Notice of Funding Opportunity

Issuance Date: 06/24/2024
Application Due 07/24/2024

HRSA
Health Resources & Services Administration

HIV/AIDS Bureau

Division of Policy and Data

A System-Level Syndemic Approach to Improve HIV Care and Treatment for People from Racial and Ethnic Minority Groups – Evaluation and Technical Assistance Provider (ETAP)

Opportunity number: HRSA-24-108

Step 1:
Review the Opportunity

In this step

Basic information

The key facts

HIV/AIDS Bureau

Division of Policy and Data

Opportunity name: A System-Level Syndemic Approach to Improve HIV Care and Treatment for People from Racial and Ethnic Minority Groups – Evaluation and Technical Assistance Provider (ETAP)

Opportunity number: HRSA-24-108

Federal Assistance Listing Number: 93.899

Statutory authority: Further Consolidated Appropriations Act, 2024, Pub. L. 118-47, Division D, title II and 42 USC § 300ff-101 (§ 2691 of the Public Health Service Act).

Summary

People from racial and ethnic minority groups are disproportionately impacted by HIV[1] and are more likely to live at or below 100% of the Federal Poverty Line (FPL) compared to other groups[2]. Supported through funding from the Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health's Minority HIV/AIDS Fund, which funds projects to prevent HIV and improve health outcomes for racial/ethnic minority communities[3], and in part by the Ryan White HIV/AIDS Program Part F Special Projects of National Significance, the Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2024 A System-Level Syndemic Approach to Improve HIV Care and Treatment for People from Racial and Ethnic Minority Groups – Evaluation and Technical Assistance Provider (ETAP) project.

The purpose of this program is to support one organization through a cooperative agreement for up to four years to provide technical assistance (TA) to support and conduct a multi-system evaluation for a cohort of 5 demonstration systems funded under a separate announcement number, HRSA-24-107: A System-Level Syndemic Approach to Improve HIV Care and Treatment for People from Racial and Ethnic Minority Groups – Demonstration Systems. The demonstration systems will collaborate with the ETAP to design, implement and participate in the evaluation of a syndemic approach to link and retain people with HIV from racial and ethnic minority groups who are out of care, and at greatest risk of being lost to care, in comprehensive and integrated care. Please review this companion announcement for more information.

[1] National HIV/AIDS Strategy for the United States 2022–2025 (whitehouse.gov)
[2] Ryan White HIV/AIDS Program Annual Client-Level Data Report 2021 (hrsa.gov)
[3] HHS Minority HIV/AIDS Fund | Ryan White HIV/AIDS Program (hrsa.gov)

The awarded ETAP organization will provide TA to support each demonstration system and carefully track and measure the TA provided to gauge future replicability in other jurisdictions. Additionally, the ETAP will develop and implement a multi-system evaluation plan grounded in implementation science frameworks to assess the cost and effectiveness of each demonstration system's approach, including implementation, service, and client outcomes, as well as implementation strategies. In line with syndemic theory, the evaluation will assess interaction effects on the above outcomes, taking into account the complex interplay of HIV status with co-occurring conditions and social determinants of health.

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

Have questions?

Go to Contacts & Support.

Key dates

Application deadline: July 24, 2024

NOFO issue date: June 24, 2024

Expected award date: September 20, 2024

Expected start date: September 30, 2024

Funding detail

Application type: New

Expected total available funding: $ 1,750,000

Expected number and type of awards: 1 cooperative agreement

Funding range per award: up to $1,750,000 for 1 award

We plan to fund awards in 4 12-month budget periods for a total 4-year period of performance of September 30, 2024 to September 29, 2028.

To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can return to where you were by pressing Alt + Backspace.

Eligibility

Who can apply

Eligible applicants

Only these types of domestic[i] organizations (see note) may apply:

Entities eligible for funding under Parts A-D of the Ryan White HIV/AIDS Program are eligible to apply. These are: public and non-profit private entities, including Tribes and Tribal organizations.

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

Cost sharing

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

Program description

Purpose

This notice (HRSA-24-108) announces the opportunity to apply for fiscal year (FY) 2024 funding under *A System-Level Syndemic Approach to Improve HIV Care and Treatment for People from Racial and Ethnic Minority Groups – Evaluation and Technical Assistance Provider (ETAP)* project administered by the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB). Funding awarded under this announcement will support one organization for up to four years to lead a multi-system evaluation, conduct a cost analysis, and provide technical assistance (TA) to a cohort of 5 demonstration systems funded under a separate announcement (HRSA-24-107): *A System-Level Syndemic Approach to Improve HIV Care and Treatment for People from Racial and Ethnic Minority Groups – Demonstration Systems*.

