U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

HIV/AIDS Bureau

Division of Policy and Data

Telehealth Strategies to Maximize HIV Care

Funding Opportunity Number: HRSA-22-030

Funding Opportunity Type: New

Assistance Listings (AL/CFDA) Number: 93.928

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Application Due Date: April 8, 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: January 11, 2022

LaQuanta P. Smalley, MPH, BSN, RN, CPN
Senior Public Health Analyst, Clinical and Quality Branch
Telephone: (301) 443-0995
Email: lsmalley@hrsa.gov

See Section VII for a complete list of agency contacts.

Authority: Section 2691 of the Public Health Service Act (42 U.S.C. § 300ff-101).

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 *Telehealth Strategies to Maximize HIV Care* project. The purpose of this project is to identify and maximize the use of telehealth strategies that are most effective in improving linkage to care, retention in care, and health outcomes, including viral suppression, for people with HIV who receive services through the Ryan White HIV/AIDS Program (RWHAP).

For the purposes of this notice of funding opportunity, the terms modalities[1] and strategies[2] are used. Strategies chosen for this project will meet the criteria of an emerging intervention.[3]

There is limited information available regarding which telehealth strategies are most effective in improving linkage to care, retention in care, primary care health outcomes, and viral suppression for people with HIV within the RWHAP. To address this gap in information, HRSA will fund the *Telehealth Strategies to Maximize HIV Care* project with the following objectives:

- Identify telehealth strategies that are best suited for different RWHAP populations.
- Increase utilization of effective telehealth modalities and/or strategies within the RWHAP.
- Increase dissemination of telehealth strategies and tools for uptake in the RWHAP.

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[1] Modalities are the technologies that are commonly associated with the term "telehealth." These could include video conferencing, the internet, store-and-forward imaging, streaming media, and land line and wireless communications.
[2] The HIV/AIDS Bureau Implementation Science Framework identifies two types of strategies: (1) intervention strategies, which are activities or practices to improve outcomes for people with HIV via telehealth; and (2) implementation strategies, which include methods or techniques that support optimal integration and uptake of these interventions in RWHAP settings.
[3] An emerging intervention is one of three categories of strategies defined in the HIV/AIDS Bureau Implementation Science Framework that addresses emerging priorities for improving the care and treatment of people with HIV. Emerging interventions have demonstrated real world validity and effectiveness but do not yet have sufficient published research, evidence, or evaluation to document their effectiveness.

- Increase the capacity of RWHAP recipients and subrecipients to identify and implement effective telehealth strategies.
- Increase equity in HIV care for people we have not yet successfully maintained in care or populations that historically experience poor health outcomes.

Specifically, the *Telehealth Strategies to Maximize HIV Care* award recipient will (1) research and select telehealth strategies that can be used to maximize HIV care in the RWHAP; (2) fund, coordinate, provide technical and capacity-building assistance, monitor, and evaluate implementation of telehealth strategies for a minimum of five programs currently funded by the RWHAP as either recipients or subrecipients; (3) create an inventory of project strategies and tools; (4) disseminate the project's products through various outlets, ultimately for uptake and replication by RWHAP recipients and subrecipients; and (5) evaluate the project using an implementation science framework.

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 project may be cancelled before award.

Funding Opportunity Title:	Telehealth Strategies to Maximize HIV Care
Funding Opportunity Number:	HRSA-22-030
Due Date for Applications:	April 8, 2022
Anticipated Total Annual Available FY 2022 Funding:	$1,750,000.00
Estimated Number and Type of Award:	One cooperative agreement.
Estimated Annual Award Amount:	Up to $1,750,000.00 subject to the availability of appropriated funds
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2022 through July 31, 2025 (3 years)
Eligible Applicants:	Eligible applicants include entities **eligible for funding** under RWHAP Parts A – D of Title XXVI of the Public Health Service (PHS) Act, including public and non-profit private entities, state and local governments, academic institutions, local health departments, non-profit hospitals and outpatient clinics, community health centers receiving support

	under Section 330 of the PHS Act, faith-based and community-based organizations, and Indian Tribes or tribal organizations with our without federal recognition. See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

HRSA has scheduled the following technical assistance:

Webinar

Day and Date: Friday, January 21, 2022
Time: 1:00 – 2:30 p.m. ET
Call-In Number:
Dial a number based on your current location
+1 (669) 254-5252 US (San Jose)
+1 (646) 828-7666 US (New York)
+1 (669) 216-1590 US
+1 (551) 285-1373 US
(833) 568-8864 (Toll Free)
Webinar ID: 161 248 7465
Web link: https://hrsa-gov.zoomgov.com/j/1612487465

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

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Special Projects of National Significance (SPNS) funding for the *Telehealth Strategies to Maximize HIV Care (HRSA-22-030)* project. HRSA will fund one cooperative agreement for up to three years to identify and maximize the use of telehealth[4] strategies that are most effective in improving linkage to care, retention in care, and health outcomes, including viral suppression, for people with HIV who receive services through the Ryan White HIV/AIDS Program (RWHAP).This project builds upon existing programs, and HAB will coordinate with similar activities in HRSA, the National Institutes of Health (NIH), the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Disease Control and Prevention (CDC).

For the purposes of this notice of funding opportunity (NOFO), the following terms are used:

- **Modalities** are the technologies that are commonly associated with the term "telehealth." These could include video conferencing, the internet, store-and-forward imaging, streaming media, and land line and wireless communications.
- **Strategies** include activities or practices (intervention strategies) to improve outcomes for people with HIV via telehealth, as well as the methods or techniques (implementation strategies) that support optimal integration and uptake of these interventions in RWHAP settings.[5]
- Strategies chosen for this project will meet the criteria of an **emerging intervention**, as defined by Psihopaidas et al. (2020).[6] These types of strategies address emerging priorities for improving the care and treatment of people with HIV. Emerging interventions have demonstrated real world validity and effectiveness but do not yet have sufficient published research evidence or evaluation to document their effectiveness.

The objectives of the *Telehealth Strategies to Maximize HIV Care* project are:

- Identify telehealth strategies that are best suited for different RWHAP populations.

