U.S. Department of Health and Human Services

HRSA
Health Resources & Services Administration

HIV/AIDS Bureau

Division of Policy and Data

Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program – Evaluation Provider

Funding Opportunity Number: HRSA-22-032

Funding Opportunity Type(s): New

Assistance Listings (AL/CFDA) Number: 93.928

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2022

Letter of Intent Requested by: January 21, 2022

Application Due Date: February 23, 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: November 22, 2021

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See Section VII for a complete list of agency contacts.

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

508 Compliance Disclaimer

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

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2022 Ryan White HIV/AIDS Program (RWHAP) Special Projects of National Significance (SPNS) Program Initiative titled *Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program* (SURE Housing).

The SURE Housing initiative has two separate yet coordinated recipients: the Evaluation Provider (EP) funded under this announcement (HRSA-22-032); and an Implementation and Technical Assistance Provider (ITAP) funded under a different announcement (HRSA-22-031). Both the ITAP and the EP must coordinate activities and share information and data in the design, implementation, evaluation, communication, and dissemination of this initiative. The success of this initiative depends on the collective success of the individual components, with the ultimate goal of communicating and disseminating replication tools to the broader RWHAP, HIV, and housing communities.

The purpose of this funding announcement (HRSA-22-032) is to support a single organization that serves as the EP and uses the HRSA HAB implementation science framework (HAB IS)[1] to evaluate housing-related evidence-based interventions, evidence-informed interventions, and emerging strategies (collectively, "intervention strategies") for the following three key populations of people with HIV experiencing unstable housing: 1) lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) people; 2) youth and young adults (ages 13-24); and 3) people who have been justice involved (i.e., people impacted by the justice system).

The ITAP, funded under the companion announcement (HRSA-22-031), will select and fund implementation sites under individual subawards; provide *implementation-related* technical assistance to the sites; and developing a communication plan and replication tools for widespread adoption of these housing-related intervention strategies for these three key populations of people with HIV experiencing unstable housing. The EP will develop and implement a multi-site evaluation of these intervention strategies and provide evaluation-related technical assistance. Throughout this initiative, the EP will

[1] Psihopaidas D, Cohen SM, West T, et al. (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. https://doi.org/10.1371/journal.pmed.1003128.

work closely with the ITAP, which will provide implementation-related TA to the sites. The EP's evaluation findings will support the ITAP in promoting the communications and dissemination of relevant replication materials for widespread adoption in other RWHAP settings in need of effective strategies to better serve people with HIV experiencing unstable housing.

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. This program may be cancelled prior to award.

Funding Opportunity Title:	Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program - Evaluation Provider
Funding Opportunity Number:	**HRSA-22-032**
Due Date for Applications:	February 23, 2022
Anticipated Total Annual Available FY 2022 Funding:	**$800,000**
Estimated Number and Type of Award:	One (1) cooperative agreement
Estimated Annual Award Amount:	Up to $800,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	August 1, 2022 through July 31, 2026 (4 years)
Eligible Applicants:	Eligible applicants include entities eligible for funding under Ryan White HIV/AIDS Program Parts A - D of Title XXVI of the Public Health Service (PHS) Act, including public and nonprofit private entities; state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; community health centers receiving support under Section 330 of the PHS Act; faith-based and community-based organizations; and Indian Tribes or Tribal organizations with or without federal recognition.

	See Section III.1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

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

Technical Assistance

Webinar

Day and Date: Tuesday, December 14, 2021
Time: 2 p.m. – 3:30 p.m. ET
Weblink: Join ZoomGov Meeting
https://hrsa-gov.zoomgov.com/j/1619961421?pwd=S3pJRTByd3c3Uk1Va3pIaUdCbHB4dz09
Meeting ID: 161 996 1421
Passcode: cybS4md7

Or Dial-In
Call-In Number: 1-833-568-8864 (US Toll-free)
Meeting ID: 161 996 1421
Passcode: 84438038

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

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity to apply for funding under the Ryan White HIV/AIDS Program (RWHAP) Special Projects of National Significance (SPNS) Program[2] project titled *Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program - Evaluation Provider (EP)*.

The purpose of this project is to support a single organization that serves as an EP and uses an implementation science framework (HAB IS)[3] to evaluate housing-related intervention strategies for the following three key populations of people with HIV experiencing unstable housing who often have the highest HIV-related disparities (see Background Section I.2):

1) lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+);
2) youth and young adults (ages 13-24); and
3) people who have been justice involved (i.e., people impacted by the justice system).

The *SURE Housing* initiative has two separate, yet coordinated recipients: the EP, which will be funded under this announcement (HRSA-22-032), and a separately funded announcement for an Implementing and Technical Assistance Provider (ITAP) *(HRSA-22-031*). The companion announcement will issue subawards to up to 10 implementation sites to implement and adapt selected interventions. Throughout this initiative, the EP will work closely with the ITAP, which will provide implementation technical assistance (TA) to the sites. The EP's evaluation findings will support the ITAP in promoting the communication and dissemination of relevant replication materials for widespread adoption by the broader RWHAP, HIV, and housing communities in need of effective strategies to better serve people with HIV experiencing unstable housing.

The EP will develop and implement a multi-site evaluation and provide evaluation-related TA to each of the implementation sites. The multi-site evaluation will include implementation and client outcomes and a cost analysis that are consistent across the implementation sites. Implementation sites may conduct their own local evaluations with support from the EP as needed.

Implementation sites will implement and adapt housing-related intervention strategies. Examples may include, but are not limited to, intervention strategies from the RWHAP

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[2] HRSA Ryan White HIV/AIDS Program Part F: Special Projects of National Significance (SPNS) Program. Available at: https://hab.hrsa.gov/about-ryan-white-hivaids-program/part-f-special-projects-national-significance-spns-program

[3] Psihopaidas D, Cohen SM, West T, et al. (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. https://doi.org/10.1371/journal.pmed.1003128.

SPNS housing-related initiatives; HUD HOPWA's *Integrated HIV/AIDS Housing Plan*[4] or *VAWA/HOPWA Demonstration Initiative*[5]; and other innovative HIV and housing-related models[6] as resources to help identify potential effective interventions. Refer to the companion ITAP notice of funding opportunity announcement *(HRSA-22-031)* for more information.

Both the EP and ITAP are required to coordinate activities and share information and data during the implementation, evaluation, and dissemination phases of this initiative. The EP will provide evaluation-related TA to the implementation sites, while the ITAP will provide implementation-related TA. Specifically, the EP will develop and implement a multi-site evaluation and provide related TA to each of the implementation sites. Evaluation-related TA includes, but is not limited to, training implementation site staff on using the data portal and other necessary data systems before and throughout the implementation period.

The EP will also disseminate evaluation-related findings and products, which will feed into the ITAP's dissemination of programmatic materials such as replication tools and an implementation manual. The success of this initiative is dependent on the collective success of the individual components, with the ultimate goal of communicating and disseminating replication tools to the broader RWHAP, HIV, and housing communities.

Recognizing the critical role of housing in supporting people with HIV to improve health outcomes, HRSA will draw upon the expertise of the U.S. Department of Housing and Urban Development (HUD), including its Office of HIV/AIDS Housing (OHH), which administers the Housing Opportunities for Persons With AIDS (HOPWA) Program.[7] HUD is responsible for national policy and programs that address America's housing needs, and enforce fair housing laws. As such, HRSA will seek HUD's expertise as needed for the purposes of this initiative.