Syndemics are co-occurring epidemics or conditions that interact with one another to disproportionately impact the morbidity and mortality in marginalized communities and contribute to excess burden of disease to a population.[4,5] Funding under this announcement will support the design, implementation, and evaluation of syndemic approaches within five (5)

[4] González-Guarda, R. M., McCabe, B. E., Leblanc, N., De Santis, J. P., & Provencio-Vasquez, E. (2016). The contribution of stress, cultural factors, and sexual identity on the substance abuse, violence, HIV, and depression syndemic among Hispanic men.Cultural Diversity and Ethnic Minority Psychology, 22(4), 563–571

[5] Singer, Merrill, Nicola Bulled, and Bayla Ostrach. "Syndemics and human health: implications for prevention and intervention." Annals of Anthropological Practice 36, no. 2 (2012): 205-211

Wilson, Nanin, Amesty, et al. 2014

Health Resources and Services Administration Ryan White HIV/AIDS Program (HRSA RWHAP) Part A and/or B jurisdictions, which will serve as "demonstration systems" (see Key Definitions below). The demonstration systems will work closely with the ETAP to design and implement a syndemic approach to link and retain clients within their jurisdictions in comprehensive and integrated care. Please review the companion announcement noted above (HRSA-24-107) for more information.

The demonstration systems will be supported for up to four years and tasked with designing and implementing a syndemic approach to link and retain people with HIV from racial and ethnic minority groups who are out of care, and at greatest risk of being lost to care, in comprehensive and integrated care.[6,7] This comprehensive and integrated care will address engagement and retention and include primary HIV care as well as care and treatment for co-occurring and interacting conditions, including behavioral health such as mental and/or substance use disorder and intimate partner violence (IPV). It will prioritize people with HIV from racial and ethnic minority groups that are inequitably impacted when designing interventions, and address the social determinants of health (e.g., income, housing, employment, legal system involved) and barriers to accessing and staying in care (e.g., affordability, transportation, provider bias, stigma, and discrimination).

The awarded ETAP organization will provide technical assistance (TA) and capacity building to demonstration systems. The ETAP will also lead dissemination of evaluation findings, best practices, and lessons learned to promote replication in other Ryan White HIV/AIDS Program (RWHAP) health care settings and jurisdictions.

Collectively, the demonstration systems and ETAP will collaborate to accomplish the following project objectives:

- Design and implement a syndemic approach to link and retain people from racial and ethnic minority groups within their jurisdictions in comprehensive and integrated HIV care and treatment. Develop approaches that are inclusive and welcoming to reduce stigmatizing attitudes, beliefs, and behaviors held in the provision of health care and related services.

[6]Enhancing Concurrent Capability Toolkit. Comprehensive Interventions. Quick Reference Sheet. Alberta Health Services, June 2020. https://www.albertahealthservices.ca/assets/info/amh/if-amh-ecc-what-are-comprehensive-interventions.pdf

[7] Substance Abuse and Mental Health Services Administration. Integrated Treatment for Co-Occurring Disorders: Building Your Program. DHHS Pub. No. SMA-08-4366, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009. https://store.samhsa.gov/sites/default/files/d7/priv/ebp-kit-building-your-program-10112019.pdf

- Develop and implement a multi-system evaluation grounded in the HAB implementation science approach[8] and completed with validated implementation science frameworks, which are models using "methods to promote the systematic uptake of research findings and other evidence-based practices to improve the quality and effectiveness of health services."[9] Also use syndemic theory to assess the cost and effectiveness of each demonstration system's approach.
- Develop practical, user-friendly dissemination resources and tools designed to provide comprehensive and step-by-step guidance to future jurisdictions so that they can successfully replicate the approaches found to be implementable and effective in this project. This includes co-authoring with HRSA HAB and publishing manuscripts describing project design, implementation, and outcomes.