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[4] HRSA defines telehealth as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration.

[5] Psihopaidas, D., Cohen, S.M., West, T., Avery, L., Dempsey, A., Brown, K., & Cheever, L.W. (2020). Implementation science and the Health Resources and Services Administration's Ryan White HIV AIDS Program's work towards ending the HIV epidemic in the United States. PLoS Med, 17(11):e1003128. Doi: https://doi.org/10.1371/journal.pmed.1003128.

[6] Emerging intervention is one of three categories of strategies defined in the HAB Implementation Science Framework. The other categories are (1) evidence-based interventions and (2) evidence-informed interventions. Psihopaidas, D. et al. (2020) uses the term "emerging strategies." In an effort to clarify and align the naming of the three categories, HAB has since updated this terminology to refer to emerging strategies as emerging interventions.

- Increase utilization of effective telehealth modalities and/or strategies within the RWHAP.
- Increase dissemination of telehealth strategies and tools for uptake in the RWHAP.
- Increase the capacity of RWHAP recipients and subrecipients to identify and implement effective telehealth strategies.
- Increase equity in HIV care for people we have not yet successfully maintained in care or populations that historically experience poor health outcomes.

The award recipient will (1) research and select telehealth strategies that can be used to maximize HIV care in the RWHAP; (2) fund, coordinate, provide technical and capacity-building assistance, monitor, and evaluate implementation of telehealth strategies for a minimum of five RWHAP recipients and subrecipients (further referred to as subawardees); (3) create an inventory of project strategies and tools; (4) disseminate the project's products through various outlets, ultimately for uptake and replication by RWHAP recipients and subrecipients; and (5) evaluate the project using an implementation science framework.

2. Background

The RWHAP provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. The program funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among 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 services, support services, and medications; technical assistance (TA); 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 Healthy People 2030, the National HIV/AIDS Strategy (2022-2025) (NHAS); the Sexually Transmitted Infections National Strategic Plan for the United States (2021–2025); and the Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025) are crucial to addressing key public health challenges facing low-income people with HIV. These strategies detail the principles, priorities, and actions to guide the national public health response and provide a blueprint for collective action across the Federal Government and other sectors. The RWHAP supports the implementation of these strategies and recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to the extent possible.

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

According to recent data from the 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 clients who have had one or more medical visits during the calendar year and at least one viral load (VL) 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.[7] For example, the disparities in viral suppression rates between Black/African Americans and White clients have decreased since 2010.[8] 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.[9]

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, CDC, NIH, the Indian Health Service, and the Substance Abuse and Mental Health Services Administration.

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

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[7] 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 28, 2021.

[8] Black/African American clients went from 81.3 percent viral suppression in 2016 to 86.7 percent in 2020, while 89.4 percent of White clients were virally suppressed in 2016 and 92.5 percent in 2020.

[9] 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.

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

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

Integrated data sharing, analysis, and utilization of HIV data by state and territorial health departments can help advance the goals of the 2020-2025 Federal Health IT Strategic Plan[10] and further progress toward reaching the NHAS goals and improve outcomes on the HIV care continuum.

HRSA strongly encourages complete CD4, 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 TA, evaluation, and intervention activities. A list of these resources is available on TargetHIV. Recipients should be

[10] See 2020-2025 Federal Health IT Strategic Plan: https://www.healthit.gov/topic/2020-2025-federal-health-it-strategic-plan

familiar with these resources and are encouraged to use them as needed to support their program implementation.

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

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

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

- Replication Resources from the SPNS Systems Linkages and Access to Care
  There are intervention manuals for patient navigation, care coordination, state bridge counselors, data to care, and other interventions developed for use at the state and regional levels to address specific HIV care continuum outcomes among hard-to-reach people with HIV.

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

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

Telehealth and the RWHAP

According to data from the RWHAP COVID-19 Data Report, in calendar year 2020, as many as 82 percent of RWHAP recipients reported having basic capacity to offer telehealth in some form. In addition, qualitative data from interviews conducted by an internal HRSA Telehealth Workgroup suggested that, when using telehealth modalities to provide services during the COVID-19 pandemic, RWHAP recipients saw fewer missed patient appointments (i.e., fewer "no-shows") and noted a higher level of patient engagement.

Recent studies show positive uptake and utilization of services when providers use telehealth modalities and strategies to engage people with HIV in their care.[11,12,13] However, there is limited information available regarding which strategies are most effective in improving linkage to care, retention in care, primary care health outcomes, and viral suppression for people with HIV within the RWHAP.

You are encouraged to visit the HHS Telehealth website to find resources and best practices for providers. In addition, you may visit the HRSA Training and Technical Assistance Hub website, which houses all HRSA training and TA resources, to extend their reach and further the impact of HRSA award recipients and stakeholders. Resources are organized by topic and some resources may be listed under multiple topics. Further, HRSA HAB works cooperatively with the HRSA Office for the Advancement of Telehealth (OAT). Visit the HRSA OAT website for additional resources.

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[11] Dandachi, D. (2019). Integration of telehealth services in the healthcare system: With emphasis on the experience of patients living with HIV. *Journal of Investigative Medicine, 67*(5), 815-820. Doi: http://dx.doi.org/10.1136/jim-2018-000872.

[12] Ohl, M.E., et al. (2019). Impact of availability of telehealth programs on documented HIV viral suppression: A cluster-randomized program evaluation in the Veterans Health Administration. *Open Forum Infections Diseases, 6*(6), 1-9. Doi: https://doi.org/10.1093/ofid/ofz206.

[13] Purnomo, J., et al. (2018). Using eHealth to engage and retain priority populations in the HIV treatment and care cascade in the Asia-Pacific region: A systematic review of literature. *BMC Infectious Diseases, 18*(82), 1-16. Doi: https://doi.org/10.1186/s12879-018-2972-5.

