U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

HIV/AIDS Bureau

Office of Program Support

National HIV Curriculum e-Learning Platform: Enhancements and Operations

Funding Opportunity Number: HRSA-22-021

Funding Opportunity Type(s): New and Competing Continuation

Assistance Listings (AL/CFDA) Number: 93.145

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: February 7, 2022

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: December 9, 2021

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See Section VII for a complete list of agency contacts.

Authority: Section 2692(a) (42 U.S.C. §300ff-111(a)), Section 2693 (42 U.S.C. § 300ff-121), and Section 311(c) (42 U.S.C. § 243(c)) of the Public Health Service Act.

508 Compliance Disclaimer

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Ryan White HIV/AIDS Program (RWHAP) Part F AIDS Education and Training Centers (AETC) Program, National HIV Curriculum e-Learning Platform: Enhancements and Operations. The purpose of this project is to ensure the National HIV Curriculum (NHC) provides the latest in HIV science, treatment protocols, practices, and federal guidelines for educating health professionals on the optimal care and treatment of people with HIV. This project will also support the technological operations and maintenance of the NHC e-Learning Platform. The award recipient will:

- Regularly update the NHC and e-Learning Platform to reflect new and existing HIV treatment guidelines, utilization data, adult learning, and advances in technology;
- Develop additional modules and subject matter content on the existing NHC e-Learning Platform to support education and training programs as needed;
- Develop instructional design, learner pathways, and other e-learning technology to improve navigation within the platform, enhance end-users' experience, support education and training programs; and
- Identify technological issues and implement appropriate solutions.

In addition, the award recipient for this project must work in close coordination with the award recipients for HRSA-22-022, *Integrating the National HIV Curriculum e-Learning Platform into Health Care Professions Programs* who are responsible for addressing the national shortage of health care providers in the HIV workforce by developing targeted curricula that integrates the NHC into health professions programs.

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

Funding Opportunity Title:	National HIV Curriculum e-Learning Platform: Enhancements and Operations

Funding Opportunity Number:	**HRSA-22-021**
Due Date for Applications:	February 7, 2022
Anticipated Total Annual Available FY 2022 Funding:	**$1,000,000**
Estimated Number and Type of Award(s):	One cooperative agreement.
Estimated Annual Award Amount:	Up to $1,000,000 per award subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2022 through August 31, 2027 (5 years)
Eligible Applicants:	Eligible applicants include public and nonprofit private entities and schools and academic health science centers. Faith-based and community-based organizations, and tribes and tribal organizations are also eligible to apply for these funds. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online, except where instructed in this NOFO to do otherwise.

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Friday, December 17, 2021
Time: 2 – 3:30 p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1603859358?pwd=NUNTaWNwb1NzVjNDL1QxekExUnhKUT09

Meeting ID: 160 385 9358
Passcode: 1aJQjPgw
One tap mobile
+16692545252,,1603859358#,,,,*78831374# US (San Jose)
+16468287666,,1603859358#,,,,*78831374# US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
+1 551 285 1373 US
+1 669 216 1590 US (San Jose)
833 568 8864 US Toll-free
Meeting ID: 160 385 9358
Passcode: 78831374
Find your local number: https://hrsa-gov.zoomgov.com/u/aegg1Mp75M

Join by SIP
1603859358@sip.zoomgov.com

Join by H.323
161.199.138.10 (US West)
161.199.136.10 (US East)
Meeting ID: 160 385 9358
Passcode: 78831374

Webinar Recording: https://targethiv.org/library/hrsa-22-021.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program (RWHAP) Part F, AIDS Education and Training Centers (AETC) Program. Released in July 2017, the National HIV Curriculum (NHC) is a free, online curriculum targeting multidisciplinary, novice-to-expert health professionals, students, and faculty who treat or aspire to treat people with or at risk for HIV. Funding will support updates and enhancements to the NHC and host the technological platform. The goals of the project are to:

- Ensure the NHC provides the latest in HIV science, treatment protocols, practices, and federal guidelines for educating health professionals on the optimal care and treatment of people with HIV; and
- Develop and manage the technological operations and maintenance of the NHC e-Learning Platform.

The AETC Program is designed to increase the number of health care providers who are educated and motivated to counsel, diagnose, treat, and medically manage people with HIV, and to help prevent behaviors that lead to HIV transmission. Achieving this goal includes training, education, consultation, and clinical decision support to a diverse number of health care providers, allied health professionals, and health care support staff on the prevention and treatment of HIV/AIDS. The National HIV Curriculum e-Learning Platform: Enhancements and Operations project will support this goal by providing training and education through a web-based HIV curriculum. Additionally, this project will promote HRSA HAB's workforce pipeline programs through partnerships with award recipients for HRSA-21-124, *Building the HIV Workforce and Strengthening Engagement in Communities of Color (B-SEC)*, and HRSA-22-022 *Integrating the National HIV Curriculum e-Learning Platform into Healthcare Professions Programs*. The funded entity will establish collaborations with these award recipients to:

- Strengthen and inform NHC curriculum design methods that may contribute to its integration into health professional education and/or utilization in training programs;
- Incorporate end users' feedback into updates and enhancements of the NHC as a result of lessons learned from the utilization of NHC and the e-Learning platform;
- Convene an advisory board to solicit input and recommendations regarding curriculum enhancements.