Award recipients under both NOFOs (HRSA-24-108 and HRSA-24-107) will need to work closely together to be successful. HRSA HAB encourages you to read and familiarize yourself with the program expectations of the companion NOFO, HRSA-24-107 (*A System-Level Syndemic Approach to Improve HIV Care and Treatment for People from Racial and Ethnic Minority Groups – Demonstration Systems).*

Key Definitions

For the purposes of this project, the following definitions will be used:

- **Demonstration systems**: Demonstrations occurring at the system-level, i.e., within a health system, metro area, state, or other jurisdiction with multiple healthcare delivery sites. Demonstration systems may focus on: 1) development and implementation of a novel intervention strategy; 2) implementation and evaluation of an emerging, evidence-informed, or evidence-based intervention where significant adaptations are being made to the intervention as originally described. Demonstration systems conduct these practices across the system, rather than at a single site.
- **HIV care services:** All of the HIV clinical care and treatment services allowable through the RWHAP. For more information regarding RWHAP eligible services, refer to *Policy*

[8] Psihopaidas D, Cohen SM, West T, Avery L, Dempsey A, Brown K, 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

[9] Eccles MP, Mittman BS. Welcome to implementation science. 2006

Clarification Notice (PCN) #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds.[10]

- **Social determinants of health:** conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Can be grouped into five domains: economic stability; education access and quality; health care access and quality; neighborhood and built environment; and social and community context.[11]
- **Intimate partner violence (IPV):** any form of physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse. [12]
- **Equity:** 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.[13]
- **Out of care or risk of being out of care:**
    - Newly diagnosed within the past 12 months (a "new positive"); **OR**
    - Previously diagnosed with HIV (more than six months ago) but not fully engaged in care, within one or more of the following parameters:
        - Have one or more gaps in HIV primary care visits which lasted six months or more in the previous two years prior to the date of enrollment (in accordance with HRSA guidelines for retention in care); **OR**
        - Be an existing client at risk of falling out of care (including clients who have missed their last two appointments in the last 12 months, or missed their last appointment in the last six months, or clients who are leaving incarceration or have another high-risk factor) **OR**
    - Persons who are not virally suppressed (defined as having a viral load >=200 copies/mL)[14] at the time of enrollment.

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[10] PCN# 16-02 can be viewed at https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf

[11] Health People 2030. Social Determinants of Health. Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services. https://health.gov/healthypeople/priority-areas/social-determinants-health.

[12] The Office of Women's Health (OWH) coordinated the development and implementation of the 2017–2020 HRSA Strategy to Address IPV, an effort to address this critical social determinant of health through agency-wide collaborative action.

[13] 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), https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf.

[14] HRSA HIV/AIDS Bureau Performance Measures: Viral Suppression. Available at: https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/coremeasures.pdf

Background

The HHS Secretary's Minority HIV/AIDS Fund (MHAF)

The HHS Secretary's Minority HIV/AIDS Fund (MHAF) is a federal program established by the Omnibus Consolidated and Emergency Supplemental Appropriations Act of 1999 that supports projects that help prevent HIV and improve health outcomes for people from racial and ethnic minority groups. Overall, HIV-related health outcomes have improved over time, however, people from racial and ethnic minority groups continue to be disproportionately impacted by HIV. MHAF supports projects that seek to improve health outcomes for black/African American, Hispanic/Latino, American Indian, Alaska Native, Native Hawaiian, and Asian and Pacific Islander populations at risk for or living with HIV/AIDS.

The Ryan White HIV/AIDS Program (RWHAP)

The HRSA RWHAP has five statutory funding parts that provide a comprehensive system of medical care, support, and medications for low-income people with HIV.

The HIV care continuum is key to the program. It shows the journey of someone with HIV from diagnosis to effective treatment, leading to viral suppression. Achieving viral suppression enhances the patient's quality of life and prevents HIV transmission.

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

Strategic Frameworks and National Objectives

To address health challenges faced by low-income people with HIV, the use of national objectives and strategic frameworks is crucial. These frameworks include:

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

These strategies offer guidance on the main principles, priorities, and steps for our national health response. They serve as a blueprint for collective action.

Using Data Effectively: Integrated Data Sharing and Use

HRSA and the Centers for Disease Control and Prevention's (CDC) Division of HIV Prevention promote integrated data sharing and use for program planning, quality improvement, and public health action. We encourage you to:

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

Program Resources and Innovative Models

HRSA offers multiple projects and resources to help you. A full list is available on TargetHIV. We urge you to learn more about and use them in your project. For some examples, see the helpful website section on Page 45 of this NOFO.