The HRSA HAB Implementation Science Approach

HRSA HAB developed the HAB implementation science (HAB IS) framework to support the translation of research into practice, specifically for interventions that could be effective for improving outcomes among people with HIV served by the RWHAP, thereby reducing disparities and moving toward ending the HIV epidemic in the U.S.[14]

The HAB IS framework includes effectiveness criteria for three categories of interventions for the RWHAP, which include (1) evidence-based interventions, (2) evidence-informed interventions, and (3) emerging interventions. HRSA HAB developed these criteria in collaboration with the CDC and the NIH (see *Figure 1* in Psihopaidas et al. (2020) for detailed descriptions). The telehealth strategy(-ies) chosen for this project will meet the criteria of **emerging interventions** that are most responsive to the current HIV epidemic.

HAB IS framework also involves two core components: The first component is *rapid implementation*, which includes (1) identifying existing interventions with demonstrated effectiveness at improving outcomes for people with HIV; (2) pilot testing those for success specifically within the RWHAP; and (3) creating accessible dissemination products to promote the replication and scale-up of the interventions. The second component is *implementation science evaluation* which focuses on (1) assessing uptake and integration of interventions, (2) understanding implementation processes, (3) understanding factors that affect implementation, and (4) assessing the impact of interventions on client outcomes.

The *Telehealth Strategies to Maximize HIV Care* cooperative agreement includes an evaluation plan that assesses the implementation of the project. The award recipient will use an implementation science framework to guide the project performance evaluation activities.

II. Award Information

1. Type of Application and Award

Type of applications sought: New.

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

HRSA program involvement will include:

- Reviewing, providing recommendations, and concurring with final work plans and project budgets.

[14] Psihopaidas, D. et al. (2020).

- Reviewing and providing feedback on the activities, documentation, procedures, measures, and tools established and implemented for accomplishing the goals of the cooperative agreement throughout the duration of the project.
- Reviewing, providing feedback, and concurring with activities, procedures, tools, measures, products, and written materials prior to external communication and dissemination on an ongoing basis.
- Facilitating, communicating, and disseminating status updates, lessons learned, results, best practices, evaluation data, and other information developed as part of this initiative to the broader network of RWHAP recipients and subrecipients, and the HIV care and treatment community.
- Collaborating in the development of guides and tools and the design, operation, direction, and evaluation of activities, including TA, meetings, training activities, workshops, and selection of subawardees.
- Providing assistance and collaboration in the management and technical performance of activities.
- Assisting with the coordination of the TA efforts in planning, developing, and implementing the various phases of the project.
- Anticipating and providing guidance on the changes taking place in the health care environment that will affect the planning process.
- Coordinating with other HAB programs to address training and TA 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 project activities.
- Facilitating relationships between the recipient, subawardees, and other relevant stakeholders.
- Facilitating partnership and communication with other federal agencies (i.e., HRSA OAT, NIH, CDC, and AHRQ), HRSA recipients, and community stakeholders to improve coordination efforts.

The cooperative agreement recipient's responsibilities will include:

- Researching and identifying telehealth strategies that can be used to maximize HIV care in the RWHAP.
- Soliciting and selecting RWHAP recipients and subrecipients to fund as subawardees to implement the telehealth strategy(-ies) identified by the recipient.
- Coordinating and delivering training and providing support to promote cross-site collaboration among subawardees.
- Providing technical and capacity-building assistance to support subawardees in tailoring, adapting, and sustaining telehealth strategies.
- Monitoring subawardees, collecting data, and evaluating the chosen telehealth strategy(-ies).
- Using an implementation science framework to guide the project's development, implementation, and performance evaluation.

- Developing and compiling project strategies and tools into replicable products (e.g., workflows, protocols, funding mechanisms, manuscripts) for dissemination and uptake by RWHAP recipients and subrecipients.
- Disseminating the project's products through social media, various regional and national outlets and HRSA-supported websites, including but not limited to the Health Center Resource Clearinghouse, TargetHIV.org and the RWHAP Best Practices Compilation.
- Collaborating with HRSA and other stakeholders as necessary to plan, execute, and evaluate the project activities.
- Modifying activities as necessary in keeping with the changing trends and needs of people with HIV and RWHAP recipients and subrecipients.
- Ensuring training and TA delivered to RWHAP recipients and subrecipients is cleared and coordinated with other HRSA training and TA resources.
- Negotiating with HRSA to update existing work plans at least annually.
- Integrating new priorities during the funding period (i.e., through monitoring calls or other communication), as needed.
- Responding timely to requests made by HRSA for data and information related to project activities.

2. Summary of Funding

HRSA estimates approximately $1,750,000 to be available annually to fund one recipient. The actual amount available will not be determined until enactment of the final FY 2022 federal appropriation. You may apply for a ceiling amount of up to $1,750,000 total cost (includes both direct and indirect, facilities and administrative costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is August 1, 2022 through July 31, 2025 (3 years). Funding beyond the first year is subject to the availability of appropriated funds for *Telehealth Strategies to Maximize HIV Care* 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 funding levels beyond the first year if the recipient is unable to fully succeed in achieving the goals listed in the approved application.

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

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include entities eligible for funding under RWHAP Parts A – D of Title XXVI of the Public Health Service (PHS) Act, including public and non-profit private

entities, state and local governments, academic institutions, local health departments, non-profit hospitals and outpatient clinics, community health centers receiving support under Section 330 of the PHS Act, faith-based and community-based organizations, and Indian Tribes or tribal organizations with or without federal recognition.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA will 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-22-030 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 limit may not exceed the equivalent of **60 pages** when printed by HRSA. The page limit includes the project and budget narratives, attachments, and letters of commitment and support required in the Application Guide and this NOFO. Standard OMB-approved forms that are included in the workspace application package do not count in the page limit. Please note: If you use an OMB-approved form that is not included in the workspace application package for HRSA-22-030, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. **It is therefore important to take appropriate measures to ensure your application does not exceed the specified page limit.**

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

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. § 3354).

3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 10-15: Other Relevant Documents*.

