for health care professionals on the treatment and management of hepatitis B and C and HIV coinfections. The warmline must help clinicians link people with hepatitis B and C and HIV coinfections to the most appropriate care.

- Consultations on hepatitis B and C and HIV coinfections must be provided by expert clinicians and based on the latest science on hepatitis B and C screening, testing, staging, monitoring, and treatment. Clinicians must be able to provide information on:
 - Hepatitis B and C and HIV coinfections.
 - Regimen selection and dosing.
 - Drug interactions.
 - Prior hepatitis C virus (HCV) treatment failure.
 - Management of clinical problems such as cirrhosis and renal disease.

- HCV transmission and prevention.
- HCV in special populations, such as pregnant people or people with co-occurring substance use disorders.
- You must make the HEPLine available to service users through a toll-free telephone number and an online mechanism, such as a chat bot, from 9:00 a.m. to 8:00 p.m. Eastern Time, Monday through Friday. You must have a mechanism to receive requests and provide immediate responses to service users with questions during off-hours. You should make sure staff respond at a time when the requestor is available.

Substance use treatment and management warmline

Monday to Friday, 9 a.m. to 5 p.m. ET

This warmline provides clinical consultation for health care professionals on behavioral health management in people with HIV, including treatment and management of substance use disorders. This warmline must be administered in partnership with HRSA's Bureau of Primary Health Care.

- Behavioral health management consultation must be provided by clinicians with expertise in behavioral health management in people with HIV. Clinicians must be able to provide information on:
 - Behavioral health evaluation, treatment, and management.
 - Assessment and treatment of opioid, alcohol, and other substance use disorders.
 - Urine toxicology testing.
 - Use of buprenorphine, methadone, and other medications for opioid use disorder.
 - Chronic pain management without the use of opioids.
 - Approaches to suspected misuse, abuse, or diversion of prescription opioids.
 - Opioid-based pain regimens that reduce the risk of misuse and toxicity.
 - Opioid and alcohol withdrawal management.
 - Harm reduction strategies, overdose prevention and naloxone administration.
 - Managing substance use in special populations, such as people who are pregnant, have HIV, and/or have hepatitis.
- You must make the behavioral health management consultation service available to service users Monday through Friday based on the time stated above through a toll-free telephone number and through an online mechanism such as a chat bot. You must have a process to receive requests and provide immediate responses to

users with questions during off-hours. You should make sure staff respond at a time when the requestor is available.

- The program must assist clinicians in linking people with HIV and co-occurring behavioral health needs to the most appropriate care.
- You should target the consultation service to HRSA- and non-HRSA-funded health centers in the counties and jurisdictions at risk for significant increases in hepatitis infection or HIV outbreak due to injection drug use.

Hotline

Perinatal HIV care and management hotline

This hotline must provide live consultation 24/7.

This hotline provides clinical consultation for health care professionals on the care and management of people with HIV before and after pregnancy and their exposed infants. The warmline should also include a perinatal care referral service to connect health care providers to expert HIV providers.

- Perinatal consultation must be provided by expert clinicians using the latest [Department of Health and Human Services \(HHS\) Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States](#).
- Clinicians' experience, and the information they are able to provide callers, must include:
 - Indication and interpretation of rapid maternal HIV testing.
 - Antiretroviral interventions to prevent perinatal HIV transmission.
 - Antiretroviral therapy during pregnancy.
 - Management of newborns exposed to or born with HIV.
 - Managing HIV-positive pregnancies with late presentation to care.
 - Safer conception options for couples with HIV.
- You must make the perinatal consultation and referral service available through a toll-free perinatal hotline telephone number and an online mechanism such as a chatbot. You must have a mechanism to provide immediate responses to requests for perinatal consultation and/or referral.
- The program must be able to handle a minimum of 35 to 50 calls per month on perinatal HIV-related issues and assist clinicians in linking pregnant people with HIV and their exposed infants to appropriate care.

Collaborations with RWHAP Parts, federal partners, and non-federal partners

As the recipient of the AETC-NCCC award, you will collaborate with the other components of the [Ryan White HIV/AIDS Program's \(RWHAP\) AETC Program](#), which consists of the regional AETCs, the National AETC Support Center, and AETCs' practice transformation clinics, which are located in the geographic areas outlined in the initiative Ending the HIV Epidemic: A Plan for America.

As applicable, you will also collaborate with the following to improve health outcomes for people with HIV:

- Other RWHAP-funded programs and HRSA-funded health centers.
- The Substance Abuse and Mental Health Services Administration.
- Centers for Disease Control and Prevention.
- Indian Health Service.
- National Institutes of Health Centers for AIDS Research.
- AIDS service organizations.
- Community-based organizations.
- Federal training centers.
- Health professional organizations.
- State primary care associations.
- State primary care offices.
- National Maternal Mental Health Hotline (833-TLC-MAMA)
- 988 Suicide and Crisis Lifeline
- Other key stakeholders.