Racial and ethnic HIV health disparities continue to exist in the U.S. and are a priority for HIV prevention, care, and treatment under the National HIV/AIDS Strategy (2022-2025).[15] It calls for the development of new and expanded implementation of effective, evidence-based, or evidence-informed models, and integration of programs to address the syndemic of HIV, substance use, and mental health disorders in the context of social and structural/institutional factors. [16]

Research shows that, especially for people with HIV who are out of care or at greatest risk of being lost to care, HIV providers must "increasingly address the management of individuals with

[15] The White House. 2021. National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC.
[16] The White House. 2021. National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC.

multiple coexisting diseases", social determinants of health, and other risk factors[17] such as behavioral health conditions, food insecurity, etc. Syndemic theory underscores the adverse interactions between diseases and social conditions that contribute to an excess burden of disease in a population. Syndemic approaches are interventions that (1) increase the focus on co-occurring and interacting disease and social conditions that exacerbate health inequities[18], and (2) advance the evidence base for effective methods to assess, monitor, and intervene with respect to these co-occurring and interacting factors for optimal outcomes in HIV treatment and care.[19]

Mental health disorders and substance use disorders, collectively referred to as behavioral health conditions, disproportionally affect people with HIV. Research shows that people with HIV often experience co-occurring behavioral health conditions, including but not limited to depression, anxiety, substance use, and unhealthy alcohol use.[20] Co-occurring behavioral health conditions are associated with lower rates of viral suppression and increased rates of hospitalization.[21] In addition to complex physical and behavioral health needs of people living with HIV, many social determinants of health, such as food and economic insecurity, incarceration, housing instability, and other adverse environmental conditions contribute to poorer health outcomes, lack of engagement and low retention rates for certain populations with HIV.

The intersection of health and social conditions affecting people with HIV require, a coordinated and integrated approach to HIV services and care to achieve the best outcomes, leveraging interventions that are comprehensive, flexible, and tailored to the unique needs of the priority population.[22]

This project builds upon HRSA's continued efforts to develop innovative and effective approaches to engage or re-engage people with HIV who are not receiving HIV care or treatment and to support the replication and scaling of effective interventions to end the HIV epidemic in the U.S. As part of this MHAF initiative, project outcomes will be monitored to identify emerging or promising practices specific to implementation strategies using syndemic approaches for people from racial and ethnic minority groups.

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[17] Valderas, Jose M., Barbara Starfield, Bonnie Sibbald, Chris Salisbury, and Martin Roland. "Defining comorbidity: implications for understanding health and health services." The Annals of Family Medicine 7, no. 4 (2009): 357-363. (p.357)

[18] Wilson, Patrick A., Jose Nanin, Silvia Amesty, Scyatta Wallace, Emily M. Cherenack, and Robert Fullilove. "Using syndemic theory to understand vulnerability to HIV infection among Black and Latino men in New York City." Journal of Urban Health 91, no. 5 (2014): 983-998.

[19] Singer, Merill, and Scott Clair. "Syndemics and public health: Reconceptualizing disease in bio-social context." Medical anthropology quarterly 17, no. 4 (2003): 423-441.

[20] Perry NS, Remmert JE, Psaros C, Pinkston M, Safren SA. Learning to address multiple syndemics for people living with HIV through client perspectives on CBT HHS Public Access. Psychother Res. 2019;29(4):492–502.

[21] Tolson C, Richey LE, Zhao Y, Korte JE, Brady K, Haynes L, et al. Association of Substance Use with Hospitalization and Virologic Suppression in a Southern Academic HIV Clinic. Am J Med Sci. 2018.

[22] Perry, et al. 2019.

Cooperative agreement terms

Our responsibilities

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

- Facilitating the availability and expertise of other appropriate offices within HRSA, Substance Abuse and Mental Health Services Administration (SAMSHA) staff, as well as other relevant agencies in the planning, development, and implementation of the project;
- Facilitating effective collaborative relationships with federal and state agencies, faith-based, community-based, and local organizations;
- Providing information resources, including TA resource centers and other entities of relevance to the project;
- Reviewing activities, procedures, measures, and tools to be implemented for accomplishing the overall goals and objectives of this project on an on-going basis;
- Participating in the design and implementation of evaluation tools, evaluation plans, and other project material;
- Coordinating activities to address the evaluation-related training and TA needs of the demonstration sites;
- Reviewing and participating in the dissemination of project activities, products, findings, best practices, evaluation data, and other information developed as part of this project to the broader health care community, and RWHAP providers; and
- Co-authoring technical manuscripts for publication in scientific journals.

