U.S. Department of Health and Human Services

Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2024

HIV/AIDS Bureau

Division of Policy and Data

Ryan White HIV/AIDS Program Implementation for HIV Clinical Quality Improvement

Funding Opportunity Number: HRSA-24-072

Funding Opportunity Type(s): New

Assistance Listings Number: 93.145

Application Due Date: January 23, 2024

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

Issuance Date: November 21, 2023

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See Section VII for a complete list of agency contacts.

Authority: 42 USC §§ 300ff-16 and 300ff-54(b) (§§ 2606 and 2654(b) of the Public Health Service Act).

508 COMPLIANCE DISCLAIMER

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

SUMMARY

Funding Opportunity Title:	Ryan White HIV/AIDS Program (RWHAP) Implementation for HIV Clinical Quality Improvement
Funding Opportunity Number:	HRSA-24-072
Assistance Listing Number:	93.145
Due Date for Applications:	January 23, 2024
Purpose:	Provide RWHAP Parts A through D recipients training and technical assistance (T/TA) to implement quality improvement principles, methodologies, tools, and techniques
Program Objective(s):	1. Strengthen RWHAP recipients understanding and skills of quality improvement; 2. Develop and disseminate quality improvement resources; 3. Promote and sustain adoption and implementation of quality improvement; and 4. Implement project activities in alignment with RWHAP legislation, Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Clinical Quality Management (CQM) Policy Clarification Notice 15-02 (PCN 15-02), and other HRSA HAB policy notices and program letters.
Eligible Applicants:	Eligible applicants include public and nonprofit private entities such as institutions of higher education and academic health science centers involved in addressing HIV related issues on a national scope.

	• Native American tribal governments and tribal organizations are eligible. • Community-based organizations are also eligible. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.
Anticipated FY 2024 Total Available Funding:	$1,750,000 *We're issuing this notice to ensure that, should funds become available for this purpose, we can process applications and award funds appropriately. You should note that we may cancel this program notice before award if funds are not appropriated.*
Estimated Number and Type of Award(s):	One (1) new cooperative agreement.
Estimated Annual Award Amount:	Up to $1,750,000 per award, subject to the availability of appropriated funds
Cost Sharing or Matching Required:	No
Period of Performance:	July 1, 2024, through June 30, 2028 (4 years)
Agency Contacts:	**Business, administrative, or fiscal issues:** Nancy Gaines Grants Management Specialist Division of Grants Management Operations, Office of Federal Assistance Management Email: ngaines@hrsa.gov **Program issues or technical assistance:** Ronald "Chris" Redwood Nurse Consultant, Clinical and Quality Branch Division of Policy and Data HIV/AIDS Bureau Email: rredwood@hrsa.gov

Application Guide

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

Technical Assistance

We have scheduled the following webinar:

Monday, December 18, 2023
Time: 3 – 4 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1607557310?pwd=TnFKM3ZnOHRMU1FIelpvWkM5cFA3Zz09

Meeting ID: 160 755 7310
Passcode: s69wG2hC

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

Call-In Number: 833 568 8864 (Toll Free)
Meeting ID: 160 755 7310
Passcode: 39625379

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

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program Implementation for HIV Clinical Quality Improvement.

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) is accepting applications for the fiscal year (FY) 2024 Ryan White HIV/AIDS Program (RWHAP) Implementation for HIV Clinical Quality Improvement program. The purpose of this program is to provide RWHAP Part A through D recipients with training and technical assistance (T/TA) to implement quality improvement methodologies and concepts with an emphasis on skills development and implementing sustainable quality improvement activities for RWHAP Part A through D recipients with little or no experience in quality improvement. The activities outlined in this Notice of Funding Opportunity (NOFO) align with the Ryan White HIV/AIDS Program statute and HRSA HAB Clinical Quality Management (CQM) Policy Clarification Notice 15-02 (PCN 15-02). Specifically, PCN 15-02 clarifies that CQM programs consist of three components: infrastructure, performance measurement, and quality improvement. This cooperative agreement will address the quality improvement component.

The RWHAP Implementation for HIV Clinical Quality Improvement program will provide T/TA to RWHAP Part A through D recipients to accomplish the following project objectives:

- Strengthen RWHAP Part A through D recipients' understanding and skills of quality improvement principles, methodologies, tools, and techniques;
- Develop and disseminate quality improvement resources that help RWHAP Part A through D recipients to design, implement, document, and monitor quality improvement activities;
- Promote the sustainable adoption and implementation of quality improvement methodologies, tools, and techniques; and
- Implement project activities in alignment with RWHAP statute, HRSA HAB CQM Policy Clarification Notice 15-02, and other HRSA HAB policy notices and program letters. This program should aim to address the quality improvement requirements:
    - Utilization of a defined approach or methodology (e.g., model for improvement, Lean) to implement quality improvement activities;
    - Implementation of quality improvement activities in an organized, systematic fashion;
    - Quantification of results showing impact on health outcomes;
    - Documentation of all quality improvement activities; and
    - Inclusion of quality improvement activities within at least one funded service category at any given time.

The RWHAP Implementation for HIV Clinical Quality Improvement T/TA should address the needs and structures of RWHAP Part A through D recipients. The activities of this initiative should provide T/TA that addresses the development, implementation, and sustainability of quality improvement activities for recipients with a network of contracted organizations as well as recipients who provide direct services.