This project will also maintain the platform's capacity to support additional modules and subject matter content, and support the development of instructional design and learner pathways to improve navigation within the platform to enhance end-users' experience.

2. Background

The National HIV Curriculum e-Learning Platform: Enhancements and Operations Project is authorized by Section 2692(a) (42 U.S.C. §300ff-111(a)), Section 2693 (42 U.S.C. § 300ff-121), and Section 311(c) (42 U.S.C. § 243(c)) of the Public Health Service Act.

The RWHAP Part F AETC Program is a national network of leading HIV experts serving all 50 states, the District of Columbia, the U.S. Virgin Islands, Puerto Rico, and the six U.S. Pacific territories/associated jurisdictions. The AETC Program supports a network of eight regional centers with more than 130 local affiliated sites, as well as two national centers that conduct targeted, multidisciplinary education and training programs for health care providers treating people with HIV. The AETC Program also funds the NHC, a free educational HIV curriculum for multidisciplinary novice-to-expert health professionals, students, and faculty.

This web-based curriculum offers HIV training information and continuing education credits through its six self-study course modules, a question bank, clinical challenges, screening tools, and clinical calculators, as well as information on the national guidelines/recommendations for the care and treatment of people with HIV and HIV co-morbidities. Since its launch, the NHC has:

- Sustained expanded growth with over 31,000 registered users located in 137 countries, including 54percent of registered NHC learners located in Ending the HIV Epidemic in the U.S. (EHE) target areas;
- Enrolled 7,939 learners and 168 learner groups across 18 states, D.C., and the U.S. Virgin Islands through partnerships under the AETC project, *Integrating the National HIV Curriculum e-Learning Platform into Health Care Provider Professional Education*; and
- Issued over 53,869 CMEs, 96,793 CNEs, and 141,444 certificates of completion.

In addition to the NHC, HRSA HAB currently supports two HIV workforce pipeline programs designed to recruit students and health care providers along the graduate-level education and training continuum across the country: the *Interprofessional Education Program* (IPE), a required component of the Regional AETC Program, and the *Integration of the NHC e-Learning Platform into Health Care Provider Professional Education* Program. A third project, *Building the HIV Workforce and Strengthening Engagement in Communities of Color (B-SEC)*, is a 4-year pilot project intended to increase the number of health professionals providing HIV care and treatment to people of color living in EHE jurisdictions by integrating HIV curricula into undergraduate Minority Serving Institutions (MSIs). A successful applicant will support ongoing workforce initiatives by developing enhancements and operations for the NHC and its electronic platform.

The awardee for this announcement will work with HRSA staff to review and manage requests for enhancements to the NHC by the HRSA HIV workforce programs mentioned above.

Overview of the Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among people we have not yet successfully maintained in care.

The RWHAP has five statutorily defined Parts (Parts A, B, C, D, and F) that provide funding for core medical, support services, and medications; technical assistance; clinical training; and the development of innovative models of care to meet the needs of different communities and populations affected by HIV.

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

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

Strategic Frameworks and National Objectives

National objectives and strategic frameworks like the Healthy People 2030, the National HIV AIDS Strategy (NHAS) (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 provides a blueprint for collective action across the Federal Government and other sectors. The RWHAP supports the implementation of these strategies and recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to the extent possible.

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

According to recent data from the 2020 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United States. From 2016 to 2020, 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 84.9 percent to 89.4 percent. Additionally, racial/ethnic, age-based, and regional disparities reflected in viral

suppression rates have significantly decreased.[1] For example, the disparity in viral suppression rates between Black/African American and White clients has decreased since 2010.[2] These improved outcomes mean more people with HIV in the United States will live near-normal lifespans and have a reduced risk of transmitting HIV to others.[3]

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

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

Using Data Effectively: Integrated Data Sharing and Use

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

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

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[1] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2020. http://hab.hrsa.gov/data/data-reports. Published December 2021. Accessed December 2, 2021.
[2] Viral suppression among Black/African American clients increased from 81.3 percent in 2016 to 86.7 percent in 2020, while viral suppression for White clients increased from 89.4 percent in 2016 to 92.5 percent in 2020; therefore the gap in viral suppression between these two groups decrease from 8.1 percentage points different to 5.8 percentage points different.
[3] National Institute of Allergy and Infectious Diseases (NIAID). Preventing Sexual Transmission of HIV with Anti-HIV Drugs. In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: https://clinicaltrials.gov/ NCT00074581 NLM Identifier: NCT00074581.

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

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

Program Resources and Innovative Models

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

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

- E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV
  E2i uses an implementation science approach to evaluate and understand existing and new intervention strategies that can be used in RWHAP provider settings. Once interventions or strategies are demonstrated and evaluated using implementation science, manuals, guides, interactive online tools, publications, and instructional materials are developed and disseminated for replication and integration into RWHAP provider settings.

- Integrating HIV Innovative Practices **(IHIP)**
  Resources on the IHIP website include easy-to-use training manuals, curricula, case studies, pocket guides, monographs, and handbooks, as well as informational handouts and infographics about SPNS generally. IHIP also hosts TA training webinars designed to provide a more interactive experience with experts, and a TA help desk exists for you to submit additional questions and share your own lessons learned.