2. Background

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

HAB is publishing this notice of funding opportunity (NOFO) in conjunction with Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS

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[4] HUD Exchange. HOPWA Integrated HIV/AIDS Housing Plan initiative. Available at: https://www.hudexchange.info/programs/hopwa/2011-ihhp-spns-program-grantees/#justice-resource-institute

[5] HUD Exchange. HOPWA/VAWA initiative. Available at: https://www.hudexchange.info/programs/hopwa/vawa-hopwa-demonstration/

[6] HRSA's Ryan White HIV/AIDS Program: *Housing for People with HIV.* Available at: https://hab.hrsa.gov/sites/default/files/hab/Publications/factsheets/hrsa-housing-tep-overview.pdf

[7] HUD Exchange. Housing Opportunities for Persons With AIDS (HOPWA) Program. Available at: : https://www.hudexchange.info/programs/hopwa/

Program – Implementation and Technical Assistance Provider (HRSA-22-031). Because award recipients under both NOFOs (HRSA-22-031 and HRSA-22-032) will need to work closely together to be successful, HAB encourages you to read the companion announcement and become familiar with all program expectations within each NOFO.

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

The RWHAP has five statutorily defined Parts (Parts A, B, C, D, and F) that provide funding for core medical care, support services, and medications; 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 the Healthy People 2030, the HIV National Strategic Plan: A Roadmap to End the HIV Epidemic in the U.S. (2021–2025); the Sexually Transmitted Infections National Strategic Plan for the United States (2021–2025); and the Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025) are crucial to addressing key public health challenges facing low-income people with HIV. These strategies detail the principles, priorities, and actions to guide the national public health response and provides a blueprint for collective action across the Federal Government and other sectors. The RWHAP supports the implementation of these strategies and recipients should align their organization's efforts, within the parameters of the RWHAP statute and program guidance, with these strategies to the extent possible.

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

According to recent data from the 2019 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the United

States. From 2015 to 2019, HIV viral suppression among RWHAP patients who have had one or more medical visits during the calendar year and at least one viral load with a result of <200 copies/mL reported, has increased from 83.4 percent to 88.1 percent. Additionally, racial/ethnic, age-based, and regional disparities reflected in viral suppression rates have significantly decreased.[8] For example, the disparities in viral suppression rates between Black/African Americans and White clients have decreased since 2010.[9] 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.[10]

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

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

Using Data Effectively: Integrated Data Sharing and Use

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

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

[8] Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2019. http://hab.hrsa.gov/data/data-reports. Published December 2020. Accessed December 2, 2020.
[9] Black/African American clients went from 79.4 percent viral suppression in 2015 to 85.2 percent in 2019, while 88.3 percent of White clients were virally suppressed in 2015 and 91.8 percent in 2019
[10] 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.

utilization.

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

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

Program Resources and Innovative Models

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

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

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

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

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

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

HRSA also recognizes the importance of addressing emerging issues, as well as supporting the needs of 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 HRSA HAB Implementation Science Approach

The goal of this initiative is to identify, implement, and adapt intervention strategies that could be effective for improving outcomes among the three key populations of people with HIV identified in this NOFO who are served by the RWHAP, thereby reducing disparities and moving toward ending the HIV epidemic in the U.S within the HRSA HAB implementation science framework (HAB IS). HAB IS was developed to support the translation of insights from the implementation science literature to real-world settings.

HAB IS includes effectiveness criteria for three categories of intervention strategies for the RWHAP: evidence-based interventions, evidence-informed interventions, and emerging strategies. HRSA HAB developed these criteria in collaboration with the CDC and the NIH. This initiative will focus on housing-related intervention strategies. By focusing on these intervention strategies, HRSA seeks to replicate housing-related

evidence-based, evidence informed, and emerging strategies and improve health outcomes for the above three key populations of people with HIV experiencing unstable housing.

HAB IS involves two core components. The first component is rapid implementation, which includes (1) identifying existing intervention strategies 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 intervention strategy. The ITAP will provide TA to support implementation and adaptation at the subawarded implementation sites. Details are outlined in the ITAP companion announcement *(HRSA-22-031)*.

The second core component, applicable to this NOFO, is implementation science evaluation. This type of evaluation provides standardized and systematic assessments of: 1) the impact of the intervention strategy on client outcomes, 2) the penetration of the intervention strategy in a specific setting, 3) the utility of specific implementation strategies to achieve uptake and integration, and 4) the broader contextual factors that affect implementation. These components should inform the EP's development and delivery of the multi-site evaluation plan.

Through the multi-site evaluation, the EP will be able to determine which of the piloted intervention strategies can be successfully replicated by other RWHAP-funded providers to improve client outcomes. This multi-site evaluation plan will include both cross-cutting variables (e.g., cost data) and variables tailored specifically to the intervention strategy and the subawardee (e.g., dosage of intervention/exposure data). The EP will also evaluate the impact of biannual learning sessions developed by the ITAP on uptake, integration, and associated client outcomes.

The EP will also closely collaborate with the ITAP throughout the entire period of performance to support TA activities and to ensure these activities are in full harmony with the goals and objectives of the evaluation. Findings of evaluation activities will be a key factor to inform the development of dissemination and replication materials.

HIV, Housing Disparities, and Key Populations

Promoting equity is essential to the HHS's mission of protecting the health of Americans and providing essential human services. This view is reflected in Executive Order 13985[11] entitled Advancing Racial Equity and Support for Underserved Communities through the Federal Government. Addressing issues of equity should include an

[11] Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021). Available at: https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

understanding of intersectionality and how multiple forms of discrimination impact individuals' lived experiences.[12]

Structural and social determinants of health such as housing,[13] employment,[14] and disparate service delivery systems[15] are often associated with HIV-related health disparities. Housing stability has a particular impact on the health of people with HIV. Homelessness was associated with 3.84 times the likelihood of incomplete viral suppression when compared to people with HIV who were stably housed.[16] People with HIV experiencing homelessness are at increased risk of poorer mental, physical, and overall health status.[17] Thus, housing is a potentially important mechanism for improving the health of people with HIV who have not yet been successfully maintained in care.

HRSA has identified three key focus populations for this project: LGBTQ+; youth and young adults; and justice involved individuals. HIV disproportionately affects the LGBTQ+ communities – in 2018, gay, bisexual and other men who have sex with men (MSM) accounted for 69 percent of the 37,968 new HIV diagnoses in the United States.[18] Similarly, youth and young adults ages 13-24 accounted for approximately 21 percent of new HIV diagnoses in 2018.[19] In addition, those with recent incarceration history were more likely to experience homelessness and least likely to report HIV medication adherence and durable viral suppression compared to those who were never incarcerated.[20]

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[12] *See* Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021). Available at: https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf.