The successful implementation of a CQM program, including quality improvement activities, requires an understanding of the RWHAP overall, as well its policy clarification notices (Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds PCN 16-02; CQM PCN 15-02); and quality improvement methodologies, tools, and techniques. In designing T/TA, the recipient of this cooperative agreement should consider the challenges faced by RWHAP Part A through D recipients and subrecipients related to health disparities in HIV outcomes for key populations identified in the National HIV/AIDS Strategy (NHAS 2022-2025) and the *Ending the HIV Epidemic in the U.S.* initiative. Performance measure data guides and informs the development, implementation, monitoring, and sustainability of quality improvement activities. HRSA encourages recipients to use the performance measures developed for the RWHAP at the local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

2. Background

The RWHAP Implementation for HIV Clinical Quality Improvement is authorized by Sections 2606 (42 U.S.C. § 300ff-16) and 2654(b) (42 U.S.C. § 300ff-54(b)) of the PHS Act. According to the law and PCN 15-02, RWHAP recipients in Parts A through D are required to establish requirements for CQM to:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent U.S. Department of Health and Human Services (HHS) Clinical Guidelines for the treatment of HIV disease and related opportunistic infections; and
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to, and quality of HIV services.

The HRSA RWHAP provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among priority populations.

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

An important framework in the RWHAP is the HIV care continuum, which is comprised of the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication to achieve viral suppression. Supporting

people with HIV to reach viral suppression not only increases their own quality of life and lifespan, but 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 required to assess the outcomes of their programs and should work with their community and public health partners to improve outcomes across the HIV care continuum. HRSA encourages recipients to use the performance measures developed for the RWHAP at their local level to assess the efficacy of their programs and to analyze and improve the gaps along the HIV care continuum.

Strategic Frameworks and National Objectives

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

Expanding the Effort: Ending the HIV Epidemic in the United States

As demonstrated by recent data from the 2021 Ryan White HIV/AIDS Program Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2017 to 2021, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 85.9 percent to 89.7 percent. Additionally, racial and ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.[1]

In February 2019, the Ending the HIV Epidemic in the U.S (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. For the RWHAP, the EHE initiative expands the program's ability to meet the needs of clients, specifically focusing on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed and in care but not yet virally suppressed, to the essential HIV care, treatment, and support services needed to help them reach viral suppression.

Using Data Effectively: Integrated Data Sharing and Use

HRSA and the Centers for Disease Control and Prevention's (CDC) Division of HIV Prevention support integrated data sharing, analysis, and utilization for the purposes of

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

program planning, conducting needs assessments, determining unmet need estimates, reporting, quality improvement, enhancing the HIV care continuum, and public health action. HRSA strongly encourages RWHAP recipients to:

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

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

HRSA strongly encourages complete CD4, viral load (VL), and HIV nucleotide sequence reporting to the state and territorial health departments' HIV surveillance systems to benefit fully from secure integrated data sharing, analysis, and utilization. State health departments may use CD4, VL, and nucleotide sequence data to identify cases, stage of HIV disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into and retention in HIV care, measure viral suppression, monitor prevalence of antiretroviral drug resistance, detect transmission clusters and understand transmission patterns, and assess unmet health care needs. Analyses at the national level to monitor progress toward ending the HIV epidemic in the United States can only occur if all HIV-related CD4, VL, and HIV nucleotide sequence test results are reported by all jurisdictions. CDC requires the reporting to the National HIV Surveillance System (NHSS) all HIV-related CD4 results (counts and percentages), all VL results (undetectable and specific values), and HIV nucleotide sequences.

HRSA's RWHAP Compass Dashboard is an interactive data tool to allow users to visualize the reach, impact, and outcomes of the RWHAP and supports data utilization to understand outcomes and inform planning and decision making. The dashboard provides a look at national-, state-, and metro area-level data and allows users to explore RWHAP client characteristics and outcomes, including age, housing status, transmission category, and viral suppression. The RWHAP Compass Dashboard also visualizes information about RWHAP services received and the characteristics of those clients accessing the AIDS Drug Assistance Program (ADAP).

In addition, RWHAP recipients and subrecipients are encouraged to develop data sharing strategies with other RWHAP recipients and relevant entities to reduce administrative burden across programs. As outlined in Policy Clarification Notice 21-02, *Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program*, recipients and subrecipients should use electronic data sources (for example, Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces) to collect and verify client eligibility information, such as income and health care coverage (that includes income limitations), when possible.

RWHAP recipients and subrecipients should first use available data sources to confirm client eligibility before requesting additional information from the client.

Program Resources and Innovative Models

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

Examples of these resources include:

- Access, Care, and Engagement Technical Assistance Center (ACE TA)
- Best Practices Compilation
- Center for Innovation and Engagement (CIE)
- Center for Quality Improvement and Innovation (CQII)
- Dissemination of Evidence-Informed Interventions (DEII)
- Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)
- Ending Stigma through Collaboration and Lifting All to Empowerment (ESCALATE)
- Engage Leadership through Employment, Validation, and Advancing Transformation and Equity for persons with HIV (ELEVATE)
- Integrating HIV Innovative Practices (IHIP)
- AIDS Education Training Center Program – National Coordinating Resource Center

II. Award Information

1. Type of Application and Award

Application type(s): New

We will fund you via a cooperative agreement.