- Replication Resources from the SPNS Systems Linkages and Access to Care
  There are intervention manuals for patient navigation, care coordination, state bridge counselors, data to care, and other interventions developed for use at the state and regional levels to address specific HIV care continuum outcomes among people we have not yet successfully maintained in care.

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

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

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

II. Award Information

1. Type of Application and Award

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

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

HRSA program involvement will include:

- Assisting in establishing linkages between this project, other health care organizations, web-based instructional design and delivery organizations, and HRSA-supported projects to enhance project goals;

- Participating in the instructional design of tools, technology, and e-learning strategies as described in the project narrative;
- Reviewing and approving the matrix of advisory board members. The use of an advisory board is based on lessons learned from the current program regarding formal input from NHC users and those integrating the curriculum within professional programs to ensure appropriate input is provided for updates, enhancements, and operations;
- Reviewing and providing recommendations on training curricula, publications, and other resources;
- Participating in planning and coordinating meetings, including participating in the recipient's advisory board and recipient partner meeting(s), as appropriate;
- Ensuring timely submission of project goals, objectives, and outcomes into HRSA programmatic and data reporting efforts;
- Reviewing all project reports and materials prior to dissemination;
- Facilitating the dissemination of project information to stakeholders and the broader public; and
- Reviewing all conference presentations (oral, poster, roundtable, etc.) that share cooperative agreement data, activities, work products, promising practices, and/or lessons learned.

The cooperative agreement recipient's responsibilities will include:

- Ensuring the NHC reflects new and existing HIV treatment guidelines, ongoing training needs, emerging issues, and health care topics;
- Developing additional modules and broader subject matter content for the curriculum in response to emerging trends, crosscutting issues, and HRSA's priorities/requests related to the care and treatment of people with HIV;
- Enhancing the NHC e-Learning Platform with the latest e-learning technology and tools (e.g., case studies, video content, podcasts, gamification, decision tree algorithms) to inform and improve e-learning strategies, interactivity, and end-users' experiences;
- Providing ongoing maintenance of and updates to the NHC e-Learning Platform, including its capacity for additional curriculum content;
- Establishing an advisory board of multidisciplinary experts pertinent to implementing this project (e.g., experts on HIV treatment and prevention, instructional design, curriculum development, information technology, web design).. The advisory board must include representatives from HRSA AETC Program staff, HRSA-21-124, HRSA-22-022, other AETC programs, NHC end users, and other subject matter experts;
- Establishing an editorial group, as a subcommittee of the advisory board, to inform, review, and approve clinical content development prior to publishing;
- Working with the AETC National Evaluation Contractor (NEC) to evaluate the activities and outcomes of the project;
- Informing HAB of project activities and allowing ample time to receive input and/or technical assistance;

- Attending the biennial AETC Program Administrative Reverse Site Visit meetings; and
- Attending the biennial National Ryan White Conference on HIV Care and Treatment.

2. Summary of Funding

HRSA estimates approximately $1,000,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. The total funding amount of $1,000,000 includes:

- **RWHAP Part F AETC Program** – $800,000 will support education and training activities.
- **Ending the HIV Epidemic in the U.S.** – approximately $200,000 will support training providers to reduce new HIV infections and to diagnose, treat and medically manage people with HIV in EHE jurisdictions.

You may apply for a ceiling amount of up to $1,000,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is September 1, 2022 through August 31, 2027 (5 years). Funding beyond the first year is subject to the availability of appropriated funds for the National HIV Curriculum e-Learning Platform: Enhancements and Operations in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government.

HRSA may reduce or take other enforcement actions regarding recipient funding levels beyond the first year if the recipient is unable to fully succeed in achieving the goals listed in their application.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include domestic public or private, non-profit entities; academic institutions and academic health science centers. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

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

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

NOTE: Multiple applications from an organization are not allowable.

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

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically. HRSA encourages you to apply through Grants.gov using the SF-424 workspace application package associated with this notice of funding opportunity (NOFO) following the directions provided at Grants.gov: HOW TO APPLY FOR GRANTS.

The NOFO is also known as "Instructions" on Grants.gov. You must select "Subscribe" and provide your email address for HRSA-22-021 in order to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the For Applicants page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

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

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

Application Page Limitation

The total size of all uploaded files included in the page limitation may not exceed the equivalent of **80 pages** when printed by HRSA. The page limitation includes the project and budget narratives, attachments, and letters of commitment and support required in the HRSA SF-424 *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for **HRSA-21-021**, it may count against the page limitation. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limitation. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limitation.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).
3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachments 9-15: Other Relevant Documents*.

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

Temporary Reassignment of State and Local Personnel during a Public Health Emergency

Section 319(e) of the Public Health Service (PHS) Act provides the Secretary of the Department of Health and Human Services (HHS) with discretion upon request by a state or tribal organization to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency. The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. Funds provided under the award may be used to support

personnel who are temporarily reassigned in accordance with § 319(e). Please reference detailed information available on the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) website.