[13] Housing and Urban Development (HUD). *The Connection Between Housing and Improved Outcomes Along the HIV Care Continuum*, 2013. Available at: https://www.hudexchange.info/resources/documents/The-Connection-Between-Housing-and-Improved-Outcomes-Along-the-HIV-Care-Continuum.pdf

[14] Conyers LM, Richardson LA, Datti PA, Koch LC, Misrok M. *A Critical Review of Health, Social, and Prevention Outcomes Associated With Employment for People Living With HIV*. AIDS Educ Prev. 2017;29(5):475-490. doi:10.1521/aeap.2017.29.5.475. Available at: https://pubmed.ncbi.nlm.nih.gov/29068719/

[15] Mathematica Policy Research, 2014. Hargreaves M, Oddo V, Stillman L, Sherwood J, Sullivan S. *Analysis of Integrated HIV Housing and Care Services.* Available at: http://www.mathematica-mpr.com/~/media/publications/pdfs/health/hiv_housing_care_svcs.pdf

[16] Thakarar K, Morgan JR, Gaeta JM, Hohl C, Drainoni ML. Homelessness, HIV, and Incomplete Viral Suppression. *J Health Care Poor Underserved*. 2016;27(1):145-156. doi:10.1353/hpu.2016.0020 Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4982659/

[17] Kidder DP, Wolitski RJ, Campsmith ML, Nakamura GV. Health status, health care use, medication use, and medication adherence among homeless and housed people living with HIV/AIDS. *Am J Public Health*. 2007;97(12):2238-2245. doi:10.2105/AJPH.2006.090209. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2089119/

[18] Centers for Disease Control and Prevention. *HIV Surveillance Report, 2018 (Updated)*; vol.31. Published May 2020. Available at:.http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

[19] Centers for Disease Control and Prevention. *HIV and Youth: HIV Incidence, 2018.* Available at: https://www.cdc.gov/hiv/group/age/youth/incidence.html

[20] Ibañez, G.E., Zhou, Z., Algarin, A.B. *et al.* Incarceration History and HIV Care Among Individuals Living with HIV in Florida, 2014–2018. *AIDS Behav* **25,** 3137–3144 (2021). https://doi.org/10.1007/s10461-021-03250-8

Specifically, data from the Ryan White HIV/AIDS Program Services Report (RSR) show that although viral suppression rates have increased over time in the RWHAP, challenges remain for certain populations, especially clients with temporary or unstable housing. Data from the 2019 RSR show that RWHAP clients with unstable housing have lower viral suppression rates (74.5 percent) than clients with stable housing (89.3 percent). In addition, key populations with unstable housing continue to have the lowest percentages of viral suppression: transgender people (67.5 percent); youth aged 13-24 years (69.3 percent); and Black/African American MSM (71.7 percent).[21] These data underscore the importance of replicating effective structural and evidence-informed housing intervention strategies for these key populations of people with HIV across the RWHAP.

Implementation and Adaptation of Housing Intervention Strategies

The RWHAP SPNS program funds demonstration project initiatives that implement and evaluate innovative models focused on improving access to and retention in care for people with HIV. This includes the implementation and evaluation of three housing-related initiatives to improve health outcomes for people with HIV experiencing unstable housing: *Building a Medical Home for Multiply Diagnosed HIV Positive Homeless Populations (2012 – 2017); Addressing HIV Care and Housing Coordination through Data Integration (2015 – 2018); Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services (2017 – 2020).*

Throughout the course of these past initiatives, HRSA regularly consulted with HUD OHH for guidance and TA on housing related issues. HRSA will continue to leverage the knowledge and expertise of HUD staff throughout the course of this initiative.

However, more work needs to be done to extend the uptake and reach of these and other housing-related intervention strategies, especially in key focus populations, which continue to experience health and housing disparities. An implementation science evaluation framework, funded under this NOFO, will facilitate the adaptation and integration of these interventions across RWHAP provider organizations. Successful dissemination and wider-scale replication of these intervention strategies will be key in improving health outcomes for people with HIV experiencing unstable housing, and thus help support ending the HIV epidemic across the U.S.

Key Definitions

For the purposes of this initiative, applicants should use the following definitions:

- *Evidence-based interventions* are strategies, models, or approaches that have been proven effective at improving the care and treatment of people with HIV. Evidence-based interventions have demonstrated impact and strength of

[21] Health Resources and Services Administration. *2019 Ryan White HIV/AIDS Program Annual Client-Level Data Report*. Available at: https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2019.pdf

published research evidence and have met the evidence-based criteria established by the Centers for Disease Control and Prevention (CDC).

- *Evidence-informed interventions*[22] are strategies, models, or approaches that have been proven effective or have shown promise as a methodology, practice, or means of improving the care and treatment of people with HIV. Evidence-informed should be understood as distinct from evidence-based. Evidence-informed interventions may demonstrate impact and strength of published research evidence without meeting CDC or other criteria for being evidence-based.
- *Emerging strategies* are innovative strategies that address emerging priorities for the care and treatment of people with HIV. Real world validity and effectiveness have been demonstrated, but emerging strategies do not yet have sufficient published research evidence.
- *HIV care services* are all of the HIV care and treatment services allowable through the RWHAP. For more information regarding RWHAP eligible services, refer to Policy Clarification Notice (PCN) #16-02: *Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds*.[23]
- *Housing services* are the full range of rental, utility, security deposit, and mortgage assistance offered by HUD, including the HOPWA program, the Continuum of Care Program, and Emergency Solutions Grants Program, to stabilize individuals and families experiencing unstable housing or homelessness. In addition, please see the August 18, 2016 program letter, *Using Ryan White HIV/AIDS Program Funds to Support Housing Services*.[24]
- *Unstable housing* includes but is not limited to literal homelessness (i.e., lacking a fixed, regular, and adequate nighttime residence including sleeping in a place not meant for human habitation, such as park bench, vehicle, bus, train or subway station, abandoned building, or anywhere outside, etc);[25] temporary housing (e.g., transitional housing, hotel, or motel, or temporary arrangement with family or friends); and unstable housing arrangements (e.g., emergency shelter, jail, prison, or juvenile detention facility; or not having a lease, ownership interest or occupancy agreement in permanent housing).[26]
- *Justice-involved* refers to any person who is engaged at any point along the continuum of the criminal justice system as a defendant (including arrest, incarceration, and community supervision). See HRSA's Ryan White HIV/AIDS Program: Addressing the HIV Care Needs of People with HIV in State Prisons

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[22] Psihopaidas D, Cohen SM, West T, et al.; 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 2020;17(11):e1003128. https://doi.org/10.1371/journal.pmed.1003128

[23] HRSA HIV/AIDS Bureau. Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN)# 16-02. Available at: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

[24] HRSA HAB Program Letter *Using Ryan White HIV/AIDS Program Funds to Support Housing Services*. Available at: https://hab.hrsa.gov/sites/default/files/hab/Global/housingpolicyupdate0816_0.pdf

[25] HUD Exchange: Definition of Homelessness. Available at: https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

[26] HUD Exchange. HOPWA Annual Progress Report: Form HUD-40110-C. Definition of Unstable Housing Arrangements. Available at: https://www.hudexchange.info/resource/1012/hopwa-annual-progress-report-apr-form-hud-40110-c/

and Local Jails.[27] For more information regarding RWHAP eligible services for people with HIV who are justice involved, refer to Policy Clarification Notice (PCN) #18-02: The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved.[28]

- *Equity* means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality."[29]
- *Underserved Communities* are populations sharing a particular characteristic, as well as geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of "equity."[30]

II. Award Information

1. Type of Application and Award

Type of applications sought: **New**

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

HRSA program involvement will include:

- Providing the expertise of HRSA personnel, and other relevant resources to the project.
- Seeking the expertise of HUD staff and other relevant resources to support the initiative.
- Facilitating relationships between the ITAP, EP, and other relevant stakeholders.