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

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

- Contributing to, reviewing, and approving documents including conference abstractions and presentations, webinar and training curriculum, publications, and other resources prior to printing, dissemination, or implementation.

- Collaborating in the design, operation, direction, and evaluation of program focus area T/TA activities, including meetings, training activities, guides, tools, or workshops selection of all T/TA participants.
- Aiding and collaborating in the management and technical performance of activities to ensure the identification of organizations in need of assistance.
- Assisting with the coordination of the T/TA efforts in the planning, development, and implementation of the various phases of these projects.
- Anticipating and providing guidance on the changes taking place in the health care environment that will affect the planning process.
- Receiving and triaging all quality improvement TA requests. See TargetHIV for TA request form.
- Coordinating with other RWHAP initiatives to address the training and technical assistance needs as they may relate to new/emerging strategic initiatives.
- Providing the expertise of HRSA personnel and other relevant resources to support the efforts of the initiative activities.
- Facilitating partnership and communication with other federal agencies, HRSA recipients, and community stakeholders to improve coordination efforts.

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

- Providing RWHAP Part A through D recipients with T/TA to implement quality improvement methodologies and concepts with an emphasis on skills development and implementing sustainable quality improvement activities for RWHAP Part A through D recipients with little or no experience in quality improvement. Modifying activities as necessary in keeping with the changing trends and needs of the RWHAP recipients and clients.
- Ensuring T/TA delivered to RWHAP recipients is designed to promote the sustainable implementation of effective quality improvement methodologies, tools, and techniques.
- Ensuring T/TA delivered to RWHAP recipients is clear and coordinated with other HRSA T/TA resources.
- Collaborating with HRSA and other stakeholders as necessary to plan, execute, and evaluate the activities.
- Disseminating all quality improvement T/TA information, materials and products, findings, best practices, and lessons learned to national and local audiences on the TargetHIV website.

2. Summary of Funding

We estimate $1,750,000 will be available each year to fund one recipient. You may apply for a ceiling amount of up to $1,750,000 annually (reflecting direct and indirect costs).

The period of performance is July 1, 2024 through June 30, 2028 (4 years).

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

Support beyond the first budget year will depend on:

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

In addition, HRSA may reduce or take other enforcement actions regarding recipient funding levels beyond the first year if they are unable to fully succeed in achieving the goals listed in application.

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

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

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include entities eligible for funding under RWHAP Parts A, B, C and D of Title XXVI of the PHS Act. Public and nonprofit private entities involved in addressing HIV/AIDS related issues at the regional or national level; state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; community-based organizations; and Indian Tribes or tribal organizations.

2. Cost Sharing or Matching

Cost sharing or matching is not required for this program.

3. Other

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

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

Multiple Applications

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

IV. Application and Submission Information

1. Address to Request Application Package

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

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

Select "Subscribe" and enter your email address for HRSA-24-072 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You're responsible for reviewing all information that relates to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

Application Page Limit

The total number of pages that count toward the page limit shall be no more than **40 pages** when we print them. We will not review any pages that exceed the page limit. Using the pages within the page limit, HRSA will determine eligibility using Section III. Eligibility Information of the NOFO.

These items do not count toward the page limit:

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

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

If you use an OMB-approved form that is not in the HRSA-24-072 workspace application package, it may count toward the page limit.

Applications must be complete and validated by Grants.gov under HRSA-24-072 before the deadline.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals[1] (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in 45 CFR § 75.371. This includes suspending or debarring you.[2]
- If you cannot certify this, you must include an explanation in *Attachments 8-15: Other Relevant Documents*.

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

Program Requirements and Expectations

The RWHAP Implementation for HIV Clinical Quality Improvement core activities are as follows:

- Offer quality improvement T/TA to RWHAP Part A through D recipients directly related to quality improvement methodologies, tools, and techniques including:
    - New and innovative quality improvement training,
    - Development and dissemination of quality improvement tools and guides,
    - Targeted, time-limited quality improvement TA, and
    - Two quality improvement learning collaboratives, one focused on RWHAP AIDS Drug Assistance Program recipients and one focused on bringing people with HIV who are not in HIV medical care or have never been in HIV medical care, into care.
- Evaluate the use and useability of the T/TA provided to RWHAP Part A through D recipients using scientifically accepted methodologies.
- Assess the efficiency and effectiveness of RWHAP Part A through D recipients and subrecipients in implementing quality improvement activities based on the use of quality improvement methodologies, tools, and techniques learned through T/TA.
- Use HRSA-developed performance measures or HRSA-approved performance measures, ensure alignment with current Department of Health and Human Services Clinical Guidelines; e.g., Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV.
- Ensure that training content is specifically relevant to the RWHAP Part A through D recipient and subrecipients when designing and implementing T/TA.
- Participate in the National Ryan White Conference on HIV Care and Treatment by submitting abstracts for presentations and disseminating information relevant to the target audience.

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

- Post and disseminate all quality improvement T/TA information, materials and products, findings, best practices, and lessons learned to national and local audiences on the TargetHIV website.
- Provide information related to project activities to HRSA upon request.