Evaluation

As the recipient of the AETC-NCCC award, you will be responsible for the following:

- Track performance outcomes for the program.
- Collect, analyze, and provide access to relevant case data to [RWHAP Part E Regional AETCs](#) and other RWHAP partners to:
 - Assist in their training and capacity-building efforts and program planning activities.
 - Provide information on consultations from their region.
- Evaluate how the project performs and how the results will contribute to continuous quality improvement.
- Assess the quality of consultation services provided by users.
- Evaluate and address barriers to accomplishing program goals.

Minority AIDS Initiative (MAI) requirements

The Minority AIDS Initiative (MAI) funds workforce training and capacity-building activities to support organizations and health care team members who have historically provided culturally and linguistically appropriate care, services, education, or training to racial and ethnic minorities, or to providers who serve communities that are predominantly non-white. When implementing the NCCC, you will use funding from MAI to:

- Design and implement enhanced training experiences for health care providers who identify as, or serve communities who predominantly identify as, non-white racial or ethnic groups. These experiences could include:
 - Preceptorships.
 - Internships.
 - Other opportunities to experience educational clinical care consultations in virtual or remote environments.
- Support efforts to provide culturally competent care and counsel through educational consultation services, including:
 - Spanish-language translation.
 - Data analysis on how the consultation services are used by providers identifying as members of non-white racial and ethnic groups.
 - Continuing education efforts to improve the quality, inclusiveness, and cultural competency of consultation services.

Ending the HIV Epidemic (EHE) initiative requirements

The RWHAP receives funding through the Ending the HIV Epidemic (EHE) initiative to implement strategies, interventions, and approaches to reduce new HIV infections in the United States to less than 3,000 per year. The NCCC educational consultation services address all four key strategies of the EHE initiative—Diagnose, Treat, Prevent, and Respond—with an emphasis on Treat and Respond. When implementing the NCCC, you will use funding from EHE to:

- Support Part F Regional AETC workforce training efforts in EHE jurisdictions by providing subject matter expertise or relevant information about educational consultation services. This information will focus on:
 - HIV testing.
 - Establishing linkages to care.
- Administering PrEP, PEP, and antiretroviral therapy medication.
- Coordinate with RWHAP recipients and CDC to support a coordinated response to HIV clusters and outbreaks, including sharing relevant case data.

- Support the ongoing staffing and maintenance of the NCCC educational consultation services.
- Provide consultation support to health care providers in the following targeted areas:
 - Rural counties with the highest prevalence and/or incidence of opioid use disorder and injection drug use.
 - Areas that are at risk of significant increases in hepatitis B and C virus.
 - Areas that are at risk of an HIV outbreak due to injection drug use.

Primary Care HIV Prevention (PCHP) program

HRSA expects you, the recipient of the NCCC award, to implement services as part of the Primary Care HIV Prevention (PCHP) program. The purpose of PCHP is to:

- Enhance the knowledge and skills of medical providers in community health centers to diagnose, treat, and prevent HIV.
- Improve knowledge and competency regarding screening, prescribing, and managing PrEP.
- Increase collaboration and interorganizational partnerships to address a variety of topics, including stigma.

Your proposed activities under the PCHP program must focus on federally qualified health centers (FQHCs) located in EHE jurisdictions and/or PCHP recipient organizations and their health care team members. Your activities must aim to implement prevention strategies to decrease the risk of HIV transmission within the targeted EHE jurisdictions.

This program is administered in partnership with HRSA's Bureau of Primary Health Care. You will be required to participate in regularly scheduled monitoring calls and other PCHP activities. Additional information will be provided post award.

Other requirements

In addition to the requirements outlined in this section, HRSA expects you, as the recipient of the NCCC, to:

- Target health care providers who care for people with HIV or at high risk for HIV. This is also the target audience for the regional AETC programs.
- Provide information that is consistent with the most recent USPHS guidelines and HHS recommendations on the care and treatment of people with HIV and HIV comorbidities.
- Use multiple modalities to reach the largest number of clinicians possible. You will need to:

- Learn how clinicians access and retrieve information to provide optimum care for their patients.
 - Provide responses through the service users' preferred methods.
- Demonstrate cultural competency and an understanding of the cultural issues affecting both clinicians and their patients.
 - This includes providing consultation services in both English and Spanish.
- Provide follow-up referrals and information for service users, such as:
 - Referring the users or providers to the regional AETCs for future education and training activities.
 - Providing links to targeted reference and educational materials.
- Document the following:
 - Demographics of service users.
 - Clinical consultation questions.
 - The number of calls received through service lines.
 - The times the calls were made.
 - Measures of user satisfaction.
 - Call resolution rates.
 - Call follow-ups.
- Provide semiannual data and reports that [demonstrate the effectiveness and impact](#) of the clinician consultation services. You will work collaboratively with HRSA HAB and/or a HRSA-designated evaluation center to establish reporting needs.
- Develop online educational resources to be distributed in follow-up contact with service users. You will make these resources available to the regional AETCs and the National AETC Support Center for use in their training and consultation services.
- Provide quarterly reports to the regional AETCs on consultation services provided to clinicians in the AETC service areas. You must design this quarterly communication to help the regional AETCs enhance their needs assessments and program planning.
- Demonstrate social media and other communication techniques to promote the NCCC, including skills in web development, information technology, information sharing and dissemination, and organizational change.

Award information

Cooperative agreement terms

Our responsibilities

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

- Discussing how to implement strategies or tools to enhance educational clinical consultation services.
- As needed, reviewing and providing recommendations on the content of educational clinical consultation services, publications, and other resources.
- Helping manage activities and ensure their adherence to programmatic and federal policies.
- Helping plan and coordinate meetings, conferences, or webinars.
- Helping establish links between this project and other AETC and HAB- and HRSA-supported projects to enhance collaboration.
- Reviewing all project information prior to dissemination.
- Reviewing conference presentations, including oral presentations, posters, and roundtable materials, for all data activities, products and tools, and promising practices developed through this cooperative agreement.

Your responsibilities

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

- Collaborating with HRSA and the following to achieve program expectations:
 - Other components of the RWHAP Part F AETC Program, including the RWHAP Part F Regional AETC Program ([HRSA-24-059](#)).
 - The National AETC Support Center (NASC) ([HRSA 24-099](#)).
 - [National HIV Curriculum](#)
 - HIV Clinical Training Tracks in Primary Care Residency Programs (HTR Program) HRSA-24-109
- Identifying and responding to the onboarding, training, and continuing educational development needs of faculty and consultants who provide educational clinical consultations.
- Collaborating with HRSA to plan, execute, and deliver technical assistance and training activities.
- Collaborating with HRSA to support evaluation of the NCCC.
- Attending the biennial National Ryan White Conference in the Washington, DC, area.

- Attending the biennial AETC program recipients' administrative reverse site visit meetings.
- Attending the annual RWHAP clinical conference meeting.

Funding policies and limitations

Policies

- This program depends on the appropriation of funds. If funds are appropriated for this purpose, we will move forward with the review and award process.
- The General Provisions in Division H that reference the Consolidated Appropriations Act, 2024 (P.L. 118–47) apply to this program. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.
- Applicant organizations can only submit one application.
- Support beyond the first budget period will depend on:
 - Appropriation of funds.
 - Satisfactory progress in meeting the project's objectives.
 - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we consider options such as:
 - Extending the period of performance.
 - Awarding supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see Project Budget Information in Section 3.1.4 of the [Application Guide](#). You can also see 45 CFR part 75, or any superseding regulation, [General Provisions for Selected Items of Cost](#).
- You cannot earn profit from the federal award. See [45 CFR 75.400\(g\)](#).
- Congress's current appropriations act includes a salary limitation, which applies to this program. As of January 2024, the salary rate limitation is \$221,900. This limitation may be updated.

Program-specific statutory or regulatory limitations.

You cannot use funds under this notice for the following:

- International HIV/AIDS training activities.

- Payment for any item or service, if payment is already expected to be made by a state compensation program, insurance policy, federal or state benefits program, or other entity that provides prepaid health services (except for a program administered by or providing services of the Indian Health Service).
- Cash payments to intended recipients of RWHAP services.
- Clinical quality management.
- International travel.
- Construction. However, minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval.
- HIV test kits.
- Syringe Services Programs (SSPs). However, some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy.
- Development of materials designed to directly promote or encourage intravenous drug use or sexual activity.
- RWHAP funds cannot be used for PrEP medications and related medical services or PEP. This is because people using PrEP or PEP are not living with HIV and are therefore not eligible for RWHAP-funded medication. However, the recipient is expected to use the braided funding under this award, and provide these services with non-RWHAP funds. All statutory and regulatory limitations that attach to the funds from the various partners apply.

See [Manage Your Grant](#) for other information on costs and financial management.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects).

To charge indirect costs you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency.

Method 2 – *De minimis* rate. Per [2.CFR.200.414\(f\)](#), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See [2.CFR.200.1](#) for the definition of MTDC. You can use this rate indefinitely.