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[27] HRSA RWHAP: Addressing the HIV Care Needs of People Living with HIV in State Prisons and Local Jails. Available at : https://hab.hrsa.gov/sites/default/files/hab/Publications/factsheets/hrsa-justice-tep.pdf

[28] HRSA HIV/AIDS Bureau. The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who are Incarcerated and Justice Involved. Policy Clarification Notice (PCN)# 18-02. Available at: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/PCN-18-02-people-who-are-incarcerated.pdf

29 Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021). Available at: https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

30 Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009 at § 2(b) (Jan. 20, 2021). Available at: https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

- Reviewing and concurring with, on an ongoing basis, activities, procedures, measures, and tools to be established and implemented for accomplishing the goals of the cooperative agreement.
- Participating in the design and implementation of evaluation tools, evaluation plans, and other project materials.
- Reviewing and concurring with all information products prior to dissemination.
- Facilitating the dissemination of project findings, best practices, evaluation data, and other information developed as part of this project to the broader HIV health care and housing provider community.

The cooperative agreement recipient's responsibilities will include:

- Developing and implementing a multi-site evaluation and related TA to each of the implementation sites. Evaluation is defined as a systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of programs and, as importantly, to contribute to continuous program improvement.[31]
- Providing support to the ITAP on all aspects of the implementation science evaluation framework, especially in the selection and subsequent monitoring of intervention strategies and assessments of evaluation capacity for potential implementation sites selected by the ITAP.
- Creating a data portal to collect and manage the submission of multi-site evaluation data.
- Coordinating with the ITAP to ensure the completeness of data submissions, and assessing data quality.
- Coordinating activities to provide evaluation-related TA training to the implementation sites.
- Conducting periodic evaluation assessments on the effectiveness of the intervention strategies to inform learning sessions to be held during Years 2 and 3 of the initiative.
- Analyzing data to inform the overall effectiveness of the intervention strategies.
- Training implementation sites' staff on the data portal and other necessary data systems before and throughout the implementation period.
- Sharing information throughout the duration of the project, to include status updates, tools developed to help the sites, and other information about the evaluation in real time.
- Providing evaluation support to the ITAP on findings from learning sessions conducted during Years 2 and 3 to facilitate adaptation (if needed) of intervention strategies implemented by participating sites.
- Providing evaluation findings and insights to inform replication tools being developed by the ITAP.
- Developing evaluation-related communication and dissemination materials to describe the overall initiative and evaluation findings, such as manuscripts and professional conference presentations.

[31] Centers for Disease Control and Prevention. Program Performance and Evaluation Office. Available at: https://www.cdc.gov/eval/index.htm

- Providing evaluation-related support to the ITAP that feeds into the development of publications and dissemination plans and materials.
- Creating and sharing final work products such as the manuscripts, conference presentations, and final toolkits.

During the course of the 4-year period of performance, the EP will be responsible for fulfilling the following four important functions for this multi-site initiative. HRSA encourages you to collaborate with partner organizations, as needed, to achieve the cooperative agreement requirements and expectations below:

1) Conduct a rigorous multi-site evaluation of the implementation and outcomes of implementation site interventions;
2) Support the ITAP in identifying and selecting evaluable housing and HIV interventions;
3) Coordinate and provide both remote and onsite evaluation TA to implementation sites; and
4) Lead and coordinate the efforts for publication and dissemination of evaluation findings and lessons learned over the course of the initiative to promote successful replication and uptake of intervention strategies.

Multi-Site Evaluation

The EP will design, implement, and conduct a rigorous multi-site evaluation using the HAB IS framework across participating sites. The ultimate goal of this evaluation is to assess the effectiveness of system-level housing intervention strategies in the RWHAP to decrease housing and health disparities and improve health outcomes along the HIV care continuum. Using the HAB IS framework, the evaluation of housing-related intervention strategies will measure implementation outcomes such as uptake, engagement, barriers, and facilitators, as well as client outcomes such as linkage to care, retention or re-engagement in care, medication adherence, and viral suppression.

During Year 1, the EP will focus on the design of the multi-site evaluation plan and related activities including performing assessments of evaluation capacity for potential implementation sites selected by the ITAP. Years 2 through 3 will entail the operationalization of the multi-site evaluation plan to assess effectiveness of intervention strategies across implementation sites. The EP will conduct periodic evaluation assessments on the effectiveness of the intervention strategies implemented by sites to inform learning sessions on the need for potential adaptations. The EP will also provide evaluation support to the ITAP on the implementation of the newly refined intervention strategies.

In addition, during Years 2 and 3, the EP will develop and maintain a secure data portal to collect multi-site evaluation data reported by the implementation sites. The EP will coordinate efforts to assure the privacy and confidentiality of data submitted, collected, and stored. The EP will be responsible for monitoring and informing the ITAP of data quality and completeness of submissions. The EP will also be responsible for the provision of evaluation-related TA to the implementation sites through regular teleconferences, webinars, and in-person meetings over the course of the project.

Throughout the initiative and during Year 4, the EP will lead the communications and dissemination of evaluation-related findings and lessons learned from the intervention strategies to inform the development of other dissemination and promotional material carried out under the responsibility of the ITAP.

Outcomes and Measures for HIV, Housing, Data Integration, and Cost

For this RWHAP SPNS initiative, the primary outcome measure is viral suppression. The intervention-specific intermediate measures are linkage to care, annual retention in care, prescription of HIV antiretroviral therapy (proxy for medication adherence), and viral suppression. In order to reduce variation in similar measurements, this initiative also defined housing status outcomes.

Table 1. Outcomes and Definitions for Interventions

Outcomes	Numerator	Denominator
HRSA HIV/AIDS Bureau Performance Measures Portfolio		
Linkage to care	Number of patients who attended a routine HIV medical care visit within 1 month of HIV diagnosis	Number of patients, regardless of age, with an HIV diagnosis in 12-month measurement year
Annual Retention in Care	Number of patients in the denominator who had at least two HIV medical care encounters at least 90 days apart within a 12-month measurement year. At least one of the two HIV medical care encounters needs to be a medical visit with a provider with prescribing privileges.	Number of patients, regardless of age, with a diagnosis of HIV who had at least one HIV medical encounter within the 12-month measurement year
Prescription of HIV Antiretroviral Therapy (proxy for Medication Adherence)	Number of patients from the denominator	Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year
HIV Viral Load Suppression	Number of patients in the denominator with a viral load <200 copies/mL at last HIV viral load test during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year
Housing Outcome (individual level)		

Unstable Housing Status	Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period	Number of persons with an HIV diagnosis receiving HIV services in the last 12 months
Housing Stability	Number of persons that exited the housing program; their housing status after exiting	

Support for Intervention Strategy Selection

The EP will support the ITAP in creating an inventory of existing intervention strategies to improve the health of people with HIV experiencing unstable housing. The EP will assist in developing and applying criteria to select evidence-informed interventions along with the existing SPNS and other housing-related intervention strategies. In collaboration with HAB, the EP will support the ITAP in selecting the intervention strategies that can be adapted and implemented for the three key populations of people with HIV and in RWHAP settings that are the focus of this initiative.