Program-Specific Instructions

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

i. *Project Abstract*

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

NARRATIVE GUIDANCE

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

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

ii. *Project Narrative*

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

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

- *Introduction -- Corresponds to Section V's Review Criterion #1 Need*
  Briefly describe the purpose of the proposed project. Describe the overall approach for designing and implementing T/TA to address the needs of RWHAP Part A – D recipients. Include a discussion that show expert understanding of the issues related to the activities included in this NOFO among the applicant's internal and consulting staff, as well as any partner organizations.

- *Organizational Information -- Corresponds to Section V's Review Criterion #5 Resources/Capabilities*
  Describe your organization's experience with project activities and how this experience would contribute to your capability to implement and meet the goals of this project. Describe your capability and experience in working with RWHAP Part A through D recipients. Describe your resources and capabilities to provide culturally and linguistically competent project activities.

  Include a one-page project organizational chart as **Attachment 5** depicting the organizational structure of the project (not the entire organization), including contractors (if applicable) and other significant collaborators.

  If you will use consultants and/or contractors to provide any of the project activities, describe their roles and responsibilities on the project and the plan for oversight. Include signed letters of agreement, memoranda of understanding, and brief descriptions of proposed and/or existing contracts related to the proposed project in **Attachment 4**.

  Include a proposed staffing plan for project, including staff qualifications, full time equivalent(s) (FTE) for this project, brief job descriptions for all staff included on the budget including the roles, responsibilities, and the management staff overseeing the various project activities. Include the staffing plan as **Attachment 2**. If a biographical sketch for an individual not yet hired is included, you must attach a letter of commitment signed by the individual. See Section 4.1. of HRSA's SF-424 Application Guide for additional information.

  If project staff, consultants, or contractors serve on other federal awards, please include in the staffing plan a list of the federal awards as well as the FTE for each respective federal award, federal funding agency, and the project title/name in Attachment 2. Project staff cannot bill more than 1.0 FTE across all federal awards.

  Include short biographical sketches, each not to exceed two pages in length, of key project staff as **Attachment 3**. See Section 4.1. of HRSA's SF-424 Application Guide for information on the content for the sketches. Include staff experience directly related to the project activities.

- *Need -- Corresponds to Section V's Review Criterion #1 Need*
  Outline the quality improvement needs specific to RWHAP recipients. Describe how you identified the needs of RWHAP recipients including the information gathering methods used.

Use and cite demographic data, including data about the jurisdictions from the Ending the HIV Epidemic in the U.S. initiative whenever possible to support the information provided.

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

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

1) **New and Innovative Training** focused on quality improvement methodologies, tools, and techniques. Describe the following for each training.

a) Content: Identify the content, skills to be developed, and level of content (beginner, intermediate, or advanced) to improve patient care, health outcomes, and patient satisfaction with an emphasis for RWHAP Part A through D recipients with little or no experience in quality improvement. Specifically identify content that is already developed and content that will be newly developed.

b) Quantity: Identify the number of offerings annually, number of training participants, and the target audience.

c) Logistics: Describe the training modality (in-person vs virtual trainings), duration of training, pre and post training support, and the quality and availability of facilities.

d) Recruitment: Describe how you will reach and engage the training participants; describe the application and approval process; identify strategies to assure the participant has adequate knowledge and skills prior to participating in intermediate and advance trainings.

e) Accessibility: Describe how you will ensure the training materials are section 508 compliant, error free, and available on TargetHIV; describe how you will make accommodations for participants who need accommodations to participate.

2) **Development and Dissemination of Quality Improvement Tools and Guides:** Develop and disseminate tools and guides related to facilitating and coaching quality improvement teams with a focus aimed at improving patient care, health outcomes, and patient satisfaction with an emphasis on RWHAP Part A through D recipients with little or no experience in quality improvement. Describe the following for each quality improvement tool or guide to be developed.

a) Content: Describe the purpose and content of tools or guides to be developed, describe the gap in knowledge or skill the guide will address

b) Format: Describe the format of the tool or guide

c) Audience: Ensure content of tools or guides is aimed at RWHAP recipients, subrecipients, and providers, and people with HIV.

d) Dissemination: Describe the marketing of the tools and guides, describe how the tools and guides will be shared.

e) Usefulness and Sustainability: Describe the strength and usefulness of the proposed tools/products/resources and the extent to which these will be applicable and useable for continued use after the end of this project.

3) **Targeted, Time-limited Technical Assistance**: TA must be less than six months in duration. TA must focus on the resolution of challenges and specific needs as identified by the recipient (also called TA objectives). RWHAP Part A-D recipients submit TA requests via TargetHIV. HRSA HAB will triage TA requests focused on quality improvement to the recipient of this cooperative agreement. During the triage, HRSA HAB will host an intake session with the recipient to better understand their needs. The recipient will be invited to the intake sessions at which time the TA objectives and duration of technical assistance will be defined. Describe the following:

   a) Format: Describe the communication and interaction methods to deliver TA;
   b) Tracking: Describe the mechanism to track receipt of TA, staff assigned to deliver the TA, amount of time spent resolving the TA objectives, key dates associated with the TA, management of TA assigned across staff, and impact of the TA provided;
   c) Communication: Describe the method to share updates with staff regarding information from HRSA relevant to TA and describe frequency of updates and trends from TA caseload to HRSA project officer.