Program income

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



Step 2:

Get Ready to Apply

In this step

Get registered	27
Find the application package	27
Application writing help	27

Get registered

SAM.gov

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

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

When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#). You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

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

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HRSA-25-061.

Application writing help

Visit HHS [Tips for Preparing Grant Proposals](#).

Visit [HRSA's How to Prepare Your Application](#) page for more guidance.

See [Apply for a Grant](#) for other help and resources.

Join the webinar

For more information about this opportunity, join the webinar on December 17, 2024, at 1:00 p.m. ET. You can [join at this HRSA Zoom link](#).

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

- Phone number: 833-568-8864 (US toll-free)
- Meeting ID: 161 425 8576
- Passcode: 51765283

We will record the webinar. If you are not able to join live, you can replay it at the [NOFOs section of the Target HIV site](#).

Have questions? Go to [Contacts and Support](#).



Step 3:

Prepare Your Application

In this step

Application contents and format

[30](#)

Application contents and format

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

Application page limit: 50 pages.

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

Make sure you include each of these:

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

Required format

You must format your narratives and attachments using our required formats for fonts, size, color, format, and margins. See the formatting guidelines in Section 3.2 of the [Application Guide](#).

Project abstract

Complete the information in the Project Abstract Summary form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. For more information, see section 3.1.2 of the [Application Guide](#).

Project narrative

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

Use the section headers and the order below.

Introduction

See merit review criterion 1: [Need](#)

- Briefly describe the purpose of your project.
- Describe how your organization will address the need to provide health care professionals with a national resource to obtain timely and appropriate responses to clinical questions. Address the six consultation services and requirements outlined in the [Program expectations and requirements](#) and [Purpose](#) sections, including how you will utilize the braided funding to provide:
 - General HIV care, prevention, and treatment.
 - PrEP.
 - PEP.
 - Treatment and management of hepatitis B and C and HIV coinfections.
 - Treatment and management of substance use disorders in people with or at risk for HIV.
 - Perinatal HIV care and management.
- Demonstrate an understanding of the HIV/AIDS epidemic in the targeted EHE jurisdictions and other areas as described in the [Purpose](#) section.

Need

See merit review criterion 1: [Need](#)

- Describe knowledge gaps in the current HIV health workforce, focusing on the six educational consultation services as outlined in the [Program expectations and requirements](#) and [Purpose](#) sections.
- Describe how you plan to address the need to increase the clinical care capacity of HIV care providers through educational clinical consultation services nationally.
- Provide evidence to support the need for a national-level clinical consultation service for health care team members, especially those located in the EHE jurisdictions and other areas outlined in the [Purpose](#) section.
- Use and cite demographic data whenever possible.
- Demonstrate an understanding of the HIV/AIDS epidemic in the targeted EHE jurisdictions and other areas as described in the [Purpose](#) section.

Approach

See merit review criterion 2: [Response](#)

Tell us how you will address your stated needs and meet the [Program expectations and requirements](#) described in this NOFO. Include strategies to:

- Provide expert, rapid, and free consultation services through:
 - Toll-free telephone services—the six required phone-based warmlines and hotlines.
 - Internet-based platforms such as online case consultation forms or a chatbot aided by the use of AI or other emerging technologies.
- Use information that is consistent with the most recent national objectives, strategic frameworks, and federally approved medical practice guidelines on the care and treatment of people with HIV and HIV comorbidities:
 - [HHS Clinical Guidelines](#) for HIV care, treatment, and prevention.
 - [Healthy People 2030](#).
 - National HIV/AIDS Strategy (NHAS) (2022–2025).
 - The [Sexually Transmitted Infections National Strategic Plan for the United States \(2021–2025\)](#).
 - The [Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination \(2021–2025\)](#).
- Provide follow-up referrals and information for service users. This could include:
 - Referring them to the RWHAP Part F Regional AETCs for future education and training activities.
 - Providing resources for targeted reference and educational materials.
- Collect, analyze, and provide access to relevant case data to RWHAP Part F Regional AETCs and other RWHAP partners to:
 - Assist in their training and capacity-building efforts and program planning activities.
 - Provide information on consultations from their region.
- Coordinate with RWHAP Parts A-F recipients and CDC to support coordinated response to HIV clusters and outbreaks, including sharing relevant case data.
- Implement workforce training and capacity-building activities, as outlined in the MAI requirements of the [program requirements and expectations](#) section.
- Implement interventions and approaches to reduce new HIV infections, as outlined in the EHE requirements of the [program requirements and expectations](#) section.

- Implement activities outlined in the PCHP requirements of the [program requirements and expectations](#) section.
- Implement a clear and concise marketing and communications strategic plan using a variety of online and social media mechanisms.