Program Requirements and Expectations

Data Requirements

Your organization must maintain systems and processes that will support effective tracking of performance outcomes as required by the AETC National Evaluation Plan (NEP) for this project. The goal of the NEP is to assess the impact of the AETC Program on strengthening the HIV workforce capacity to improve outcomes along the HIV care continuum. The AETC National Evaluation Contractor will serve as the lead on behalf of the AETC Program and will provide the measures and tools recommended for the evaluation component of this project.

Your organization must work with the NEC to collect data and implement a comprehensive national evaluation plan to measure the impact of your project annually and for the entire project period. All data to be collected must be electronically maintained and electronically transferred to the NEC's web-based data collection system. Data collection must include but is not limited to the following:

- Site analytics (i.e., number of sessions, page views, average session duration, device used to access the site);
- NHC user data (e.g., number of users, registration status, type of health professional);
- Number of users in EHE jurisdictions;
- Number of learner groups;
- Number of users and learner groups associated with HRSA 21-124, HRSA 22-022, and other targeted efforts;
- Number of continuing education credits, certifications of completion, and maintenance of certification points earned;
- Change in NHC users' self-reported knowledge, skills, and capacity in providing treatment and care for people with HIV, including participants of HRSA's workforce pipeline programs;
- Number and characteristics of NHC users who intend to utilize HIV knowledge and skills as a result of training; user satisfaction ratings and feedback;
- Best practices for increasing the uptake of the NHC based upon marketing efforts, collaborations and partnerships, etc.

The data collected by the NEC will be in response to the following questions:

1. *What is the reach of the NHC Program activities overall and by topic?*
2. *What are the characteristics of participants who have accessed the NHC?*
3. *To what extent does NHC increase participants' self-reported knowledge, skills, and/or capacity to provide care to people with HIV, overall and by participant characteristics?*

4. *How do NHC activities impact key national priorities, including the Ending the HIV Epidemic in the U.S. Initiative*?

In addition to the NEP, you must develop a plan to evaluate your individual program performance including developing additional tools or surveys to collect qualitative and quantitative data beyond those provided by the NEC.

Program-Specific Instructions

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

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. Please use the guidance below. It is most current and differs slightly from that in Section 4.1.ix of HRSA's *SF-424 Application Guide.*

Provide a summary of the application in the Project Abstract box of the Project Abstract Summary Form using 4,000 characters or less.

- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- Email Address
- Website Address, if applicable
- List all grant program funds requested in the application, if applicable
- If requesting a funding preference, priority, or special consideration as outlined in Section V. 2. of the program-specific NOFO, indicate here.

Because the abstract is often distributed to provide information to the public and Congress, prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section may be considered during the objective review.

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

ii. *Project Narrative*

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

Use the following section headers for the narrative:

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

  Briefly describe the purpose of the proposed project. Clearly articulate the planned approach to update content for the NHC. Content updates must reflect new and existing HIV treatment guidelines; ongoing training needs; and emerging issues and healthcare topics. Additional modules and competencies must respond to HRSA's priorities/requests related to the care and treatment of people with HIV. Curriculum expansion may include broader subject matter on emerging trends (i.e., behavioral health, opioids and other substance use disorders, intimate partner violence; public health initiatives such as EHE, PrEP, and crosscutting concepts such as stigma; key populations; barriers and best practices to treatment adherences). Include an approach to managing technological operations, maintenance, and updates of the NHC e-Learning Platform, including the capacity to host additional content and incorporate the latest e-learning technology and tools.

  Describe your:

  - Experience developing and providing training and educational resources for health professionals;

- Expertise in developing and enhancing online training curricula for novice to expert providers across the health care professional spectrum on HIV prevention, treatment and care;
- Experience in developing web-based instructional design and instructional technology;
- Ability to leverage existing technological infrastructure;
- Ability to establish and/or leverage existing partnerships and/or collaborations to execute program goals and further support HAB's workforce pipeline programs and the EHE Initiative; and
- Experience in developing targeted web-based curricula for graduate health professional programs.

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

  Describe the need for high quality and timely training on HIV care and treatment in the U.S. This section must describe gaps in access to comprehendible, readily available, reliable, ongoing HIV care and treatment learning content for health care professionals. Describe instructional design elements relevant to various learners across the health care workforce pipeline, e.g., multidisciplinary novice-to-expert health professionals, undergraduate to graduate-level students, faculty. Describe the necessity for content to keep pace with the changing HIV landscape. You must demonstrate an understanding of web-based instructional design concepts that incorporate various educational/learning theories including adult learning principles, interactive learning theory, intrinsically motivating instruction, experiential learning concepts, etc., related to developing engaging and effective learning activities based on the science of how people learn. Describe current experience, skills, and knowledge, including experience of organizational employees, materials published, and previous work of a similar nature.

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

  Propose methods that you will use to address the stated needs and meet each of the previously described program requirements and expectations in this NOFO.