Your responsibilities

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

- Designing and implementing a multi-system evaluation grounded in implementation science that includes implementation, service, and client outcomes, as well as implementation strategies. In line with syndemic theory, the evaluation will assess interaction effects on the above outcomes, taking into account the complex and potentially complex interplay HIV status with co-occurring conditions and social determinants of health;
- Coordinating the efforts of the demonstration systems to assure the privacy and confidentiality of study participants' protected health information (PHI);
- Assuring the appropriate review, approval, and renewal of all multi-system evaluation instruments and documents by an identified Institutional Review Board (IRB);

- Providing and carefully tracking TA to the demonstration systems to support implementation of their system-level syndemic approach;
- Coordinating and leading the logistics for two national multi-jurisdictional meetings with the demonstration systems in each of the four years of the project in the Washington, DC Metropolitan area or a location that is most convenient for all recipients.
- Participating in the National Ryan White Conference on HIV Care and Treatment;
- Conducting an annual site visit to each demonstration system for each year of the project;
- Leading and coordinating the publication and dissemination activities for the project, working in collaboration with the demonstration systems and HRSA staff;
- Assisting HRSA with information dissemination to constituencies upon request;
- Establishing and maintaining a webpage on TargetHIV.org for all public facing materials for communication and dissemination;
- Completing all reporting requirements, developing replication resources and tools including step-by-step implementation guidance, developing manuscripts for publication, and communicating about project design and outcomes at various venues throughout the project; and
- Collaborating with assigned HRSA project officers and other HRSA staff as necessary to plan, execute and evaluate project activities.

Funding policies & limitations

Policies

- This program depends on the appropriation of funds. If funds are appropriated for this purpose, we will move forward with the review and award process.
- Support beyond the first budget year will depend on:
  - Appropriation of funds
  - Satisfactory progress in meeting the project's objectives
  - A decision that continued funding is in the government's best interest

General Limitations

- For guidance on some types of costs we do not allow or restrict, see Budget in section 4.1.iv of the Application Guide. You can also see 45 CFR part 75, General Provisions for Selected Items of Cost.

- You cannot earn profit from the federal award. See 45 CFR 75.400(g).
- The salary rate limitation imposed by the current appropriations act applies to this program. As of January 2024, the salary rate limitation is $221,900. Note this limitation may apply in future years and will be updated.

Program-specific limitations

- You cannot use funds under this notice for the following:
    - Charges that are billable to third party payers, (e.g., private health insurance, prepaid health plans, Medicaid, Medicare);
    - To directly provide medical or support services, (e.g., HIV care, counseling and testing) that supplant existing services;
    - Cash payments to intended recipients of RWHAP services;
    - Purchase, construction of new facilities or capital improvements to existing facilities;
    - Purchase or improvement to land;
    - Purchase vehicles;
    - Fundraising expenses or lobbying activities and expenses;
    - Syringe Services Programs (SSPs) that have not received HRSA's prior approval or are not in compliance with HHS and HRSA policy. See https://www.aids.gov/federal-resources/policies/syringe-services-programs/;
    - To develop materials designed to directly promote or encourage, intravenous drug use or sexual activity;
    - Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (nPEP) medications or related medical services. (Please note that RWHAP recipients and sub-recipient providers may provide prevention counseling and information to eligible clients' partners – see RWHAP and PrEP Program Letter, November 16, 2021; and/or
    - International travel.

See Manage Your Grant for other information on costs and financial management.

Indirect costs

Indirect costs are those incurred for a common or joint purpose across more than one project and that cannot be easily separated by project (like utilities for a building that supports multiple projects). Learn more at 45 CFR 75.414, Indirect Costs.

Indirect costs are determined using one of two methods:

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

Method 2 – *De minimis* rate. Per 45 CFR 75.414(f), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. This rate is 10% of modified total direct costs (MTDC). 45 CFR 75.2 defines MTDC. You can use this rate indefinitely or until you negotiate a rate. If you use the de minimis rate, you must use it for all federal awards unless you negotiate a rate.