High-level work plan

See merit review criteria 2: [Response](#) and 4: [Impact](#)

- Describe the framework for the NCCC. Make sure it aligns with the goals of the AETC Program. Ensure your work plan is specific, measurable, achievable, relevant, time-bound, inclusive, and equitable (SMARTIE).
- Provide a project timeline that includes each activity and identifies who is responsible for the activity and its subtasks.
- Identify key stakeholders and their roles in helping to plan, design, and carry out all activities, including the application.
- Describe sustainability plan for NCCC program beyond federal funding.

You will also include a [more detailed work plan](#) in your attachments.

Resolving challenges

See merit review criterion 2: [Response](#)

- Discuss challenges that you are likely to encounter in designing and carrying out the activities in the work plan.
- Explain approaches that you'll use to resolve them.

Performance reporting and evaluation

See merit review criteria 3: [Evaluation measures](#) and 5: [Resources and capabilities](#)

Describe:

- The goals, objectives, and expected outcomes of the funded activities.
- The systems and processes that you will use to track performance outcomes.
- How you will collect, manage, and analyze data in a way that allows for accurate and timely reporting of those outcomes. This might include assigning skilled staff or using data management software.
- How you will collect, manage, and analyze data to allow for rapid or real-time data sharing with regional AETC grantees and other RWHAP parts.
- Your plan to evaluate how the project performs and how the results will contribute to continuous quality improvement. The evaluation should monitor ongoing processes and progress toward the project's goals and objectives.

- Your organization's capacity to grow and maintain data or business operations systems to manage and share case data.
- How you will assess the quality of consultation services provided to users.
- How you will measure user knowledge about providing HIV care and preventing and treating HIV among health care team members who use the clinical consultation services.
- Evaluate barriers and your plan to address them.

Organizational information

See merit review criterion 5: [Resources and capabilities](#)

Applicants are expected to have history and experience in providing clinical consultation services to health care team members to provide expert, culturally competent HIV care, prevention, and treatment.

In this section of the application, describe:

- Your mission, structure, and the scope of your proposed activities. Explain how they support your ability to carry out the program requirements. You'll include a project organization chart as [attachment 7](#).
- How you'll follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
- Your organizational profile, budget, partners, key staff members' experience, skills, and knowledge, and key processes.
- Your organization's experience in the field of health care and HIV. Include how your organization works with health care team members who identify as, or serve communities who predominantly identify as, a non-white racial or ethnic group.
- Your organization's capability to engage and partner with federal and nonfederal partners in medical and public health fields, and/or other relevant stakeholders. Provide examples of existing or past collaborations and their outcomes.
- Your organization's experience with social media and various communications techniques to promote the NCCC, including web development, information technology, information sharing and dissemination, and organizational change.
- Your organization's strategy to identify, recruit, and develop onboarding and continuous training for expert clinical consultants for this project. Include a plan for how you will maintain and expand staffing to support the program. Describe how you will ensure staff are adequately credentialed.

Budget and budget narrative

See merit review criterion 6: [Support requested](#)

Your budget should follow the instructions in Section 3.1.4.1 Budget of the *R&R Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for [equipment](#) and [supplies](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and nonfederal funds used to satisfy any matching or cost sharing requirement (which may include maintenance of effort, if applicable).

The line-item budget must include, as separate columns, amounts for the various components of the award, such as AETC-NCCC base, CDC (PEPline and PrePline), MAI, EHE, and BPHC (PCHP), for the first budget period from July 1, 2025 – June 30, 2026.

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

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

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding limitations](#).
- If key staff have adequate time devoted to the project and project goals.

To create your budget narrative, see detailed instructions in section 3.1.5 of the [Application Guide](#).

Attachments

Place your attachments in this order in the Attachments Form. See [application checklist](#) to determine if they count toward the page limit.

Attachment 1: Work plan (required)

Attach the project's work plan. Make sure it includes everything required in the [project narrative](#) section.

Attachment 2: Staffing plan and job descriptions (required)

See Section 3.1.7 of the [Application Guide](#).

Include a staffing plan that shows the staff positions that will support the project and a brief description with key information about each position. Justify staff selection criteria, such as education and clinical experience, as well as the percentage of full-time equivalent (FTE) or amount of time requested for each staff position. Indicate which consultation call line the proposed personnel will support.

For each key personnel, attach a one-page job description that includes their role, responsibilities, and qualifications.

Attachment 3: Biographical sketches (required)

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

Each biographical sketch should be no more than two pages. Do not include non-public, [personally identifiable information](#). If you include someone you have not hired yet, provide a letter of commitment from that person along with the biographical sketch.

Attachment 4: Letters of agreement and memoranda of understanding (not required)

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

Attachment 5: Program Specific Line-Item Budget (required)

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

Attachment 6: For multiyear budgets—fifth-year budget (required)

After using columns (1) through (4) of the SF-424A, Section B for a five-year period of performance, you need to submit the budget for the fifth year as an attachment.