  The methodology must:

  - Describe the training modules and additional resources such as podcasts, PDFs, and webinars to be included in the NHC;
  - Describe the technology platform that will be used to host the NHC including operations;
  - Describe the framework for incorporating enhancements into the NHC e-Learning Platform to maintain up-to-date training curriculum, including additional modules and broader subject matter content to support various learners across the workforce pipeline;
  - Describe how the organization will identify and select advisory board members. You must establish a charter for ongoing activities throughout the period of performance and develop a matrix to outline membership;

- Include the process for assessing evolving needs, feedback, and recommendations for curriculum updates and enhancements, including any input from advisory/editorial boards, and collaborations with other entities;
- Describe how established and/or existing partnerships and collaborations will further support HAB's workforce pipeline programs, including activities in support of recipients of HRSA-21-124 and HRSA-22-022 (where applicable);
- Describe the approach to scale up and expand current efforts to maintain and enhance the quality and relevance of the NHC e-Learning platform and training modules. HRSA expects ongoing expansion of HIV prevention and treatment training materials to include emerging interventions and protocols, especially those that address access barriers in key populations disproportionately at risk in EHE jurisdictions;
- Define outreach efforts to target medical providers and health professional training institutions treating people with HIV in EHE target jurisdictions. The approach should leverage existing relationships and be data-driven to measure impact;
- Describe methods to assess and include new tools, technology, and e-learning strategies (e.g., case studies, video content, podcasts, gamification, decision tree algorithms) to update and innovate the NHC content and platform. Your response should include plans to incorporate additional instructional products, interactive tools, and content for the curriculum;
- Describe enhancements to e-learning technology, web operations/performance, and instructional that will optimize navigation of the web-based curriculum and enhance end users' experience;
- Describe the workflow process for the editorial board to provide peer review of new or revised clinical content;
- Describe your organization's cybersecurity policies and programs to protect your systems, networks, and data. Provide a detailed plan for adherence to current information technology (IT) related legal requirements, including Office of Management and Budget and National Institute of Standards and Technology policy and/or guidance on IT security and disability access; and
- Include a strategy to track and analyze performance outcomes, including how output data will be collected and managed to allow for accurate and timely reporting to HRSA, and for continuous project improvement.

Describe the rationale for your proposed methodology. If applicable, include a plan to disseminate reports, products, and/or project outputs so key target audiences receive the project information.

Propose a plan for project sustainability after the period of federal funding ends. HRSA expects recipients to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving the overall knowledge, attitudes, and awareness of HIV for multidisciplinary novice-to-expert health professionals, students, and faculty.

Collaborations

- Describe the proposed collaborations and partnerships required to successfully implement the proposed project and increase the uptake of the NHC. This includes collaborations to maintain the NHC e-Learning Platform and inform its instructional design and content development. Collaborations and partnerships may include, but are not limited to, the project's advisory board, recipients of HRSA-21-124 and HRSA-22-022, other relevant HRSA programs, federal entities, and key stakeholders. Recipients of this award must:

  - Convene advisory board meetings to receive recommendations and feedback on proposed changes to the National HIV Curriculum e-Learning Platform and instructional design; and

  - Collaborate with HRSA AETC Program staff and the recipients of HRSA 21-124 (if applicable) and HRSA-22-022, to coordinate technical assistance, provide feedback and recommendations specific to integrating the NHC into health professions programs.

- WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response and #4 Impact

  Describe the activities or steps that you will take to achieve each of the objectives proposed during the entire period of performance in the Methodology section. Use a time line that includes each activity and identifies responsible staff. As appropriate, identify meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the application.

  Provide a comprehensive work plan that ties to the needs identified in the needs assessment and to the activities described in the project narrative. The work plan and timeline must demonstrate the ability to reach stated program objectives within the required time of performance, including a plan for rapid launch of project activities.

  The work plan must:

  - Include goals, objectives, and outcomes. Ensure goals are SMART. (specific, measurable, achievable, realistic, and time-measured);
  - Define the framework for incorporating required enhancements and operations into the NHC e-Learning Platform as defined in the Methodology section. Activities must include planned enhancements and operations;
  - Define the instructional design and content development process, including the feedback mechanism involving collaborations with key entities and stakeholders, as well as peer review by the editorial board;

- Describe how you will collaborate with recipients of HRSA-21-124 and HRSA-22-022 to determine utilization and enhancements of the NHC and E-Learning Platform in support of workforce pipeline programs;
- Specify marketing activities designed to increase the uptake of the NHC;
- Identify and finalize MOUs with partners and other entities to implement the proposed project; and
- Include an evaluation of the overall project and its ability to achieve the program's goals and objectives. Describe strategies, activities, and action steps.

The work plan should include as much detail as possible with the understanding that you will finalize the plan after the cooperative agreement is awarded and initial consultation with HRSA. Include the Project Work Plan as **Attachment 1** in your application. Please use a chart or table format to present and/or summarize the work plan.

Logic Models

Submit a logic model for designing and managing the project in **Attachment 6**. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements. While there are many versions of logic models, for the purposes of this notice, the logic model should summarize the connections between the:

- Goals of the project (e.g., reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience.);
- Inputs (e.g., organizational profile, collaborative partners, key personnel, budget, other resources);
- Target population (e.g., learners across the workforce pipeline);
- Activities (e.g., curriculum development, technological operations, platform maintenance);
- Outputs (i.e., educational content, case studies, video content, podcasts, gamification, decision tree algorithms, web usability, page speed, interaction and responsive web design); and
- Outcomes (i.e., increased access to up-to-date training materials, improved end-user experience, increased HIV workforce capacity, improved health outcomes for people with HIV).