Provision of Evaluation Technical Assistance

The EP will provide evaluation TA to funded implementation sites as they adapt and implement intervention strategies to increase linkage to and engagement in care for people with HIV experiencing unstable housing. The EP will closely collaborate with the ITAP throughout the entire project period to align evaluation TA and programmatic TA..

The EP will assess evaluation-related TA needs and provide all evaluation-related training and TA to the implementation sites. This may include, but is not limited to, the following topics: institutional review board (IRB), data collection tools, data collection and submission, and data quality. TA activities will be routine teleconference calls, webinars, meetings, website resources, all-site meetings and, annual site visits with the implementation sites, ITAP, and HRSA staff over the course of the project.

Communications and Dissemination

The EP, in coordination with HRSA staff, will lead the communication and dissemination of evaluation-related project findings and lessons learned from intervention strategies adapted throughout the project period. The EP will be responsible for producing and disseminating evaluation-related TA toolkits, materials, and products. Mechanisms of dissemination may include websites, presentations via webcast, conferences, meetings, or national forums. The EP will disseminate findings and lessons learned from implementation sites' intervention strategies and best practices. In addition, the EP will publish materials that enable other housing, HIV, and public health providers to implement similar interventions. The EP and implementation sites will work with TargetHIV as the web forum to disseminate information, materials,

and products as well as promote materials in the RWHAP Best Practices Compilation[32]. The EP shall make all files, including captioning, audio descriptions, videos, tables, graphics/pictures, and presentations fully accessible to people with disabilities. The EP will form a publication and dissemination committee, consisting of HRSA, ITAP staff, and implementation site representatives, to generate topics for presentations and publications, concept sheets and analyses, and an overall dissemination plan for the initiative's products. The findings will be the key factor to inform dissemination plans for the replication tools created by the ITAP.

2. Summary of Funding

HRSA estimates approximately $800,000 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 $800,000 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, 2026 (4 years). Funding beyond the first year is subject to the availability of appropriated funds for *Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program - Evaluation Provider (EP)* in subsequent fiscal years, satisfactory progress, and a decision that continued funding is in the best interest of the Federal Government. HRSA may reduce funding levels beyond the first year if the recipient is unable to fully succeed in achieving the goals listed in the 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 Ryan White HIV/AIDS Program Parts A - D of Title XXVI of the Public Health Service (PHS) Act, including public and nonprofit private entities; state and local governments; academic institutions; local health departments; nonprofit hospitals and outpatient clinics; and community health centers receiving support under Section 330 of the PHS Act. Domestic faith-based and community-based organizations, tribes, and tribal organizations are also eligible to apply.

[32] TargetHIV. RWHAP Best Practices Compilation. Available at: https://targethiv.org/bestpractices

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-22-032 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 **80 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-22-032, 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. § 3321).

3) If you are unable to attest to the statements in this certification, you must include an explanation in *Attachment 8: Other Relevant Documents*.

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

Program Requirements and Expectations

Program-Specific Instructions

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

i. *Project Abstract*

Use the Standard OMB-approved Project Abstract Summary Form 2.0 that is included in the workspace application package. Do not upload the abstract as an attachment or it will count toward the page limitation. For information required in the Project Abstract Summary Form, see Section 4.1.ix of HRSA's *SF-424 Application Guide.*

NARRATIVE GUIDANCE

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

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

ii. *Project Narrative*

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

To assist in preparing your work plan and budget, please see the anticipated overall project phases for the EP(Table 2). This table outlines anticipated project phases that successful EP applicants should aim to address across the lifespan of this initiative. This table also clarifies below the interrelationship between the EP and the ITAP (funded separately under HRSA-22-031) on specific project activities.

Table 2: Overall project phases for EP (HRSA-22-032)

Project Phases	ITAP (HRSA-22-031)	EP (HRSA-22-032)
Year 1, Months 1-3	• Convene with HRSA and EP to develop a joint work plan and timeline • Assess inventory and select intervention strategies	• Convene with HRSA and the ITAP to develop a joint work plan and timeline • Provide subject matter expert support to ITAP on evaluation areas in the selection of intervention strategies

Project Phases	ITAP (HRSA-22-031)	EP (HRSA-22-032)
	• Develop the process for the selection of implementation sites	
Year 1, Months 4-6	• Implement the process of site selection • Develop needs assessment of potential sites • Select intervention strategies in alignment with needs assessment • Start process to assess TA for selected sites	• Support the ITAP on the process of site selection • Support the ITAP on the process of need assessment of potential sites • Support the ITAP on the selection of intervention strategies as it relates to sites ' evaluation capacity
Year 1, Months 7-9	• Complete the site selection process and issue subrecipient awards to the implementation sites • Develop plan for implementation of intervention strategies • Implement refinements and adaptations prior to roll out of intervention strategies • Develop TA plans for implementation sites • Develop tools to support the delivery of TA and monitoring of the implementation sites • Develop plan to tailor and adapt interventions • Support EP in the development of data collection tools	• Develop multi-site evaluation plan • Develop plan to assess demonstrated effectiveness of interventions strategies • Develop data collection instruments, systems and tools
Year 1, Months 10-12	• Begin implementation of intervention strategies • Finalize TA plans and tools • Support implementation sites in staff recruitment and preparation for implementation of intervention strategies	• Begin multi-site evaluation data collection (baseline data). Develop plan to evaluate mid-year performance of sites in preparation for Learning Sessions discussions in Years 2 and 3.

Project Phases	ITAP (HRSA-22-031)	EP (HRSA-22-032)
	• Develop Learning Session curricula and logistic preparation for Years 2 and 3	
Years 2-3	• Implement and monitor implementation of intervention strategies • Implement TA plan and provide ongoing TA to the implementation sites • Implement Learning Sessions (2 per year) to assess effectiveness of intervention strategies • Implement post Learning Session adaptations to intervention strategies (as needed) as informed through evaluation findings • Produce TA tracking summaries • Implement communication strategy with EP to inform the RWHAP community on project status and activities. • Start development of dissemination plan and materials for replication purposes	• Collect multi-site data • Conduct interim evaluation of intervention strategies to inform Learning Sessions conducted in Years 2 & 3 • Implement communication strategy with ITAP to inform the RWHAP community on project status and activities. • Work with ITAP on implementing adaptations to intervention strategies (if needed) • Start development of evaluation dissemination plans
Year 4, Months 1-3	• Conclude implementation of intervention strategies across implementation sites • Development of communication and dissemination plan activities	• Conclude multi-site data collection activities • Initiate final data analysis activities and evaluation findings • Develop evaluation-related dissemination materials, including tools for replication • Support ITAP on development of dissemination activities
Year 4, Months 4-9	• Work with EP on evaluation findings to inform development of dissemination material	• Present preliminary evaluation findings to inform ITAP on development of dissemination material

Project Phases	ITAP (HRSA-22-031)	EP (HRSA-22-032)
	• Develop implementation-related materials for dissemination • Develop tools for replication of intervention models	• Conclude data analyses related to implementation and client outcomes • Assist ITAP on the development of dissemination material and tools as it relates to evaluation of intervention strategies
Year 4, Months 10-12	• Conduct communication and dissemination activities to promote the replication of intervention strategies	• Conduct dissemination evaluation activities on findings and lessons learned from intervention strategies • Work with ITAP on promoting the dissemination of findings and lessons learned

Use the following section headers for the narrative:

- INTRODUCTION -- Corresponds to Section V's *Review Criterion #1 Need*) Provide a clear and succinct description of the roles and activities of the EP. Describe your overall approach to how you will conduct the multi-site evaluation, provide evaluation TA, and disseminate evaluation findings. Briefly describe your organization and any collaborating organizations, and your ability to evaluate multi-site evidence-informed interventions in conjunction with the ITAP.
- NEEDS ASSESSMENT -- Corresponds to Section V's *Review Criterion #1 Need* Provide a summary of the literature that demonstrates a comprehensive understanding of issues regarding the role of housing intervention strategies among the three key populations in improving housing status, reducing HIV-related health disparities, and improving health outcomes, including improving retention in care, treatment adherence, and viral suppression.