SF-424A Section B does not count in the page limit; however, any related budget narrative does count. See Section 3.14 of the [Application Guide](#).

Attachment 7: Funding preference documentation (required)

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

See [funding preferences](#) for more detailed information about how these apply.

Attachment 8: Project organizational chart (required)

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

Attachment 9: Tables and charts (not required)

Provide tables, charts, or visualizations that give more context about the proposal. These might consist of epidemiological data or data visualizations, such as geomapping. **Tables and charts are not required.**

Other required forms

You will need to complete some other forms. Upload the following forms listed below at Grants.gov. You can find them in the NOFO [application package](#) or review them and any available instructions at [Grants.gov Forms](#).

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



Step 4:

Learn About Review and Award

In this step

Application review	40
Award notices	46

Application review

Initial review

We will review your application to make sure that it meets [eligibility](#) criteria, including the [completeness and responsiveness criteria](#). If your application does not meet these criteria, it will not be funded.

We will not review any pages that exceed the page limit.

Merit review

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

Criterion	Total number of points = 100
1. Need	10 points
2. Response	35 points
3. Evaluation measures	10 points
4. Impact	15 points
5. Resources and capabilities	25 points
6. Support requested	5 points

Criterion 1: Need (10 points total)

See project narrative [Introduction](#) and [Need](#) sections.

The panel will review your application for how well it does the following:

Introduction (5 points)

- Describes how the consultation service will be a resource to providers in the EHE jurisdictions and other areas as stated in the [Purpose](#) section.
- Addresses the six consultation services and requirements outlined in the [Program expectations and requirements](#) and [Purpose](#) sections.

Need (5 points)

- Describes the need for to increase the clinical care capacity services to for HIV care providers through educational clinical consultation services nationally.
- Describes gaps in HIV workforce, provides evidence to support the need of a national -level clinical consultation service for health care team members located in the EHE jurisdictions and other areas outlined in the Purpose section.

Criterion 2: Response (35 points total)

See project narrative [Approach](#), [Work Plan](#), and [Resolving Challenges](#) sections.

The panel will review your application for how well it does the following.

Approach (20 points)

- Describes a comprehensive program to provide consultation services to HIV care providers through phone- and internet-based platforms, incorporating national HHS recommendations and recent USPHS guidelines.
- Describes a process to provide follow-up resources, referrals, or other relevant information for services users.
- Provides a clear and concise marketing and communications strategic plan using a variety of online and social media mechanisms.
 - Includes how the plan will target providers in the targeted jurisdictions and areas.
- Provides follow-up referrals and information for service users.
- Coordinates with and fulfills the requirements of RWHAP partners, CDC, MAI, EHE, and PCHP.

Work plan (10 points)

- Provides a clear timeline for when key activities will be conducted, including subtasks.
 - Includes a breakdown for how your organization's staff will manage various tasks and responsibilities.
- Describes potential partners and stakeholders and their roles in relation to your organization's project timeline.

Resolving challenges (5 points)

- Clearly presents any perceived or potential challenges in implementing a national clinician consultation service, and how those challenges could be resolved.

Criterion 3: Evaluation measures (10 points total)

See project narrative [Evaluation and Technical Support Capacity](#) section.

The panel will review your application for how strong and effective the methodology is to:

- Describes the goals, objectives, and expected outcomes.
- Describes the systems and processes they will use to track performance outcomes.
- Describes how they will collect, manage, and analyze data to enable data sharing, continuous quality improvement, and quality of consultation services.
- Describes how they will measure user knowledge about providing HIV care and preventing and treating HIV.
- Describes how they will evaluate and address barriers.
- Monitor and evaluate project results.
- Use baseline measures to inform the outcome and direction of project initiatives.

Criterion 4: Impact (15 points total)

See project narrative [High-level work plan](#) section.

The panel will review your application for how well it:

- Describes the framework for the NCCC.
- Provides a project timeline that includes each activity, subtasks and responsible person(s).
- Identify key partners and their roles in planning, designing, and carrying out the activities included in the application.
- Describes a sustainability plan for the NCCC program to continue beyond federal funding.

Criterion 5: Resources and capabilities (25 points total)

See project narrative [Organizational information](#) and [Evaluation and technical support capacity](#) sections.

The panel will review your application for how well it does the following.