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a time line used during program implementation; the logic model provides the "how to" steps. You can find additional information on developing logic models at the following website: https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf.

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

  Discuss the risks and challenges you are likely to encounter in designing and implementing the activities described in the work plan, including barriers in organizational structure, curricula development, information technology and infrastructure, academic/professional credentialing, etc. Describe the steps you will take to address identified risks to avoid challenges. Describe specific approaches that you will use to resolve identified challenges, including existing levels of experience, skills, and knowledge of key staff and/or partnerships.

- EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures and #5 Resources/Capabilities

  Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizations, collaborative partners, key staff, budget, and other resources), key processes, and expected outcomes of the funded activities. Describe the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes.

  This section should include a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes to HRSA. Describe how your organization will coordinate with the NEC to meet data requirements specified for the project. As appropriate, describe the data collection strategy to collect, analyze and track data to measure process and impact/outcomes, and explain how the data will be used to inform updates to the NHC and enhancements of technological operation and maintenance of the NHC e-Learning Platform. Discuss any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

- ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criterion #5 Resources and Capabilities
  - Describe your organization's current mission, structure, and scope of current activities. Discuss how these elements all contribute to the organization's ability to implement the program requirements and meet program expectations. Include an organizational chart (**Attachment 5**) for the work unit or department implementing the project;
  - Describe your organization's experience with web-based training curricula and instructional design, learning methodologies, information technology, and web applications;
  - Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings;
  - Describe the role of key partners in the project's planned approach to

update the NHC and support the technological operation and maintenance of the NHC e-Learning Platform. You must provide an MOU or letter of agreement for each identified partner (**Attachment 4**). You may submit one memorandum signed by multiple partners if the entities share the same arrangement with your organization.

Staffing

Describe the qualifications of the individuals selected for the required project positions listed below:

- Medical Director: This individual should have expert clinical training and knowledge to manage the development, editing, and review of curriculum content, ensuring content reflects the latest advancements in treatment and changes in clinical guidelines. They should have prior clinical expertise in HIV prevention, care, and treatment, including managing complex issues of HIV care and treatment.
- Project Director: This individual should have the experience and ability to manage a federal award, provide oversight of and direction to the program's activities, and ensure that the day-to-day operations of the project are conducted well. They should have prior experience with HIV/AIDS prevention, care, and treatment programs. They should provide leadership and visibility for the program among clinical and public health colleagues and organizations;
- Fiscal representative: This individual should have the capacity to manage the fiscal components of a federally funded program, including expertise in written agreements with outside entities such as subcontractors.
- Lead Evaluator: This individual should have the knowledge, skills, and experience to oversee an evaluation plan that aligns with the national evaluation activities of the AETC Program;
- Data Manager: This individual should have the knowledge, skills, and experience to assist in data collection and reporting as required by the NEP for the National HIV Curriculum e-Learning Platform: Enhancements and Operations project;
- Provide a staffing plan (**Attachment 2**), including job descriptions for key personnel integral to implementing the proposed project activities.

iii. *Budget*

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

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity.

Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

As required by the Consolidated Appropriations Act, 2021 (P.L. 116-260), Division H, § 202 and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70), "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." See Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 Application Guide* for additional information. Note that these or other salary limitations may apply in the following fiscal years, as required by law.

Indirect costs under training awards to organizations other than state or local governments, or federally recognized Indian tribes, will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment, tuition and fees, and subawards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

iv. *Budget Narrative*

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

v. *Attachments*

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

Attachment 1: Work Plan

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

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

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed 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

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

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

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

Attachment 5: Project Organizational Chart

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

Attachment 6: Tables, Charts, etc.

This attachment should give more details about the proposal (e.g., Gantt or PERT charts, flow charts). Also include the required logic model in this attachment.

Attachment 7: For Multi-Year Budgets--5th Year Budget

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

Attachment 8: Request for Funding Preference

To receive a funding preference, include a statement that you are eligible for a funding preference and identify the preference. Include documentation of this qualification. See Section V.2.

Attachments 9–15: Other Relevant Documents

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

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

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

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

(c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM.gov registration, you must submit a notarized letter appointing the authorized Entity Administrator.

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

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *February 7, 2022 at 11:59 p.m. ET*. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The National HIV Curriculum e-Learning Platform: Enhancements and Operations project is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to 5 years, at no more than $1,000,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the Further Continuing Appropriations Act, 2022 (P.L. 117-70) apply to this program. See Section 4.1 of HRSA's SF-424 Application Guide for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

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

1. Any charges that are billable to third-party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare);
2. To directly provide medical or support services (e.g., HIV care, counseling, and testing) that supplant existing services;
3. Cash payments to intended recipient of RWHAP services;
4. Purchase, construction of new facilities, or capital improvements to existing facilities;
5. Purchase or improvement of land;
6. Purchase vehicles;
7. Fundraising expenses;
8. Lobbying activities and expenses;
9. Reimbursement of pre-award cost; and/or
10. International travel and/or international HIV/AIDS activities.