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

Program-Specific Instructions

If awarded, you must ensure people we have not yet successfully maintained in care or populations that historically experience poor health outcomes are not further marginalized by the proposed project. Your application must clearly identify at least one priority population that subawardees will focus the chosen telehealth strategy(-ies) on. Your priority population(s) may include, but are not limited to, people with HIV who:

- Are from racial and ethnic minority communities
- Experience unstable housing

- Are aging
- Live in rural areas and/or rely on rural health connectivity and access to virtual networks
- Have limited English proficiency
- Have physical or intellectual disabilities, who may have trouble accessing virtual services
- Are post-partum
- Are home-bound
- Have behavioral health needs

Allowable activities for the *Telehealth Strategies to Maximize HIV Care* project include, but are not limited to, the following telehealth strategies:

- Provision of virtual clinical services such as screenings and assessments;
- Analysis of telehealth utilization data to identify potential access gaps;
- Leveraging community partnerships to address social determinants of health (SDOH);[15]
- Patient and staff education and training;
- Patient engagement and outreach;
- Patient social risk assessments and follow up workflows;
- Community needs assessments and resource mapping;
- Integration and/or enhancement of **currently available** digital platforms and tools (e.g., patient portals, remote monitoring, self-care applications, culturally and linguistically appropriate digital tools);
- Virtual reality interventions;
- Patient-centered care coordination;
- Referral tracking and follow up; and
- Creation of administrative and governance practices.

Funds should not be used to develop **new, novel** telehealth modalities that do not exist. If you choose to integrate or enhance a new modality, the cost must be reasonable. If awarded, HRSA will work with you to determine whether the chosen modality(-ies) is allowable. Modalities and strategies adopted in the project should also work to balance in-person care and telehealth and advance health information technology interoperability, consistent with the standards identified through the Interoperability Standards Advisory process.[16]

If you use broadband or telecommunications services for the provision of health care, you may seek discounts through the Federal Communication Commission's Universal Service Program. For information about such discounts, see https://www.usac.org/rural-

[15] SDOH include factors like socioeconomic status, neighborhood and physical environment, social support networks, community violence, and intimate partner violence (IPV). SDOH affect a wide range of health, functioning, and quality-of-life outcomes and risks. Addressing SDOH, such as IPV, is a HRSA objective to improve health and well-being of individuals and the communities in which they reside.
[16] See Office of the National Coordinator for Health Information Technology's Interoperability Standards Advisory at https://www.healthit.gov/isa/.

health-care/. Patients may also be eligible for free or low cost mobile or broadband services through the Universal Service Lifeline program at https://www.lifelinesupport.org/.

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

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.

ii. *Project Narrative*

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 and (2) Response
Needs Assessment	(1) Need
Methodology	(2) Response, (3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities
Work Plan	(2) Response, (4) Impact, and (6) Support Requested

Narrative Section	Review Criteria
Resolution of Challenges	(2) Response
Evaluation and Technical Support Capacity	(3) Evaluative Measures, (4) Impact, and (5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities and (6) Support Requested
Budget Narrative	(6) Support Requested

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 Criteria #1 Need and #2 Response

  Briefly describe the purpose of your proposed project. This section should describe how the proposed project addresses the goal of identifying and maximizing the use of telehealth strategies that are most effective in improving linkage to care, retention in care, and health outcomes, including viral suppression, for people with HIV who receive services through the RWHAP, and the objectives listed in the "Purpose" section of this NOFO. Describe the overall plan to conduct the project activities to (1) research and select telehealth strategies that can be used to maximize HIV care in the RWHAP; (2) fund, coordinate, provide technical and capacity-building assistance, monitor, and evaluate implementation of the telehealth strategies for a minimum of five subawardees; (3) create an inventory of project strategies and tools; (4) disseminate the project's products through various outlets, ultimately for uptake and replication by RWHAP recipients and subrecipients; and (5) evaluate the project using an implementation science framework. Clearly state the priority population(s) for your project. Briefly describe the implementation science framework chosen to guide the development, implementation, and evaluation of the project.

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

  This section should demonstrate your understanding of the need to enhance the utilization of telehealth for people with HIV who receive services through the RWHAP. Provide a summary of the literature that demonstrates a comprehensive understanding of issues, needs, or gaps in the existing evidence base regarding the role of telehealth strategies in reducing HIV-related health disparities and improving linkage to care, increasing retention in care, and improving health outcomes, including viral suppression. Describe how your proposed project may

contribute to or add to the existing evidence base and the effectiveness of telehealth in the RWHAP.

Describe the need for telehealth for your priority population(s) including disparities and/or inequities in accessing care. Describe the barriers to care and related SDOH. Describe the needs of the subawardees who will benefit from the project. Discuss the major factors that informed your proposal.

- METHODOLOGY -- Section V's Review Criteria #2 Response, #3 Evaluative Measures, #4 Impact, and #5 Resources/Capabilities

  Provide detailed information regarding the methods and proposed action steps that you will use to address the stated needs and meet each of the previously described project objectives and expectations in this NOFO. Include any innovative methods you will use to address the stated needs. Include a discussion of the following:

  Site Coordination

  - Propose a plan to solicit and select a minimum of five programs currently funded by the RWHAP as either recipients or subrecipients to serve as subawardees to implement the telehealth strategy(-ies) that you identify. Include the maximum number of subawardees to be selected. Describe your subawardee selection criteria and how you will (in collaboration with HRSA) ensure a diverse and representative sample of sites that reflect providers across the RWHAP.
  - Describe how you will conduct and promote cross-site collaboration among subawardees to include any training or cross-site support.
  - Discuss how you will engage stakeholders and the RWHAP communities at all levels of implementation of your project.

  Technical Assistance

  - Describe your capability to compile and deliver telehealth training and resources.
  - Discuss the TA process, including how you will assess, plan, address, and evaluate the subawardees' TA needs.
  - Describe how you will develop and implement assessments (in consultation with HRSA) that gauge the readiness of each subawardee to identify and implement the chosen telehealth strategy(-ies).
  - Describe your plan for assisting subawardees with implementing and, as needed, tailoring and adapting the telehealth strategy(-ies) that you identify.
  - Describe a plan and process for supporting the subawardees in understanding the chosen telehealth strategy(-ies) they will implement, including: 1) the actual telehealth modality and chosen strategy(-ies) used, 2) their core elements, 3) their tailorable or customizable components, 4) the determinants that they are intended to address, and 5) the mechanisms through which they are intended to address the determinants.