4) **Learning Collaboratives:** Learning collaboratives are a mechanism to create a community of learners among RWHAP Part A through D recipient quality improvement teams to collectively share, learn, and improve on a specific topic. For the purposes of this project, the recipient will develop and implement two quality improvement learning collaboratives, one focused on RWHAP AIDS Drug Assistance Program recipients and one focused on bringing people with HIV who are not in HIV medical care or have never been in HIV medical care, into care. Describe the following for each of the learning collaboratives.

   a) Framework and components: Describe how the Institute for Healthcare Improvement (IHI) collaborative model for the learning collaborative framework will be used or adjusted for use in the learning collaborative. Describe the development, implementation, and monitoring including goals, key milestone, activities, outcomes, and communication with the HRSA project officer. Describe how the use of quality improvement methodologies and concepts lead to improved health outcomes for people with HIV. Describe how the framework and components will promote the sustainability of recipient activities and improvements after the conclusion of the learning collaborative.

b) Metrics: Describe the performance measures used to track engagement of participants, progress to improvements in patient care, health outcomes, and patient satisfaction. Describe the method and frequency of performance measure data collection, analysis, and dissemination.

c) Format: Describe the methods for sharing information and convening learning collaborative meetings and activities.

d) Engagement and retention of participants: Describe the methods used to promote and sustain engagement of the quality improvement team in learning collaborative activities.

e) Engagement and participation of HRSA Project Officers: Describe the proposed methods to engage the HRSA project officer and designated staff in the development, initiation, and management of learning collaboratives to include the identification of the need for the learning collaboratives, determination of the focus, identification and resolution of challenges, and ability of staff to manage learning collaboratives.

f) Development and dissemination of resources: Describe how resources (e.g., tools and manuals) will be developed and shared to audiences beyond the participants of each collaborative to showcase the impact of implemented quality improvement activities.

- *Work Plan -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact*
  A work plan is a concise easy-to-read overview of your goals, strategies, objectives, activities, timeline, and staff responsible for implementing the project. You must submit a detailed work plan for the four-year period of performance. Your work plan activities should correspond to your proposed budget for each year of the four-year period of performance. Be certain to include key activities, including the proposal to deliver T/TA, plans to improve the impact of T/TA, dissemination of project findings, impact of tools and resources, and replicability of project activities.

  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. All work plan goals, objectives and activities must directly relate to the methods described in the Need section of this NOFO. You must submit the detailed work plan for each 12-month period of the four-year period of performance. The work plan should be included as **Attachment 1**.

- *Resolution of Challenges -- Corresponds to Section V's Review Criterion #2 Response*
  Discuss challenges that you are likely to encounter in designing, implementing, and evaluating the activities described in the work plan and describe realistic and appropriate approaches that you will use to resolve such challenges.

- *Evaluation and Technical Support Capacity -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #5 Resources/Capabilities*

  Evaluation: Describe your organization's plan for evaluating the activities described in the work plan. The evaluation should focus on assessing:
  - whether the implemented T/TA achieved the stated goals and objectives;
  - use and usability of the T/TA by RWHAP Part A – D recipients; and
  - effectiveness of the T/TA to improve patient care, health outcomes, and patient satisfaction.

  Describe the data collection strategy and the scientifically accepted methodologies that will be used to collect, analyze, and track the evaluation activities. Propose a plan that can assess the extent to which the project has met its objectives and if the results can be attributed to the project activities. Explain how the evaluation results will be used to improve the impact of T/TA and for the development of quality improvement tools and interventions.

  Describe your organization's capacity and expertise in coordinating, facilitating and implementing at least two learning collaboratives using the IHI Framework

  Technical support capacity: Describe the proposed staff's (including consultants' and contractors', if applicable) ability, experience, and expertise in:

  - Developing and implementing clinical quality management programs, especially quality improvement, and corresponding activities.
  - Developing, implementing, and monitoring quality improvement T/TA.
  - Understanding of RWHAP statute, RWHAP Parts A through D structures, and HRSA HAB Policy Clarification Notice 15-02.
  - Applying clinical knowledge (e.g., medical provider, HIV specialists) and quality improvement expertise as it relates to this cooperative agreement

including verifying that proposed activities align across RWHAP Part A through D recipient workflows and provider level staffing scope of practice.

- Administering fiscal and programmatic knowledge of, expertise of, and authority to manage the program and to serve as the contact person for HRSA staff.
- Exercising knowledge and expertise in conducting evaluations of qualitative and quantitative measures, to be used concurrently with the development of quality improvement T/TA activities to assure impact is measured.
- Working with local and state health departments, clinicians, community-based organizations, health centers, and advisory and planning groups.

iii. *Budget*

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

Follow the instructions in Section 4.1.iv Budget of the *Application Guide* and any specific instructions listed in this section. Your budget should show a well-organized plan.

Reminder: The total project or program costs are all allowable (direct and indirect) costs used for the HRSA activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include MOE, if applicable).

Program Income

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

Specific Instructions

The Ryan White HIV/AIDS Program Implementation for HIV Clinical Quality Improvement program requires the following:

- Complete Sections A – F of the SF-424A Budget Information – Non-Construction Programs form. See Section 4.1.iv of HRSA's SF-424 Application Guide for detailed instructions.
- Provide a program-specific line-item budget for each year of the four-year period of performance using the object class categories in the SF-424A. The line-item budget for each of the four years is uploaded as an attachment to the application as **Attachment 6**. The budget allocations on the line item must relate to the activities proposed in the project narrative, including the work plan. The line-item budget requested for each year must not exceed the total funding ceiling amount. In

addition, the amounts requested on the SF-424A and the amounts listed on the line item budget must match.