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

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

All program income generated as a result of awarded funds must be used for approved project-related activities. Any program income earned by the recipient must be used under the addition/additive alternative. You can find post-award requirements for program income at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

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

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

Six review criteria are used to review and rank the National HIV Curriculum: Enhancements and Operations applications. Below are descriptions of the review criteria and their scoring points.

Criterion 1: NEED (12 points) – Corresponds to Section IV's Introduction and Needs Assessment
The extent to which the application:

- Demonstrates a thorough understanding of gaps in HIV workforce capacity in the United States and articulates a thorough understanding of the advantage of online, easily accessible HIV-related education and training for current and future health care professionals;
- Describes current experience, skills, and knowledge, including experience of organizational employees, materials published, and previous work of a similar nature;
- Demonstrates expertise and/or experience in developing and providing training and educational resources for health professionals; developing and enhancing online training curricula for novice to expert providers across the health care professional spectrum on HIV prevention, treatment and care; developing web-based instructional design and instructional technology; developing targeted web-based curricula for graduate health professional programs;
- Demonstrates the ability to leverage existing technological infrastructure;

- Discusses the need for enhanced e-learning technology, web operations/performance, and the instructional design that optimizes the navigation of a web-based curriculum and enhances end-users' experience and satisfaction while training current and future providers (e.g., web usability, page speed, interaction and responsive web design);
- Demonstrates an understanding of education/learning theories related to developing engaging and effective learning activities based on the science of instructional design and the needs of various learners across the health care workforce pipeline;
- Articulates the need for providing current, up-to-date content for the NHC that reflects new and existing HIV treatment guidelines, ongoing training needs, and emerging issues and health care topics;
- Identifies the need for targeted curricula in training various learners across the health care workforce pipeline (e.g., multidisciplinary novice-to-expert health professionals, undergraduate to graduate-level students, faculty);
- Describes the importance of the platform's ability to accommodate curriculum expansion, including modules, competencies, and broader subject matter content;
- Discusses the importance of established and/or existing partnerships in executing program goals and supporting HAB's workforce pipeline programs and the EHE Initiative.

Criterion 2: RESPONSE (24 points) – Corresponds to Section IV's Methodology and Work Plan

The extent to which the methodology (10 points):

- Describes methods that will be used to address the purpose of this NOFO and meet each of the program requirements and expectations;
- Defines the role of the advisory board, editorial board, and collaborations with other entities to provide continuous quality improvement in order to maintain and enhance the quality and relevance of the NHC e-Learning Platform and training modules to ensure quality, and achieve the project activities;
- Describes the framework for incorporating enhancements and operations to maintain the NHC e-Learning Platform and support additional content and web-learning strategies (e.g., case studies, video content, podcasts, gamification, decision tree algorithms) to update and innovate the NHC content and platform;
- Includes enhanced e-learning technology, web operations/performance, and instructional design that motivates NHC users ongoing access of the curriculum and platform features (i.e., web usability, page speed, interaction and responsive web design);
- Discusses how the organization will collaborate with recipients of HRSA 21-124 and HRSA 22-021 to determine utilization and enhancements of the NHC and e-Learning Platform in support of workforce pipeline programs.

To the extent to which the work plan (14 points):

- Is comprehensive and connects the needs identified in the needs assessment to the activities described in the project narrative;
- Describes the modules to be included in the curriculum along with additional resources;
- Describes the activities or steps that will be used to achieve each of the objectives proposed during the entire period of performance;
- Clearly relates the project to the program expectations outlined in this NOFO;
- Describes the strategies, activities and action steps that will be used for all aspects of the project, including planning, implementation, and evaluation;
- Includes goals, objectives, and outcomes that are SMART (specific, measureable, achievable, and time-measured);
- Identifies key stakeholders in planning, designing, and implementing all activities;
- Includes a plan for the evaluation of system-level impact for the overall project.

Criterion 3: EVALUATIVE MEASURES (25 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity
The strength and effectiveness of the method proposed to monitor and evaluate the project and track performance outcomes. Reviewers will also consider the extent to which the application:

Quality Improvement and Performance Measures (10 points)

- Describes the organization's plan for continuous quality improvement and ongoing monitoring of progress towards the goals and objectives of the project;
- Describes the systems and processes that will support the organization's performance management requirements to track performance outcomes.

Data Requirements and Data Collection (15 points)

- Describe how the organization will collect, analyze, track and manage data (e.g., assigned skilled staff, data management software) to measure progress and impact/outcomes; and how the data will be used to inform updates to the NHC e-Learning Platform;
- Proposes methods and measures to evaluate the effectiveness of the NHC e-Learning Platform as well as system-level impact of the overall project;
- Discusses any potential obstacles for implementing the program performance evaluation and the plan for addressing those obstacles.

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

- The extent to which the proposed project will increase the uptake of the NHC, and strengthen and increase the HIV workforce, including the effective utilization of partnerships/collaborations, outreach, and marketing efforts;
- The feasibility and effectiveness of plans for dissemination of project results;
- The degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding.