- Describe an approach to develop a TA plan for guiding each subawardee through the implementation of the chosen telehealth strategy(-ies). Describe the types of tools or materials needed to provide TA. Describe the methods you will use to provide TA to subawardees and methods you will use to monitor subawardees.
- Describe how you will track, organize, and summarize subawardee TA requests. Describe how you will synthesize and summarize this information in quarterly updates for HRSA.
- Describe your approach to developing and maintaining a live file system to be accessible to HRSA and where all subawardee records will be maintained and project team members can contribute to collaborative documents.
- Describe a process for supporting sustainability planning for the subawardees throughout the implementation period, specifically in project years two and three.

Strategies/Tools Inventory

- Describe the methods you will use to research and identify your project's telehealth strategy(-ies) that can be used to maximize HIV care in the RWHAP. Include strategies that show promise in improving uptake and integration of telehealth that, with the necessary adjustments, may be promoted as an "evidence-informed intervention."[17]
- Describe how you will create an inventory of existing telehealth strategies with evidence of effectiveness, as defined by HRSA,[18] for supporting rapid and successful implementation in HIV care and treatment. Propose an approach to filter the inventory of the identified strategies. The description should include a process that creates a subset of strategies that are promising, feasible, and scalable within the RWHAP.
- Propose a plan to prepare and submit successful telehealth strategies from this project for acceptance into the RWHAP Best Practices Compilation.
- Describe your plan to collect and maintain project-related tools, including but not limited to workflows, protocols, and funding mechanisms.

Dissemination

- Describe your plan for developing and disseminating innovative and highly accessible tools and materials that describe the identified telehealth strategy(-ies) implemented in this project.
- Describe a plan for disseminating project information, activities, and findings throughout the project period at national conferences, etc. Discuss how these presentations will include and highlight experiences and project insights of subawardee staff.

[17] Psihopaidas, D. et al. (2020).
[18] Ibid.

- Describe how the products and tools for dissemination will incorporate the experiences of the subawardees funded through this project, including lessons learned from mid-implementation adjustments made by subawardees, when applicable.
- Describe the plan to disseminate information both to subawardees of this project and RWHAP recipients and subrecipients not funded under this project to adapt and rapidly replicate the strategies within their organizations.
- Describe the plan for promoting materials/webinars related to the project areas (i.e., site coordination, TA, strategies/tools inventory, and evaluation) using social media, the Health Center Resource Clearinghouse, TargetHIV, and the RWHAP Best Practices Compilation.
- Describe how you will ensure timely progress toward the creation of materials and products such that they are ready for dissemination at the culmination of this project.

Subawardee Evaluation

- Describe your plan for developing and conducting evaluations of subawardee implementation of the chosen telehealth strategy(-ies).
- Discuss the methods or tools that will be used to evaluate uptake of the telehealth strategy(-ies) at each subawardee site. Include methods that will be used to assess adaptability and scalability of the telehealth strategies across the RWHAP.
- Provide details of process and outcome measures that will be evaluated across subawardee sites. Describe how you will evaluate complex and multi-faceted telehealth strategies. Include variables you will use to assess successful implementation and associated patient health outcomes which could include, but not be limited to, the following:
    - HIV care continuum outcome variables,
    - Organizational structure variables,
    - Contextual variables and barriers/facilitators, or
    - Costing variables.
- Discuss the methods to collaborate with subawardees to monitor and evaluate fidelity of the identified strategy(-ies) as originally described and as adapted for this project. Discuss the importance of fidelity in your project to ensure participants will experience similar outcomes to those found in the original intervention.
- If Institutional Review Board (IRB) approval is needed for subawardee evaluation activities, discuss your plan for serving as a resource for subawardees regarding their IRB reviews, approval and renewal of their patient-level data collection instruments, informed consents, and any other relevant evaluation documentation.

Sustainability Plan

HRSA expects you to work with a minimum of five programs currently funded by RWHAP as either recipients or subrecipients to integrate key elements of the

strategies that are effective in improving practices and/or lead to improved outcomes for the priority population(s). In particular, your proposal should:

- Describe how you will promote the integration and sustainability of the chosen telehealth strategy(-ies) after the period of federal funding ends. Include ways you will work with subawardees to identify risks to sustainability and mitigation strategies to address the risks, if materialized.
- Recommend actions for continuing capacity-building with similar RWHAPs (not engaged in this project) after the project ends.

- WORK PLAN -- Corresponds to Section V's Review Criteria #2 Response, #4 Impact, and #6 Support Requested

  The work plan is a tool to actively manage the project by including all aspects of planning and implementation of the project components. The project work plan must include clearly written (1) goals; (2) objectives that are specific, measurable, achievable, realistic, and time-framed (SMART); (3) action steps or activities; (4) staff responsible for each action step; and (5) anticipated dates of completion for each objective and/or action step. The work plan should be in table format.

  Provide a work plan that clearly delineates your goals for the three-year project period. Provide objectives and action steps only for the goals set for Year 1. Write objectives in SMART terms, providing numbers (not just percentages) for targeted outcomes where applicable. Include key action steps or activities for each of your first year objectives that you anticipate undertaking to implement the project. Consider Year 1 action steps, including, but not limited to:

  - Hiring appropriate staff;
  - Identifying the appropriate telehealth strategy(-ies);
  - Developing subawardee selection and monitoring processes;
  - Identifying meaningful support and collaboration with key stakeholders in planning, designing, and implementing all activities, including developing the subawardee selection process;
  - Beginning evaluation of the chosen strategy(-ies) and dissemination activities;
  - Establishing quality control mechanisms that align with HRSA's review processes; and
  - Addressing IRB and Health Insurance Portability and Accountability Act requirements, as needed.