As required by the Consolidated Appropriations Act, 2023 (P.L. 117-328), Division H, § 202, "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." Effective January 2023, the salary rate limitation is $212,100. As required by law, salary rate limitations may apply in future years and will be updated.

iv. *Budget Narrative*

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

In addition, the Ryan White HIV/AIDS Program Implementation for HIV Clinical Quality Improvement program requires the following:

- Include budget line items for at least two staff to participate in the 2024 National Ryan White Conference on HIV Care and Treatment.
- Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. Each budget period is for one year; however, you must submit projected one-year budgets for each of the subsequent budget periods within the requested period of performance (four years) at the time of application. The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project's goals and objectives.
- For all staff listed in the budget narrative, list personnel separately by position title and the name of the individual for each position title or note if position is vacant, identify what percentage of the FTE you will allocate to this award, the full salary amount and all other funding sources leveraged to account for the full salary. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the period of performance.

v. *Attachments*

Provide the following attachments in the order we list them.

Most attachments count toward the application page limit. Indirect cost rate agreement, biographical sketches, and proof of non-profit status (if it applies) are the only exceptions. They will not count toward the page limit.

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

Attachment 1: Work Plan

Attach the project's work plan. Make sure it includes everything that Section IV.2.ii. Project Narrative details. The work plan should include a description of measurable objectives for the four-year period.

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also 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 (Do not count towards the page limit). Include biographical sketches for persons occupying the key positions described in ***Attachment 2***, not to exceed two pages in length per person. In the event that a biographical sketch is included for an identified individual not yet hired, include a letter of commitment from that person with the biographical sketch.

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

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

Attachment 5: Project Organizational Chart

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

Attachment 6: Program Specific Line-Item Budget for Years 1 through 4

Include the program specific line-item budget for each year of the period of performance. Submit as a PDF document, not as an Excel spreadsheet.

Attachment 7: Tables, Charts, etc.

This attachment should give more details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 8-15: Other Relevant Documents (15 is the maximum number of attachments allowed.)

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

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

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

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

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

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

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

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

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

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

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

Here's what this means:

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

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

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

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

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

4. Submission Dates and Times

Application Due Date

Your application is due on *January 23, 2024, at 11:59 p.m. ET*. We suggest you submit your application to Grants.gov at least 3 calendar days before the deadline to allow for any unexpected events. See the *Application Guide's* Section 8.2.5 – Summary of emails from Grants.gov.

5. Intergovernmental Review

The Ryan White HIV/AIDS Program Implementation for HIV Clinical Quality Improvement program does not need to follow the terms of Executive Order 12372 in 45 CFR part 100.

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

6. Funding Restrictions

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

Program-specific Restrictions

You cannot use funds under this notice for the following:

- Provision of direct health care or supportive services,
- To develop materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual,
- PrEP or Post-Exposure Prophylaxis (nPEP) medications or the related medical services. (Please note that RWHAP recipients and subrecipients may provide prevention counseling and information to eligible clients' partners - see the November 16, 2021 RWHAP and PrEP program letter),
- 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.aids.gov/federal-resources/policies/syringe-services-programs/,
- Purchase or construction of new facilities or capital improvement to existing facilities, Purchase of or improvement to land,
- Purchase of vehicles, international travel, or
- Cash payments to intended clients of RWHAP services**.**

For further information regarding allowable and non-allowable costs, please refer to 45 CFR 75 Subpart E Cost Principles.

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

- Follow the list of statutory restrictions on the use of funds in Section 4.1 (**Funding Restrictions**) of the *Application Guide.* We may audit the effectiveness of these policies, procedures, and controls.
- 2 CFR § 200.216 prohibits certain telecommunications and video surveillance services or equipment. For details, see the HRSA Grants Policy Bulletin Number: 2021-01E.

V. Application Review Information

1. Review Criteria

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

We use six review criteria to review and rank the Ryan White HIV/AIDS Program Implementation for HIV Clinical Quality Improvement program applications. Here are descriptions of the review criteria and their scoring points.

Criteria	Points
Criterion 1: Need	10
Criterion 2: Response	40
Criterion 3: Evaluation Measures	10
Criterion 4: Impact	15
Criterion 5: Resources/ Capabilities	15
Criterion 6: Support Requested	10
Total	100

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

- Strength and clarity to which the application demonstrates the problem and associated contributing factors to the problem.
- Strength and clarity to which the application describes the overall approach used to identify quality improvement T/TA needs specific to RWHAP Part A – D recipients and subrecipients.
- Strength and clarity of the applicant's ability and expertise to identify and develop T/TA that best addresses the needs of RWHAP Part A – D recipients and subrecipients based on assessments of unmet needs, HIV prevalence data, targeted, geospatial mapping or other techniques.