Criterion 5: RESOURCES/CAPABILITIES (24 points) – Corresponds to Section IV's Evaluation and Technical Support Capacity and Organizational Information Organizational Information (10 points)

- 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;
- The extent to which the project personnel are qualified by training and/or experience to implement and carry out the project;
- The strength and clarity of the proposed staffing plan (**Attachment 2**) and project organizational chart (**Attachment 5**) in relation to the project description and proposed activities; including evidence that the staffing plan includes sufficient personnel with adequate time to successfully implement all of the project activities throughout the project as described in the work plan;
- The strength and clarity of the current organizational structure, proposed staff, and scope of current activities that contribute to the applicant's ability to:
    - regularly update the NHC and e-Learning Platform;
    - expand curriculum content;
    - resolve technological issues; and
    - meet program requirements.

Evaluative Measures (14 points)
The extent to which the application:

- Describes the organization's plan for program performance evaluation that will contribute to continuous quality improvement and monitor ongoing processes and the progress towards the goals and objectives of the project;
- Describes how the organization will collect and manage data in a way that supports performance management requirements and allows for accurate and timely reporting of performance outcomes to HRSA;
- Identifies coordination with the NEC to meet data requirements specified for the project;
- Describes the organization's experience with web-based training curricula and instructional design, learning methodologies, information technology, and web applications;

- Discusses how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs to avoid audit findings;
- Includes a description of the organization's timekeeping process to ensure that the organization will comply with the federal standards related to documenting personnel costs;
- Discusses any potential obstacles for implementing the program performance evaluation and plans to address those obstacles.

Criterion 6: SUPPORT REQUESTED (5 points) – Corresponds to Section IV's Budget and Budget Narrative

- The extent to which costs, as outlined in the proposed budget and budget narrative align with the proposed project work plan, and are justified as adequate, cost-effective, and reasonable for the resources requested;
- The reasonableness of the proposed budget for each year of the period of performance, in relation to the objectives and the anticipated results;
- The strength and clarity of the budget narrative that fully explains each line item in proposed budget.

2. Review and Selection Process

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

Funding Preference

This program provides a funding preference for some applicants, as authorized by Section 2692(a)(2) of the Public Health Service Act. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will receive full and equitable consideration during the review process. The Objective Review Committee will determine the funding factor and will grant it to any qualified applicant that demonstrates they meet the criteria for the preference(s) as follows:

HRSA shall give preference to qualified projects that:

- Train, or result in the training of, health professionals, who will provide treatment for minority individuals and Native Americans with HIV/AIDS and other individuals who are at high risk of contracting such disease;
- Train, or result in the training of, minority health professionals and minority allied health professionals to provide treatment for individuals with such disease; and

- Train, or result in the training of, health professionals and allied health professionals to provide treatment for hepatitis B or C co-infected individuals.

A request for funding preference must be provided as **Attachment 8**.

3. Assessment of Risk

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

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

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

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

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

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2022. See Section 5.4 of HRSA's *SF-424 Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's *SF-424 Application Guide*.

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

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

Accessibility Provisions and Non-Discrimination Requirements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights (OCR) provides guidance on complying with civil rights laws enforced by HHS. See Providers of Health Care and Social Services and HHS Nondiscrimination Notice.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see Fact Sheet on the Revised HHS LEP Guidance and Limited English Proficiency.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see Discrimination on the Basis of Disability.
- HHS-funded health and education programs must be administered in an environment free of sexual harassment. See Discrimination on the Basis of Sex.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see Conscience Protections for Health Care Providers and Religious Freedom.

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

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

Requirements of Subawards

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

Data Rights

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

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 Application Guide* **and** the following reporting and review activities:

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on a biannual basis. More information will be available in the NOA.

2) **NHC e-Learning Platform Programs.** Recipients must annually submit data to the AETC NEC as outlined in the NEP for the National HIV Curriculum e-Learning Platform Programs [note that data collection instruments may be subject to change during the project period].

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

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

5) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at 2 CFR § 200.340 - Termination apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

VII. Agency Contacts

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

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

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

Terrì Richards
Public Health Analyst, Office of Program Support
Attn: AETC Program
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Telephone: (301) 443-2834
Email: TRichards@hrsa.gov

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

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). Always obtain a case number when calling for support. For assistance with submitting in the EHBs, contact the HRSA Contact Center, Monday–Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

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

VIII. Other Information

Technical Assistance

Webinar
Day and Date: Friday, December 17, 2021
Time: 2 – 3:30p.m. ET
Weblink: https://hrsa-gov.zoomgov.com/j/1603859358?pwd=NUNTaWNwb1NzVjNDL1QxekExUnhKUT09

Meeting ID: 160 385 9358
Passcode: 1aJQjPgw
One tap mobile
+16692545252,,1603859358#,,,,*78831374# US (San Jose)
+16468287666,,1603859358#,,,,*78831374# US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
+1 551 285 1373 US
+1 669 216 1590 US (San Jose)
833 568 8864 US Toll-free

Meeting ID: 160 385 9358
Passcode: 78831374
Find your local number: https://hrsa-gov.zoomgov.com/u/aegg1Mp75M

Join by SIP
1603859358@sip.zoomgov.com

Join by H.323
161.199.138.10 (US West)
161.199.136.10 (US East)
Meeting ID: 160 385 9358
Passcode: 78831374
Webinar Recording: https://targethiv.org/library/hrsa-22-021.

Tips for Writing a Strong Application

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