  All work plan goals, objectives and activities must directly relate to the methods described in the Methodology section of this NOFO. The work plan should be included as ***Attachment 1***.

  Logic Models

  Submit a logic model as ***Attachment 2***. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links

among project 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 project 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);
- Priority population (e.g., the individuals to be served);
- Activities (i.e., listing of key interventions);
- Outputs (i.e., the direct products of project activities); and
- Outcomes (i.e., the results of a project, typically describing a change in people or systems).

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 project implementation; the work plan provides the "how to" steps. In comparison, the logic model provides the overarching concept and design of the project; it summarizes connections across the project elements. 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 (1) challenges that you are likely to encounter in designing and implementing the project activities described in the work plan, (2) potential risks to project implementation, and (3) approaches you will use to resolve such challenges and mitigate risks. At minimum, describe specific challenges and proposed resolutions related to the following:

- Subawardee implementation of the identified telehealth strategy(-ies) within varied project settings.
- Adapting the identified telehealth strategy(-ies) for specific project settings.
- Coordinating activities, including evaluation, across multiple subawardees.
- Providing TA to and monitoring subawardees.
- Developing and maintaining an inventory of existing and emerging telehealth strategies.
- Completing the entire project in three years.
- Implementing the project performance evaluation.

Include additional challenges and risks you may encounter and resolutions, as applicable.

- EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criteria #3 Evaluative Measures, #4 Impact, and #5 Resources/Capabilities

Evaluation

Describe the plan for the project performance evaluation that will be used to evaluate all project activities and contribute to continuous quality improvement of all project activities, including services and support provided to subawardees. The project performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Describe the inputs (e.g., organizational profile, collaborative partners, key personnel, budget, and other resources), key processes, and expected outcomes of the funded activities.

Describe the theoretical basis (i.e., the implementation science framework) for the evaluation design including the method(s) you will use and rationale for selecting the method(s). Identify prospective evaluation questions that address the effectiveness of implementation of the project activities as well as the achievement of interim and longer-term project outcomes. Describe all the necessary components of the evaluation, including process and outcome measures, how these measures will be operationalized, and plans for collecting data to assess these measures.

Describe your organization's capacity to develop and conduct an evaluation of the project activities. Include the systems and processes that will support your organization's performance management requirements through effective tracking of performance outcomes. Also include your organization's procedures for electronic and physical protection of participant information and data.

Describe how your organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe the data collection strategy to collect, analyze, and track data to measure processes and impact/outcomes. Discuss how and what type of data will be collected from subawardees, data quality control processes, and data use agreement processes, as applicable. Explain how the data will be used to inform project development and service delivery. Describe any experience establishing Business Associate Agreements (BAA) and Data Use Agreements (DUA), and describe experience submitting or assisting subawardees with IRB submissions, if applicable.

Describe your plan for integrating the findings of the project performance evaluation with the TA tracking and subawardee monitoring reports in order to inform dissemination activities at the conclusion of project year three.

Technical Support Capacity

Describe the experience, skills, and knowledge of proposed staff (including consultants and contractors, if applicable) as they relate to telehealth strategy, implementation science, readiness assessments, cross-site coordination, training,

TA, and other applications of telehealth concepts. Staff should be directly linked to the activities proposed in the project narrative.

Describe the proposed staff's, (including implementation science researchers, consultants and contractors, if applicable), knowledge and expertise in gathering multi-site data and conducting evaluations of the subawardee telehealth activities and the project activities.

Describe the proposed key project staff's (including any consultants' and contractors', if applicable) experience in disseminating project information such as collaborative writing and publishing manuscripts in peer-reviewed journals and in making presentations at conferences. Describe any experience in the development and dissemination of web-based tools and materials.

Discuss any examples of previous projects, materials published, and previous work of a similar nature that reflect the expertise of proposed staff.

- ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review Criteria #5 Resources/Capabilities and #6 Support Requested

  Describe your organization's mission, structure, scope of current activities, and number of years of experience in developing and implementing each proposed activity. Highly qualified applicants should have at least three (3) years of experience working with telehealth strategies, implementation science, readiness assessments, cross-site coordination, training, TA, managing subawardees and contractors (if applicable), or similar activities. Describe how these all contribute to your organization's ability to successfully implement this project and meet the goals and objectives of this project.

  Describe your organization's experience collaborating with other HIV stakeholders and agencies pertinent to the work of your project. Describe your organization's experience in hosting webinars/webcasts and developing curricula, "How-To" manuals, implementation guides, and strategy toolkits related to HIV service delivery.

  Include a one-page project organizational chart (as ***Attachment 3***) that depicts the organizational structure of the project (not the entire organization), and include contractors (if applicable) and other significant collaborators. If you will use consultants and/or contractors to provide any of the proposed services, describe their roles and responsibilities on the project. 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 staffing plan for the proposed project staff, including qualifications, and brief job descriptions to include roles and responsibilities; including who will manage/oversee the various project activities. Include this plan as ***Attachment 5***. 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 list the federal awards as well as the full-time equivalent (FTE) for that respective federal award. Project staff cannot bill more than 1.0 FTE across all federal awards.

Include short biographical sketches of key project staff (each not to exceed two pages in length) as ***Attachment 6***. See Section 4.1. of HRSA's *SF-424 Application Guide* for information on the content for the sketches. If a biographical sketch for an individual not yet hired is included, you must attach a letter of commitment signed by the individual.

Discuss your organization's experience with implementing a cooperative agreement. Describe your experience with the fiscal management of grants and contracts. Include information on your organization's experience managing multiple federal grants. Also, discuss how your 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.

iii. *Budget*

The directions offered in the SF-424 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 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 costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

In addition, *Telehealth Strategies to Maximize HIV Care* requires the following:

- Line-Item Budget for Years 1 through 3: Submit line-item budgets for each year of the proposed period of performance as a single spreadsheet table, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs as **Attachment 7.**

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.

iv. *Budget Narrative*

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

Provide a budget narrative that explains the amounts requested for each line of the budget. The budget narrative should specifically describe how each item would support the achievement of proposed objectives.

v. *Attachments*

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

Attachment 1: Work Plan

Attach the work plan 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: Logic Model

Include the required logic model in this attachment.