Organizational information (15 points)

- Demonstrates your organization's experience in providing clinical consultation services to members of a health care team.
- Demonstrates your organization's capability to engage and partner with federal and nonfederal partners in medical and public health fields, and/or other relevant stakeholders, and provide examples of existing or past collaborations and their outcomes.
- Demonstrates the knowledge and resources to develop a sound marketing and communications plan.
- Describes how the marketing and communications initiatives will promote the consultation services and engage providers.
- Demonstrates your organization's capability to hire, recruit, and onboard subject matter experts to provide clinical consultation services.
 - Includes how you will provide continuous education and training to clinical staff.
- Demonstrates that project staff have the training, knowledge, and experience to carry out their specific roles in the project.
- Justifies that the number of project staff is reasonable and sufficient to carry out the project.

Evaluation and technical support capacity (10 points)

- Describes your organization's capacity to grow and maintain data or business operations systems to manage and share case data.
- Describes how your organization will collect, manage, and analyze data to allow for rapid or real-time data sharing with regional AETC grantees and other RWHAP parts.
- Provides a plan to monitor continuous quality improvement, as well as to assess the quality of consultation services.
- Describes how your organization will measure user knowledge about providing HIV care and preventing and treating HIV among health care team members who use the clinical consultation services.

Criterion 6: Support requested (5 points total)

See [Budget narrative](#) section.

The panel will review your application for how well it:

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

Risk review

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

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the cost of the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

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

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

For more details, see [45 CFR 75.205](#).

Selection process

When making funding decisions, we consider:

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

We may:

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

Funding preferences

This program includes funding preferences, imposed by [Section 2692(a)(2) of the Public Health Service Act for some applicants. If we determine that your application qualifies for a funding preference, we will move it to a more competitive position among fundable applications. Qualifying for a funding preference does not guarantee that your application will be successful.

If your application does not receive a funding preference, it will receive full and equitable consideration during the review process.

HRSA staff will determine the funding preference and will apply it to any qualified applicant that demonstrates they meet the criteria for the preferences as follows:

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

Your organization’s proposal must include activities to meet all three criteria to receive the funding preference.

To evaluate your eligibility for the funding preference, please cite examples of proposed activities in your application that meet the three criteria noted above in [Attachment 7](#). Please limit your response to one page.

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

Award notices

We issue Notices of Award (NOA) on or around the [start date](#) listed in the NOFO. See Section 4 of the [Application Guide](#) for more information.

By drawing down funds, you accept the terms and conditions of the award



Step 5:

Submit Your Application

In this step

Application submission and deadlines	48
Application checklist	49

Application submission and deadlines

Your organization's authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#), and specifically with regard to grants.

Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. [See information on getting registered](#). You will have to maintain your registration throughout the life of any award.

Deadlines

*You must submit your application by February 10, at 11:59 p.m. ET. *

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

You may submit more than one application if each proposes a distinct project. We will only review your last validated application for each distinct project before the deadline.

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

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

Have questions? Go to [Contacts and Support](#).

Other submissions

Intergovernmental review

This NOFO is not subject to [Executive Order 12372](#), Intergovernmental Review of Federal Programs. No action is needed.

Application checklist

Make sure that you have everything you need to apply:

Component	How to Upload	Included in page limit?
<input type="checkbox"/> Project abstract	Use the Project Abstract Summary form.	Yes
<input type="checkbox"/> Project narrative	Use the Project Narrative Attachment form.	Yes
<input type="checkbox"/> Budget narrative	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in a single Other Attachments form.	
<input type="checkbox"/> 1. Work plan (required)		Yes
<input type="checkbox"/> 2. Staffing plan and job descriptions (required)		Yes
<input type="checkbox"/> 3. Biographical sketches (required)		No
<input type="checkbox"/> 4. Letters of agreement and memoranda of understanding (not required)		Yes
<input type="checkbox"/> 5. Program Specific Line-Item Budget (required)		Yes
<input type="checkbox"/> 6. Multiyear budgets—fifth-year budget (required)		Yes
<input type="checkbox"/> 7. Funding preference (required)		Yes
<input type="checkbox"/> 8. Project organizational chart (required)		Yes
<input type="checkbox"/> 9. Tables and charts (not required)		Yes
Other required forms	Upload using each required form.	
<input type="checkbox"/> Application for Federal Assistance (SF-424)		No
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)		No
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)		No
<input type="checkbox"/> Key Contacts		No

Component	How to Upload	Included in page limit?
<input type="checkbox"/> Grants.gov Lobbying Form		No
<input type="checkbox"/> Project/Performance Site Location(s)		No



Step 6:

Learn What Happens After Award

In this step

Post-award requirements and administration	52
Reporting	55

Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.
- The regulations at [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, and any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:
 - [2 CFR 200.1](#), Definitions, Modified Total Direct Cost.
 - [2 CFR 200.1](#), Definitions, Equipment.
 - [2 CFR 200.1](#), Definitions, Supply.
 - [2 CFR 200.313\(e\)](#), Equipment, Disposition.
 - [2 CFR 200.314\(a\)](#), Supplies.
 - [2 CFR 200.320](#), Methods of procurement to be followed.
 - [2 CFR 200.333](#), Fixed amount subawards.
 - [2 CFR 200.344](#), Closeout.
 - [2 CFR 200.414\(f\)](#), Indirect (F&A) costs.
 - [2 CFR 200.501](#), Audit requirements.
- The HHS [Grants Policy Statement](#) (GPS). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in [HHS Administrative and National Policy Requirements](#).
- The requirements for performance management in [2 CFR 200.301](#).