  Discuss the role of implementation science in advancing evaluation frameworks. Describe the techniques used to effectively evaluate health care interventions aimed at improving health outcomes. Include examples of previous evaluation findings of evidence-informed interventions of any of the three key populations of people with HIV where available.
- METHODOLOGY -- Corresponds to Section V's Review *Criteria #2 Response*, *#3 Evaluative Measures*, *and #4 Impact*

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

Housing Intervention Strategy Selection

Describe the assistance you will provide to the ITAP and what approach you will use to help identify which intervention strategies will be assessed and selected.

Describe the processes that you will employ to ensure that you can evaluate the selected interventions.

Data Collection

Describe the plan to develop, with input from the ITAP, a data collection tool implementation sites funded for this project will use to collect data at regular intervals in an electronic format.

Describe the organizational process for working directly with implementation sites to collect outcome data.

Describe how you will collect evaluation data from the implementation sites (e.g., data portal). Specifically include the structure, process, and vehicle you plan to use.

Describe how you will monitor data quality and data completeness of regular data submissions and how you will communicate results to the ITAP.

Describe the procedures for the electronic and physical protection of participant information and data. Identify any client-level data with the potential for disclosure of Protected Health Information (PHI).

Identify your organization's IRB process for reviewing the multi-site evaluation protocol and data collection instruments. Discuss your plan for serving as a resource for the implementation sites regarding their IRBs' review, approval, and renewals of their client-level data collection instructions, informed consents, and any other relevant evaluation documentation.

Evaluation

At a minimum, the multi-site evaluation must include:

i. *Framework*. You must use HRSA RWHAP's Implementation Science Evaluation (part of the HRSA HAB IS Framework). You may also propose additional implementation science models, theories, and frameworks.

As part of the HRSA RWHAP's Implementation Science Evaluation, the following outcomes are required for the multi-site evaluation:

Implementation Outcomes

- Uptake: Was the intervention strategy successfully taken up in the setting?
- Engagement: Were clients successfully engaged in the intervention?
- Barriers/facilitators: What about the context/environment shaped its implementation?

Housing Status

- Percentage of persons with an HIV diagnosis who were homeless or unstably housed receiving housing services in the 12 month measurement period
- Housing stability. See HOPWA Annual Progress Report (APR) measures[33]/Consolidated Annual Performance Measures[34]
- Other HUD measures, as appropriate

Client Outcomes

- Linkage to care
- Annual retention in care
- Medication adherence
- Viral suppression

ii. *Outcome Measures*. Outcomes measures must include the HIV care continuum outcome measures taken from the HRSA HAB Performance Measures[35] and cost. See Table 1.

iii. *Periodic Assessments*. The EP must conduct periodic assessments of the effectiveness of the intervention strategies to inform the learning sessions. The EP will also provide evaluation support to the ITAP on findings from the learning sessions.

Describe the evaluation plan you will use to assess implementation and client outcomes using periodic assessments, and at the conclusion of the period of performance.

Describe how you will evaluate multi-faceted housing intervention strategies. Describe the variables that you will include to assess successful implementation and improved health outcomes.

Required variables include:

- Uptake
- Engagement
- Barriers/facilitators
- HIV care continuum outcome variables based on medical record data
- Costing Variable

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[33] HOPWA Annual Progress Report (APR) Performance Measures. Available at: https://www.hudexchange.info/resource/1012/hopwa-annual-progress-report-apr-form-hud-40110-c/

[34] HOPWA CAPER Performance Measures. Available at: https://www.hudexchange.info/resource/1011/hopwa-caper-form-hud-40110-d/

[35] HRSA HAB Performance Measures. Available at: https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio.

Optional variables may include:

- Intervention exposure variables
- Organizational structure variables
- Contextual variables and barriers/facilitators

Costing variables should capture all costs of implementing each intervention at implementation sites, to include start-up, maintenance, labor, and programmatic costs. Cost data must be regionally indexed, based upon each implementation site's location, to show intervention cost difference across the U.S.

You may propose the use of other measures, if applicable, from the NHAS measures, EHE measures, or other HAB measures. Please provide a justification and explanation of the measures proposed, if applicable.

Describe a method to assess the likelihood of long-term sustainability/program integration of the intervention strategies

Describe techniques/methods to evaluate implementation fidelity when adapting the original intervention strategy for a specific population. Implementation fidelity increases the likelihood that the participants will experience similar outcomes to those found in the original intervention.

Describe your plans to construct and maintain a secure data portal for the reporting of multi-site evaluation data by the implementation sites.

Evaluation-Related TA

Describe a plan for the provision of evaluation-related TA to up to 10 implementation sites over the course of the initiative. The TA plan must describe how the EP will routinely assess the TA needs of the implementation sites; how these needs will be met by the EP; and a means of monthly reporting of TA provision to the RWHAP SPNS program. If applicable, include review of the implementation sites' plans to safeguard the privacy and confidentiality of study participants; their documented procedures for the electronic and physical protection of study participant information and data; and a means of addressing deficits (if any).

At a minimum, the EP will be expected to provide evaluation-related TA to the implementation sites, across the following domains:

i. Evaluation Needs Assessment. The EP will support a needs assessment for each implementation site to be led by the ITAP, particularly in terms of evaluation-related needs such as organizational capacity for data collection.

ii. Multi-site Evaluation Data Collection and Reporting. The EP will assist the implementation sites in gathering data for its multi-site evaluation, to include training implementation site staff in the use of the data collection instruments and web-based data entry portal; regular monitoring of data collection and reporting

efforts by the implementation sites; and remedial action when necessary to assure data collection is of the highest quality.

iii. Human Research Subjects Protection. The RWHAP SPNS multi-site evaluations are public health evaluation initiatives that involve the collection of client-level data with the potential for disclosure of participants' PHI subject to the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.[36] HIPAA grants exemptions to covered entities which collect and report PHI for the purposes of communicable disease surveillance in public health activities and quality improvement in health care operations.[37] The determination of whether client-level data to be collected and reported in the multi-site evaluation is subject to the HIPAA Privacy Rule must be made through submission of the EP's protocol and instruments to its IRB and the local implementation sites' IRBs for review. Upon review, an IRB may decide that no potential for disclosure of PHI exists, and grant a waiver. However, should an IRB determine the potential for disclosure of PHI exists, then the EP will be expected to lead efforts to assure the privacy and confidentiality of the implementation sites' clients and their medical records.