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

Approach (30 points):

New and Innovative Training (10 points)

- Strength and clarity to which the application describes the overall approach proposed in conducting the T/TA activities to support CQM with a focus on quality improvement and improving patient care, health outcomes, and patient satisfaction with an emphasis on RWHAP Part A through D recipients with little or no experience in quality improvement.
- Extent to which the planned trainings are new, innovative, and focused on quality improvement aimed to improve patient care, health outcomes, and patient satisfaction.
- Strength and feasibility of the proposal to identify the number of trainings, training locations, and implementation of annual trainings including the training content to address subpopulations highly affected by the HIV epidemic.
- Clarity and feasibility of the proposal to describe the process to recruit, select, and engage training participants who demonstrate prerequisite quality improvement knowledge necessary for participation, and with an emphasis on RWHAP Part A through D recipients with little or no experience in quality improvement.
- Strength and clarity of the proposal to ensure training materials are fully accessible for people with disabilities according to Section 508 Guidelines.

Development and Dissemination of Quality Improvement Tools and Guides (5 points)

- Extent to which newly developed tools are innovative, already available, and appropriate for the purpose and objectives.
- Strength and clarity of the proposed plans to develop and disseminate quality improvement tools and guides related to facilitating and coaching quality improvement teams.
- Clarity and feasibility of plans to develop and disseminate comprehensive training materials needed to execute quality improvement T/TA.
- Strength and usefulness of the proposed tools/products/resources to be developed as a result of the project activities and the extent to which these will be applicable and useable for continued use after the end of this project.

Targeted, Time-limited Technical Assistance (5 points)

- Strength and feasibility of the proposal to the use multiple communication and interactive methods to deliver quality improvement TA.
- Strength of the proposal to manage the targeted, time-limited quality improvement TA including identification and resolution of challenges, and management of caseloads.
- Strength of the proposed plan to communicate program progress and challenges that require immediate attention to the HRSA project officer assigned to this cooperative agreement.

Learning Collaboratives (10 points)

- Strength and clarity of the proposal's description of the purpose and framework of the learning collaborative including the processes for developing, implementing, and monitoring the learning collaborative, including goals, key milestone, activities, and outcomes.
- Strength of the proposed learning collaborative model's alignment with the IHI Framework.
- Strength and clarity of the proposal's description of the collaborative members and how the applicant will streamline participant recruitment and maintain engagement and participation of all learning collaborative members in all activities throughout the completion of the learning collaborative.
- Strength and clarity on the methods for sharing information and convening learning collaborative meetings and activities.
- Strength and clarity on how resources (e.g., tools and manuals) will be developed and shared to audiences beyond the participants of each collaborative to showcase the impact of implemented quality improvement activities.
- Strength and clarity of the proposal's description of the use of quality improvement methodologies and concepts that lead to improved health outcomes for people with HIV.
- Strength and clarity of the performance measures used to track engagement of participants, progress to improvements in patient care, health outcomes, and patient satisfaction. Describe the method and frequency of performance measure data collection, analysis, and dissemination.
- Feasibility of the proposed methods to engage the HRSA project officer and designated staff in the development, initiation, and management of learning collaboratives to include the identification of the need for the learning collaboratives, determination of the focus, identification and resolution of challenges, and ability of staff to manage learning collaboratives.
- Strength and clarity of the proposal's description of how the framework and components will promote the sustainability of recipient activities and improvements after the conclusion of the learning collaborative.

Work Plan (5 points):

- The extent to which the work plan includes clear and feasible goals, objectives, and key action steps that will meet the program requirements (as outlined in Section IV) and corresponds to the described methodologies.
- Strength and feasibility of a timeline that includes each step of the proposed activity, target date for completion, and identifies staff responsible for the activities.
- Strength and clarity of the measures to be used to evaluate success including measures that align with the initiative.

Resolution of Challenges (5 points):

- Strength and clarity of the proposal to understand the challenges likely to be encountered in designing and implementing the activities described in the need and work plan sections of the narrative.

- Strength and feasibility of the activities/approaches/methodologies for identifying, addressing, and resolving these challenges.

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

- Strength, clarity, and feasibility of the proposed methods to monitor and evaluate the progress of the funded project and the results of the quality improvement T/TA activities.
- Strength and clarity of the proposed evaluation plan in assessing outcomes because of the quality improvement T/TA among the targeted RWHAP recipient(s) and/or subrecipient(s).
- Strength of the proposed plan to assess the impact quality improvement T/TA has on improving patient care, health outcomes, and patient satisfaction.
- Strength and clarity of the proposed evaluation methodology to assess the extent to which the project has met its objectives and if these results can be attributed to the project activities.
- Strength and appropriateness of the proposed method(s) to collect data using scientifically accepted methodologies.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Work Plan

- Strength and clarity of the proposed plan to disseminate findings of the project.
- Strength and clarity with which the applicant proposes delivering T/TA to a larger portion of the RWHAP recipients and subrecipients.
- Strength and clarity with which the applicant demonstrates how any tools and resources developed will be constructed to provide continuing value to the widest audience.
- Strength and clarity of the proposed plan to use the findings of the evaluation activities to improve the impact of the T/TA.
- Strength and clarity with which project activities are demonstrated to be replicable.

Criterion 5: RESOURCES/CAPABILITIES (15 points) – Corresponds to Section IV's Organizational Information and Evaluation and Technical Support Capacity

The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project.

- Strength and clarity of the applicant's capability and experience in working with RWHAP Part A through D recipients.
- Strength and appropriateness with which the organizational capacity and specific areas of organizational expertise relate to the proposed project.