Health information technology interoperability

If you receive an award, you must agree to the following conditions when implementing, acquiring, or upgrading health IT. These conditions also apply to all subrecipients.

- Compliance with [45 CFR part 170, subpart B](#). Make sure your activities meet these standards if they support the activity.
- Certified Health IT for Eligible Clinicians and Hospitals. Use only health IT certified by the [ONC Health IT Certification Program](#) for activities related to Sections 4101, 4102, and 4201 of the HITECH Act.

If 45 CFR part 170, subpart B standards cannot support the activity, we encourage you to:

- Use health IT that meets non-proprietary standards.
- Follow specifications from consensus-based standards development organizations.

Consider standards identified in the [ONC Interoperability Standards Advisory](#).

Non-discrimination legal requirements

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

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

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

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

This may include developing policies and practices that you could use to promote worker power.

Cybersecurity

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.
- You handle personally identifiable information (PII) or personal health information (PHI) from HHS.

You must base the plan based on the [NIST Cybersecurity Framework](#). Your plan should include the following steps:

Identify:

- List all assets and accounts with access to HHS systems or PII/PHI.

Protect:

- Limit access to only those who need it for award activities.
- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at 405(d): Knowledge on Demand (hhs.gov).
- Use multi-factor authentication for all users accessing HHS systems.
- Regularly backup and test sensitive data.

Detect:

- Install antivirus or anti-malware software on all devices connected to HHS systems.

Respond:

- Create an incident response plan. See [Incident-Response-Plan-Basics_508c.pdf \(cisa.gov\)](#) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
 - Any unplanned interruption or reduction of quality, or

- An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

Reporting

If your application is successful, you will have to follow the reporting requirements in Section 4 of the [Application Guide](#). The NoA will provide specific details.

You must also follow these program-specific reporting requirements:

- The Federal Financial Report (SF-425). The report must be submitted to HRSA annually.
- Biannual performance reports through [Electronic Handbooks](#), including the Non-Competitive Continuation Report and annual End of the Year Report.
- Ending the HIV Epidemic biannual report.
- Biannual PCHP report.
- Substance use warmline reports—quarterly and/or monthly.
- RWHAP AETC Annual Data Report. AETCs must use and submit to HRSA the standard AETC data collection instruments. These will be provided to you. Recipients must submit the data report online in the Electronic Handbooks (EHBs) system.
- Final Project Period Performance report.



Contacts and Support

In this step

Agency contacts	57
Grants.gov	57
SAM.gov	57
Helpful websites	58

Agency contacts

Program and eligibility

Suzanne Abo, MPA

Public Health Analyst, Office of Program Support

Attn: AETC National Clinicians Consultation Center Program

HIV/AIDS Bureau

Health Resources and Services Administration (HRSA)

Email your question to this program's inbox: AskAETCProgram@hrsa.gov

Call: 301-945-4537

Financial and budget

Marie Mehaffey

Grants Management Specialist

Division of Grants Management Operations, Office of Federal Assistance Management

Health Resources and Services Administration

Email your questions to this program's inbox: mmehaffey@hrsa.gov

Call: 301-945-3934

HRSA Contact Center

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

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

TTY: 877-897-9910

[Electronic Handbooks Contact Center](#)

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726, search the [Grants.gov Knowledge Base](#), or [email Grants.gov for support](#). Hold on to your ticket number.

SAM.gov

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

Helpful websites

- [HRSA's How to Prepare Your Application page](#)
- [HRSA Application Guide](#)
- [HRSA Grants page](#)
- [HHS Tips for Preparing Grant Proposals](#)
- [Access, Care, and Engagement Technical Assistance Center](#)
- [Best Practices Compilation](#)
- [Center for Innovation and Engagement](#)
- [Center for Quality Improvement and Innovation](#)
- [Dissemination of Evidence-Informed Interventions](#)
- [Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV](#)
- [Ending Stigma Through Collaboration and Lifting All to Empowerment](#)
- [Engage Leadership Through Employment, Validation, and Advancing Transformation and Equity for Persons with HIV](#)
- [Integrating HIV Innovative Practices](#)
- [AIDS Education Training Center Program—National Coordinating Resource Center](#)