Accordingly, the EP will provide appropriate TA to guide the implementation sites in their compliance with human-subjects research protection set forth in the Code of Federal Regulations.[38] This will include review of the implementation sites' required plans to safeguard client privacy and confidentiality and their documentation of procedures for electronic and physical protection of project information and data, in accordance with HIPAA regulations and human subjects research protections. Any deficits identified must be remedied by implementation sites with the assistance of the EP.

Should the IRB of the EP or any of the implementation sites determine that the multi-site evaluation is subject to HIPAA's Privacy Rule and human subjects research protections, the EP is also expected to serve as a resource for the implementation sites regarding their IRBs' review, approval and renewals of their client-level data collection instruments, informed consents and any other relevant evaluation documentation.

Mid-implementation adjustment assessment

Discuss a plan for assessment of learning session activities.

Describe the approach to be used in assessing any mid-implementation changes to the intervention strategies and/or implementation strategies as a result of the learning sessions. Describe how this assessment will support determining the

[36] See Summary of the HIPAA Privacy Rule at: http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html
[37] See HIPAA and the Privacy Rule at: http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html
[38] See Code of Federal Regulations Title 45 Part 56 Protection of Human Subjects at: http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm

effectiveness and impact on outcomes or processes these mid-implementation changes have for a particular implementation site.

Describe a process to provide support to the ITAP to ensure adaptations and improvements in implementation plans are measurable.

Communications and Dissemination

Describe plans for communication and dissemination activities, including conference presentations and writing manuscripts for submission to peer-reviewed journals, in collaboration with the RWHAP SPNS program. The plan should include the development of research questions; topics for presentations and publications; and concept sheets and analyses. The plan should also include communication products that reach RWHAP recipients, subrecipients, and stakeholders (e.g., presentations and publications about assessing the evaluability of interventions, evaluation methodology, tools developed, or lessons learned midway during the evaluation). Additionally, the EP will develop an evaluation toolkit at the end of the project period. As part of the evaluation findings, there should also be indexed cost data for each intervention, based upon each implementation site's location. State your intent to work collaboratively with the ITAP, TargetHIV contractor and SPNS Program staff to facilitate future replication of successful interventions.

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

  The work plan should directly relate to the Methodology section and the program requirements of this announcement. Include all aspects of design and implementation of the multi-site evaluation; provision of evaluation-related TA; and publication and dissemination activities. The work plan must include clearly written (1) goals; (2) objectives that are specific, time-framed, and measurable; (3) action steps and activities; (4) staff responsible for each action step; and (5) anticipated dates of completion.

  Write overall goals for the work plan for the entire proposed four-year project period, but write objectives and action steps only for the goals set for Year 1. Write objectives and key action steps in time-framed and measurable terms providing numbers for targeted outcomes where applicable, not just percentages. Describe first year objectives as key action steps or activities including, but not limited to hiring appropriate staff, coordinating the development of the multi-site data components, and addressing IRB and HIPAA requirements.

  The work plan should be included as ***Attachment 1***.

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

  Discuss the challenges that you are likely to encounter in designing, planning, and implementing the project's activities described in the work plan, and describe strategies, realistic and appropriate, that you will use to resolve these challenges.

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

  Describe your organization's capacity to conduct a comprehensive multi-site evaluation of the proposed project.

  Describe the knowledge and expertise of proposed staff in conducting health care evaluations among people with HIV, including any consultants and subcontractors, if applicable. Provide evidence of their experience, skills, training, and knowledge in achieving scientific excellence and evaluation integrity. Discuss any examples of previous projects that reflect the expertise of proposed staff, as well as their proficiency in working collaboratively with implementation sites.

  Describe the human subjects research protections training of proposed staff. Describe how the proposed key project personnel have the necessary knowledge, experience, training, and skills to provide evaluation-related TA as described earlier in this announcement.

  Describe the experience of proposed key project staff (including any consultants and subcontractors) in collaborative writing and publishing study findings in peer-reviewed journals and in making presentations at conferences.

- ORGANIZATIONAL INFORMATION -- Corresponds to Section V's Review *Criterion #5 Resources/Capabilities*

  Describe your organization's experience in conducting multi-site evaluations, assessing their adoption and integration into public health settings and their effectiveness in improving health outcomes along the HIV care continuum.

  Describe your organization's experience in research and evaluation related to engagement and retention in HIV primary care.

  Describe your organization's mission and structure, scope of current activities, the quality and availability of facilities and the scope of its current activities. Describe how these all contribute to the organization's ability to successfully carry out a project of this magnitude and meet the goals and objectives of this initiative.

  Describe your organization's capacity to conduct the multi-site evaluation and evaluation-related TA activities described earlier in this announcement.

  Describe your organization's abilities to successfully publish and disseminate successful interventions, lessons learned, and other findings from multi-site evaluations.

  Describe the capacity of your organization's management information systems to support a comprehensive multi-site evaluation in the collection, reporting and secure storage of client-level data. Include a one-page project organizational chart

depicting the organizational structure of only the project, not the entire organization, as **Attachment 5.**

iii. *Budget*

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

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you to satisfy a matching or cost-sharing requirement, as applicable.

In addition, *SURE Housing – Evaluation Provider (EP)* requires the following:

- Line Item Budget for Years 1 through 4: 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 6**.

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

iv. *Budget Narrative*

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

v. *Attachments*

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

Attachment 1: Work Plan (required)

Attach the work plan for the project that includes all information detailed in Section IV.2.ii. Project Narrative.

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

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

Attachment 3: Biographical Sketches of Key Personnel (required)

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

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

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

Attachment 5: Project Organizational Chart (required)

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

Attachment 6: Line Item Budgets for Years 1 through 4 (required)

Attachment 7- 15: Other Relevant Documents

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

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

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

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

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

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

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

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

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

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

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

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

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is ***February 23, 2022 at 11:59 p.m. ET***. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's *SF-424 Application Guide* for additional information.

5. Intergovernmental Review

The Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program: Evaluation Provider is not subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

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

6. Funding Restrictions

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.

You may request funding for a period of performance of up to 4 years, at no more than $800,000 per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

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

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

In addition to the funding restrictions included under 4.1.iv of HRSA's *SF-424 Application Guide*, you cannot use funds under this notice for the following purposes:

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

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like 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: 2021-01EAll 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.

7. Other Submission Requirements

Letter of Intent to Apply
The letter should identify your organization and its intent to apply, and briefly describe the proposal. HRSA will ***not*** acknowledge receipt of letters of intent.

Send the letter via email by ***January 21, 2022*** **to:**

HRSA Digital Services Operation (DSO)
Use the HRSA opportunity number as email subject (HRSA-22-032)
HRSADSO@hrsa.gov

Although HRSA encourages letters of intent to apply, they are not required. You are eligible to apply even if you do not submit a letter of intent.

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 (6) review criteria are used to review and rank The *SURE Housing – Evaluation Provider* applications. Below are descriptions of the review criteria and their scoring points.

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

Introduction (5 points)

- The clarity of the brief description of the organization and its ability to conduct multi-site evaluations.