Attachment 3: Project Organizational Chart

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

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

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

Attachment 6: Biographical Sketches of Key Personnel

Include biographical sketches for persons occupying the key positions described in *Attachment 5*, 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 7: Line-Item Budgets for Years 1 through 3

Attachment 8: Tables, Charts, etc.

Include any related tables, charts, or graphs that further explain details about the proposal (e.g., Gantt or PERT charts, flow charts).

Attachment 9: Indirect Cost Rate Agreement and Proof of Non-Profit Status (If Applicable).

Attachments 10-15: Other Relevant Documents

Include here any other documents that are relevant to the application. Please note that all optional attachments count toward the 60-page limit.

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), 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 *April 8, 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

Telehealth Strategies to Maximize HIV Care is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

You may request funding for a period of performance of up to three (3) years, at no more than $1,750,000 per year (inclusive of direct **and** indirect costs). This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2021 (P.L. 116-260) and Division A of the 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:

- Charges that are reimbursed by third-party payers (e.g., private health insurance, prepaid health plans, Medicaid, Medicare)
- To develop materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (nPEP) medications or the related medical services [RWHAP Parts C and D recipients 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
- International travel
- Cash payments to intended recipients of RWHAP services

For the most up-to-date listing of allowable uses of funds, refer to HAB PCN 16-02: "Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds." These service definitions are effective for awards issued for Fiscal Year 2022.

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 *Telehealth Strategies to Maximize HIV Care* applications. Below are descriptions of the review criteria and their scoring points.

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

The extent to which the application demonstrates the problem and associated contributing factors to the problem.

Introduction (2 points)

- The strength and clarity of the description of the priority population(s) and the proposed plan to address the goal, objectives, and project activities included in the "Purpose" section of this NOFO.
- The strength, clarity, and relevance of the description of the implementation science framework chosen for the project performance evaluation.

Needs Assessment (8 points)

- The extent to which the application demonstrates an understanding of the needs of the subawardees and those of the chosen priority population(s), including the pressing need for telehealth in the population(s), ability to access RWHAP services, barriers to utilization of RWHAP services, quality and/or health challenges, and SDOH.
- The extent to which the application demonstrates an understanding of the major factors impacting the telehealth needs of RWHAP recipients and subrecipients.
- The extent to which the application demonstrates a contribution or addition to the existing evidence base around effective telehealth in the RWHAP.
- The extent to which the summary of the literature demonstrates a comprehensive understanding of the role of telehealth in reducing HIV-related health disparities and improving health outcomes for people with HIV, including improving linkage to care, increasing retention in care, and improving health outcomes, including viral suppression, in relation to the chosen priority population(s).

Criterion 2: RESPONSE (35 points) – Corresponds to Section IV's Introduction, Methodology, Work Plan, and Resolution of Challenges

The strength of the proposed goals and objectives and their relationship to the identified project activities. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives.

Introduction (2 points)
The extent to which the purpose of the proposed project responds to the "Purpose" included in this NOFO.

Methodology (20 points)

Site Coordination

- The strength, feasibility, and clarity of the plan to solicit and select a minimum of five subawardees to implement telehealth strategies.
- The strength, feasibility, and clarity of the methods to promote cross-site collaboration among subawardees.
- The strength and clarity of the proposed site selection criteria and approach to ensure the identification of a diverse and representative sample of subawardees that reflect providers across the RWHAP.

Technical Assistance

- The strength and clarity of the approach to develop and implement a TA needs assessment for each subawardee and to use the findings to customize the selected strategies and create a customized TA plan for each subawardee.
- The strength of the proposed plan to support subawardees in understanding the telehealth strategies they will implement and guide them through implementation of the chosen telehealth strategy(-ies).
- The strength and clarity of the plan to track and synthesize (1) TA requests from subawardees and (2) subawardee monitoring reports to provide quarterly summaries.

Strategies/Tools Inventory

- The strength, feasibility, and clarity of the proposed telehealth strategy(-ies) that will be used throughout the project.
- The strength and feasibility of the approach to identify specific telehealth strategies that show promise in improving uptake, integration, and elevation that, with the necessary adjustments, may be promoted as evidence-informed interventions.
- The clarity of the proposed plan to prepare and submit successful telehealth strategies for acceptance in the RWHAP Best Practices Compilation.

Dissemination

- The extent to which the application describes how experiences of subawardees funded through the project are incorporated into product and tool development.
- The strength and clarity of the approach to ensure timely progress toward the creation of materials and products.

Work Plan (10 points)

- The strength and clarity of the work plan and its goals for the three-year project period.
- The extent to which the work plan relates to the Methodology section of the narrative and addresses the project requirements in this announcement.

- The extent to which the work plan includes clearly written: (1) objectives that are SMART; (2) action steps and activities; (3) staff responsible for each action step; and (4) anticipated dates of completion.
- The extent to which the work plan demonstrates the ability to achieve the proposed goals and objectives during the three-year project period.
- The extent to which the logic model presents a methodologically sound, conceptual framework for the proposed project and depicts the links among the proposed project elements.

Resolution of Challenges (3 points)

- The strength, clarity, and feasibility of the plan to identify challenges and risks and propose solutions to designing and implementing activities described in the proposed work plan.
- The strength, clarity, and feasibility of the approaches and techniques to resolve anticipated challenges and mitigate risks related to:
    - Subawardee implementation of the identified telehealth strategy(-ies) within varied project settings;
    - Adapting the identified strategy (-ies) for specific project settings;
    - Coordinating activities, including evaluation, across multiple subawardees.
    - Providing TA to and monitoring subawardees;
    - Developing and maintaining an inventory of existing and emerging telehealth strategies; and
    - Completing the entire project in three years.
    - Implementing the project performance evaluation.

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

The strength and effectiveness of the method proposed to monitor and evaluate the project results. Evidence that the evaluative measures will be able to assess: 1) to what extent the project objectives have been met, and 2) to what extent these can be attributed to the project.