- Strength of the applicant's demonstrated clinical, fiscal, and programmatic, and evaluation expertise related to this project among the key personnel, partnering organizations, and consultants (if applicable).
- Strength and clarity with which the applicant and key personnel possesses experience, skills, and knowledge to implement the evaluation activities reflective of the project activities, including individuals on staff, materials published, and previous work of a similar nature.
- Strength and clarity with which the applicant and key personnel possesses experience, skills, resources, and knowledge for successful implementation of the quality improvement T/TA.
- Strength and clarity of the applicant's capacity and expertise in coordinating, facilitating, and implementing at least two learning collaboratives using the IHI Framework.
- Strength of the applicant's capacity and expertise in working with local and state health departments, clinicians, community-based organizations, health centers, and advisory and planning groups.
- Strength and clarity of the applicant's resources and capabilities to provide culturally and linguistically competent project activities.

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

The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives and the anticipated results.

- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the activities, and the anticipated results are clear and reasonable.
- Strength and clarity of the applicant's narrative in describing and justifying each line item in relation to the goals and objectives of the program; and comparability across budget documents.
- The extent to which the budget and budget justification clearly identifies key personnel who have adequate time devoted to the project to achieve project objectives, and provides a clear justification of proposed staff, contracts, and other resources.

2. Review and Selection Process

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

- How high your application ranks
- Funding availability
- Risk assessments

- Other pre-award activities, as described in Section V.3 of this NOFO

3. Assessment of Risk

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

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

- Review past performance (if it applies),
- Review audit reports and findings,
- Analyze the cost of the project/program budget,
- Assess your management systems,
- Ensure you continue to be eligible, and
- Make sure you comply with any public policies.

We may ask you to submit additional information (for example, an updated budget) or to begin activities (for example, negotiating an indirect cost rate) as you prepare for an award.

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

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

As part of this review, we use SAM.gov Entity Information Responsibility / Qualification (formerly named FAPIIS) 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.

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

See Section 2.1 of the *Application Guide*.

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

- All provisions of 45 CFR part 75, currently in effect.
- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on

or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance measurement.

- Any statutory provisions that apply.
- The Assurances (standard certification and representations) included in the annual SAM registration.

Accessibility Provisions and Non-Discrimination Requirements

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

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

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

Executive Order on Worker Organizing and Empowerment

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

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Subaward Requirements

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

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

Data Rights

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

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

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

3. Reporting

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

1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically. Visit Reporting Requirements | HRSA. More specific information will be included in the NOA.

2) **Progress Report**(s). The recipient must submit a progress report to us (on a triannual basis). The NOA will provide details.

3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information Responsibility / Qualification (formerly named FAPIIS), as 45 CFR part 75 Appendix I, F.*3.* and 45 CFR part 75 Appendix XII require.

VII. Agency Contacts

Business, administrative, or fiscal issues:

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

Program issues or technical assistance:

Ronald “Chris” Redwood, MBA/HCM, BSN
Nurse Consultant, Clinical and Quality Branch, Division of Policy and Data
Attn: Ryan White HIV/AIDS Program Implementation for HIV Clinical Quality Improvement
HIV/AIDS Bureau
Health Resources and Services Administration
Call: (301) 443-2118
Email: rredwood@hrsa.gov

You may need help applying through Grants.gov. Always get a case number when you call.

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

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

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

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

VIII. Other Information

Technical Assistance

See TA details in Summary.

Tips for Writing a Strong Application

See Section 4.7 of the *Application Guide*.

Appendix A: Page Limit Worksheet

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

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** ***Applicant Instruction – enter the number of pages of the attachment to the Standard Form***
Attachments Form	Attachment 7: *Tables, Charts, etc.*	*My attachment =* ___ *pages*
Attachments Form	Attachment 8: *Other Relevant Documents*	*My attachment =* ___ *pages*
Attachments Form	Attachment 9: *Other Relevant Documents*	*My attachment =* ___ *pages*
Attachments Form	Attachment 10: *Other Relevant Documents*	*My attachment =* ___ *pages*
Attachments Form	Attachment 11: *Other Relevant Documents*	*My attachment =* ___ *pages*
Attachments Form	Attachment 12: *Other Relevant Documents*	*My attachment =* ___ *pages*
Attachments Form	Attachment 13: *Other Relevant Documents*	*My attachment =* ___ *pages*
Attachments Form	Attachment 14: *Other Relevant Documents*	*My attachment =* ___ *pages*
Attachments Form	Attachment 15: *Other Relevant Documents*	*My attachment =* ___ *pages*
Project/Performance Site Location Form	Additional Performance Site Location(s)	*My attachment =* ___ *pages*
Project Narrative Attachment Form	Project Narrative	*My attachment =* ___ *pages*

Standard Form Name ***(Forms themselves do not count against the page limit)***	**Attachment File Name** ***(Unless otherwise noted, attachments count against the page limit)***	**# of Pages** ***Applicant Instruction – enter the number of pages of the attachment to the Standard Form***
Budget Narrative Attachment Form	Budget Narrative	*My attachment* = ___ *pages*
# of Pages Attached to Standard Forms		Applicant Instruction: Total the number of pages in the boxes above.
Page Limit for HRSA-24-072 is 40 pages		My total = ____ pages