Needs Assessment (5 points)

- The extent to which the summary of the literature demonstrates a comprehensive understanding of issues regarding the role of intervention strategies to reduce HIV-related health disparities and improve housing status and health outcomes, including increasing retention in care, improving treatment adherence, and improving viral suppression, in relation to the three (3) key subpopulations.
- The ability to effectively describe the role of an implementation science framework in the effective implementation and evaluation of innovative intervention strategies.
- The clarity of the discussion of techniques used to effectively evaluate health care interventions.

Criterion 2: RESPONSE (30 points) – Corresponds to Section IV's Methodology, Work Plan, and Resolution of Challenges

Methodology (20 points)

- The strength, clarity, and feasibility of the methodology to support the ITAP's selection of intervention strategies.
- The strength, clarity, and feasibility of the processes to ensure that the applicant can evaluate the selected intervention strategies.
- The strength and clarity of :
    - the approach to develop a data collection tool for use by the implementation sites
    - the organizational process for working directly with implementation sites for collection of outcome data
    - the planned structure, process, and vehicle for data collection
- The extent to which the applicant outlines a clear and comprehensive plan for monitoring data quality and data completeness and communicating results to the ITAP.
- The extent to which the procedures for the electronic and physical protection of participant information and data are comprehensive and clear.

- The strength and clarity of the applicant's IRB process for reviewing the multi-site evaluation protocol and data collection instruments.
- The strength, clarity, and feasibility of the applicant's evaluation plan to assess the required HRSA RWHAP's IS Evaluation implementation and client outcomes, both periodically and at the conclusion of the period of performance.
- The strength and clarity of the approach to provide TA to implementation sites regarding multi-site evaluation data collection and reporting, human subjects research protection, and IRBs.

Work Plan (5 points)

- The strength and clarity of the work plan and its goals for the four-year period of performance.
- The extent to which the work plan relates to the Methodology section of the Narrative and addresses the program requirements of this announcement.
- The extent to which the work plan includes clearly written (1) objectives that are specific, time-framed, and measurable; (2) action steps and activities; and (3) anticipated dates of completion in table format.
- The extent to which the work plan demonstrates the ability to achieve the proposed goals for the 4-year period of performance.

Resolution of Challenges (5 points)

- The strength and clarity of the described plan to identify and address possible challenges that are likely to be encountered during the design and planning of the multisite evaluation.
- The clarity and feasibility of the approach, strategies, and techniques to resolve anticipated challenges.

Criterion 3: EVALUATIVE MEASURES (25 points) – Corresponds to Section IV's Methodology and Evaluation and Technical Support Capacity

Methodology (20 points)

- The strength and effectiveness of the method proposed to support a needs assessment for each implementation site, to be led by the ITAP, particularly in terms of evaluation-related needs such as organizational capacity for data collection.
- The extent to which the proposed evaluation plan can assess the effectiveness and impact of implemented intervention strategies for any of the three (3) key populations of people with HIV.

- The strength and feasibility of the proposed methods for measuring associated costs of implementing the intervention for those who may seek to replicate it.
- The strength and clarity of the rationale for any additional evaluation domains and measures, if applicable.
- The strength and feasibility of the proposed methods for assessing likelihood of long-term sustainability/integration of interventions.
- The strength and clarity of the techniques/methods to evaluate implementation fidelity when adapting the original intervention strategy for a specific population.

Evaluation and Technical Support Capacity (5 points)

- The strength and clarity of the comprehensive plan for the development and maintenance of the initiative's data portal, and procedures for the electronic and physical protection of participant information and data.

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

- The strength and clarity of the approach for assessing improved implementation plans resulting from any mid-implementation adjustments to implementation strategies based on the ITAP-led learning sessions.
- The strength and clarity of the communication plan that will communicate information to the RWHAP community throughout the duration of the project (e.g., presentations and publications about assessing the evaluability of interventions, evaluation methodology, tools developed, or lessons learned midway during the evaluation), as well as the final dissemination of findings from the multi-site evaluation to reach RWHAP recipients, subrecipients, and stakeholders.
- The strength and clarity of the plans for the development of an evaluation toolkit.
- The specificity and feasibility of the proposed plan to complete the evaluation within the last project year.

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

Evaluation and Technical Assistance Capacity (8 points)

- The extent to which applicant demonstrates capacity to conduct a comprehensive multi-site evaluation of the proposed project.
- The extent to which proposed key staff has experience, skills, and training in conducting health care evaluations among people with HIV, including any consultants and subcontractors, if applicable.
- The extent to which proposed staff has the skills, training, and knowledge in the timely publication of manuscripts and other dissemination products to describe the evaluation findings.

- The extent to which the proposed staff has experience, skills, training, and knowledge (including any consultants and subcontractors, if applicable) in achieving scientific excellence and evaluation integrity in conducting a multi-site evaluation of national scope.
- The extent to which the proposed staff has experience, skills, training, and knowledge (including any consultants and subcontractors, if applicable) in providing evaluation-related TA.

Organizational Information and Staffing Plan (7 points)

- The extent to which the applicant has experience, knowledge, and skill in conducting multi-site evaluations assessing the effectiveness of intervention strategies.
- The extent to which the applicant has experience in research, evaluation, and dissemination of findings on issues related to engagement and retention in HIV primary care.
- The extent to which the applicant has experience and ability to successfully disseminate findings and lessons learned from multi-site evaluations, specifically those with cross-site and site-specific components.
- The extent to which the applicant has experience with using management information systems to support a comprehensive multi-site evaluation in the collection, reporting, and secure storage of client-level data.
- The clarity of the one-page project organizational chart depicting the organizational structure of the project, not the entire organization.
- The extent to which the staffing plan is consistent with the project description and project activities.
- 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 appropriateness of the job descriptions for key staff.
- The strength and appropriateness of the biographical sketches.

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

- The reasonableness of the proposed budget for each year of the period of performance in relation to the objectives, the complexity of the research activities, and the anticipated results.
- The clarity of the line-item budgets for each year of the period of performance and their appropriateness to the work plan.

- The clarity of the budget narrative's support for each line item.
- If applicable, the clarity of the description of costs (and the basis for the costs) for proposed contractors and consultants.

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

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

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

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

VI. Award Administration Information

1. Award Notices

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

2. Administrative and National Policy Requirements

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

If you are successful and receive 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.

Human Subjects Protection

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

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

3. Reporting

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

1) **Progress Report**(s). The recipient must submit a progress report to HRSA on an annual basis. More 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 H. 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:

Adan Cajina
Chief, Special Projects of National Significance Branch
Attn: Supporting Replication (SURE) of Housing Interventions in Ryan White HIV/AIDS Program - Evaluation Provider
HIV/AIDS Bureau
Health Resources and Services Administration
5600 Fishers Lane, Room 09N-108
Rockville, MD 20857
Telephone: (301) 443-3180
Email: ACajina@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.asp

VIII. Other Information

Technical Assistance

HRSA has scheduled following technical assistance:

Webinar

Day and Date: Tuesday, December 14, 2021
Time: 2 p.m. – 3:30 p.m. ET
Weblink: Join ZoomGov Meeting
https://hrsa-gov.zoomgov.com/j/1619961421?pwd=S3pJRTByd3c3Uk1Va3plaUdCbHB4dz09
Meeting ID: 161 996 1421
Passcode: cybS4md7

Or Dial-In
Call-In Number: 1-833-568-8864 (US Toll-free)
Meeting ID: 161 996 1421
Passcode: 84438038

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*.