Methodology - Subawardee Evaluation (5 points)

- The extent to which the proposed evaluation plan can assess the effectiveness, successful implementation and associated patient health outcomes, and impact of telehealth strategies implemented by the subawardees.
- The clarity and feasibility of the proposed methods to assess uptake, adaptability, and scalability of telehealth strategies across the RWHAP.
- The strength and clarity of the proposed methods or tools used to evaluate the strategies of each subawardee site, including collaboration with subawardees to monitor and evaluate fidelity of the strategies and proposed process and outcome measures. The strength and clarity of the application's discussion of the importance of fidelity in the project.
- The clarity of the proposed plan to assist subawardees with IRB approval, as needed.

Evaluation and Technical Support Capacity (5 points)

- The extent to which the project performance evaluation plan clearly demonstrates how the applicant organization will implement continuous quality improvement to monitor progress toward the goals and objectives of the project.
- The extent to which the application's evaluation is linked to an implementation science framework that is appropriate given the project's scope.
- The strength of the proposed evaluation components, including process and outcome measures, how measures will be operationalized, and data collection/management plans.

Criterion 4: IMPACT (15 points) – Corresponds to Section IV's Methodology, Work Plan, and Evaluation and Technical Support Capacity

The extent to which the proposed project has a public health impact and the project will be effective, if funded.

Methodology and *Work Plan (10 points)*

Strategies/Tools Inventory

- The strength and clarity of the proposed approach to identify and create an inventory of existing telehealth strategies and to submit successful strategies for acceptance in the RWHAP Best Practices Compilation.
- The strength and clarity of the plan to collect and maintain project-related tools.

Dissemination

- The strength and clarity of the plan to develop, disseminate and promote innovative tools, project products, information, activities, and findings to subawardees of the project and RWHAP recipients and subrecipients not funded under this project.
- The extent to which the application describes the plan for promoting project-related materials/webinars using social media, the Health Center Resource Clearinghouse, TargetHIV and the RWHAP Best Practices Compilation.

Sustainability Plan

- The strength of the proposed process for supporting sustainability planning, including risk identification and mitigation, for the subawardees throughout the implementation period and after the period of federal funding ends.
- The feasibility of the proposed methods to continue capacity-building with similar RWHAPs after the project ends.
- The degree to which the project's activities can be replicated across the RWHAP.

Evaluation and Technical Support Capacity (5 points)

- The strength and clarity of the plan for integrating the findings of the project performance evaluation with the TA tracking and subawardee monitoring reports in order to inform dissemination activities at the conclusion of the project.

Criterion 5: RESOURCES/CAPABILITIES (20 points) – Corresponds to Section IV's Methodology, Evaluation and Technical Support Capacity and Organizational Information

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.

Methodology and *Organizational Information (10 points)*

- The clarity and extent to which the application demonstrates experience and ability of the applicant organization to collaborate with other stakeholders and agencies pertinent to the work of this project and the RWHAP communities at all levels of implementation of the project.
- The extent to which the application demonstrates applicant organization experience in hosting webinars/webcasts and developing curricula, "How-To" manuals, implementation guides, and toolkits related to HIV service delivery.
- If applicable, the strength and clarity of the plan to oversee and monitor the contractor's performance and delivery of project activities.
- The extent to which the application demonstrates prior experience soliciting and managing subawards.
- The appropriateness of the job descriptions and biographical sketches for key personnel as they relate to the goals and objectives of this project.
- The extent to which the time allocated for staff is consistent with their anticipated workload toward the completion of the goals and objectives of the project.
- The strength, feasibility, and clarity of the applicant's experience and plan to implement a cooperative agreement including following the approved work plan, accounting for federal funds, and documenting costs.

Evaluation and Technical Support Capacity (10 points)

- The extent to which the application demonstrates the capacity of the applicant organization and project partners to conduct the project activities as they relate to telehealth strategy, implementation science, readiness assessments, cross-site coordination, training, TA, and other applications of telehealth concepts.
- The extent to which the application demonstrates the capacity of the applicant organization and project partners to establish BAAs and DUAs and submit or assist subawardees with IRB submissions, if applicable.
- The extent to which the proposed staffing plan includes project staff with expertise in (1) gathering multi-site data and conducting evaluations of the subawardee telehealth activities and conducting evaluations of the project activities using an implementation science approach; (2) disseminating project information; and (3) developing and disseminating web-based tools and materials.
- The extent to which the staffing plan and project organizational chart are consistent with the project description and project activities.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to Section IV's Work Plan, Organizational Information, Budget, and Budget Narrative

- The extent to which costs outlined in the proposed budget are reasonable and appropriate for the project objectives.
- The strength and clarity of the budget narrative to support each line item budget.
- The extent to which contracts for proposed contractors or consultants are clearly described in terms of contract purposes; how costs are derived; and that deliverables are reasonable and appropriate, if applicable.
- The extent to which costs outlined in the proposed budget for the subawardees are reasonable and appropriate for the project objectives.

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.

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

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

HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the

review of risk as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

If you are successful and receive an 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 triannual basis (three times a year). A non-competing continuation report will be submitted in lieu of the second triannual progress report. Further information will be available in the NOA.

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

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

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

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

LaQuanta P. Smalley
Senior Public Health Analyst, Clinical and Quality Branch
Attn: Telehealth Strategies to Maximize HIV Care
Health Resources and Services Administration
5600 Fishers Lane, Room 9N148A
Rockville, MD 20857
Telephone: (301) 443-0995
Email: lsmalley@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

HRSA has scheduled following technical assistance:

Day and Date: Friday, January 21, 2022
Time: 1:00 – 2:30 p.m. ET
Call-In Number:
Dial a number based on your current location
+1 (669) 254-5252 US (San Jose)
+1 (646) 828-7666 US (New York)
+1 (669) 216-1590 US
+1 (551) 285-1373 US
(833) 568-8864 (Toll Free)
Webinar ID: 161 248 7465
Web link: https://hrsa-gov.zoomgov.com/j/1612487465

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

Tips for Writing a Strong Application

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