Program income

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

General recipient expectations

The ETAP will lead the following activities:

1) develop and implement TA tracking system and TA data reporting plan;

2) monitor and train demonstration systems for fidelity to their implementation plan and core elements of their selected interventions, as well as compliance with federal regulations;

3) plan and host annual peer-focused Learning Sessions;

4) develop and implement a multi-system evaluation plan grounded in implementation science, as well as a process and platform for collecting and reporting implementation, service, client, cost, and variable-interaction data; and

5) lead the development, review, and distribution of dissemination products including practical guidance to support replication of the approaches implemented by the jurisdictions, manuscripts co-authored with the dissemination system staff and HRSA HAB to describe design and outcomes of the project.

The ETAP and demonstration systems will include collaborations with community members, people of lived experience, and any other stakeholders that will increase the acceptability and feasibility of the approach implemented and the relevance and usefulness of dissemination products in each jurisdiction. Although each jurisdiction's approach should be tailored for the specific needs of their communities, each approach should be developed with the ultimate goal of replicability in other jurisdictions with similar needs.

The program requirements are described in more detail below:

1) Develop and implement a TA tracking system and TA data reporting plan.

The ETAP will collaborate with HRSA HAB to develop a TA tracking system that will record all identified or requested TA needs and the action taken by the ETAP in response. The ETAP will also develop a TA data reporting plan. The TA data reporting plan will support required quarterly TA data tracking updates to HRSA HAB. The plan should include easy to understand analyses and visualizations of the TA data captured in the preceding quarter. The intentional tracking of TA is essential to HRSA HAB's efforts to define, track, and measure the TA provided in this project in order to gauge the replicability of the approaches implemented in each jurisdiction.

2) Monitor and train demonstration systems for fidelity to their implementation plan and core elements of their selected interventions, as well as compliance with federal regulations

The ETAP will monitor the demonstration systems to ensure fidelity to the core elements of the syndemic approach, including the core elements of the discrete interventions making up the approach, and their interactions. The ETAP will lead and collaborate with the demonstration systems to develop a logic model for each jurisdiction's approach that clearly outlines the core elements, implementation strategies, and determinants of each syndemic approach. The logic model will guide ongoing fidelity monitoring and will be adjusted as needed to reflect any necessary mid-implementation adjustments and adaptations. The ETAP will also monitor the demonstration systems to ensure they are staying on track with their implementation plans and remaining in compliance with federal regulations.

Site Visits

The ETAP, in coordination with federal staff, will conduct, at minimum, one annual site visit with each demonstration system throughout the project. The ETAP will develop a site visit protocol to guide the content and focus of the site visits. Generally, the site visits will focus on implementation progress and provision of TA as requested by the demonstration systems or based on the ETAP's assessment. Site visit protocols should address TA needs in the areas of planning and project implementation, as well as data submission and data quality issues.

Training

In coordination with HRSA HAB, the ETAP will plan, coordinate, and implement in-person trainings for the site staff in each jurisdiction tailored to the selected interventions, implementation strategies, and other components of their planned syndemic approach. The ETAP will also provide training to demonstration system's data manager staff in order to meet the requirements of the evaluation.

3) Plan and host annual peer-focused Learning Sessions

In collaboration with HRSA HAB, the ETAP will plan, coordinate all logistics for, host, and deliver a final report for annual peer-focused Learning Sessions. The demonstration systems will participate in all Learning Sessions, which will be held in person. The Learning Sessions will be multi-day events, and following the last day, the ETAP will host an all-day project planning meeting with only the ETAP and HRSA staff. The ETAP will also report on major activities and outcomes of the learning session to HRSA HAB following the event through submission and presentation of a final report.

4) Develop and implement a multi-system evaluation plan grounded in implementation science, as well as a process and platform for collecting and reporting implementation, service, client, cost and variable-interaction data.

The ETAP will coordinate with HRSA HAB to develop and implement a multi-system evaluation plan grounded in validated implementation science frameworks and Syndemic Theory. Particular attention will be paid to HAB's implementation science approach (HAB IS) when developing the evaluation plan (see Psihopaidas 2020). HAB IS is intended to be a scaffolding upon which specific frameworks, measures, and concepts from implementation science are built to develop a robust, tailored evaluation framework. The ETAP will assess the cost and effectiveness of each demonstration system's approach. The evaluation will include implementation, service, and client outcomes, as well as implementation strategies (see Proctor 2011 and Proctor 2020). In line with syndemic theory, the evaluation will assess interaction effects on the above outcomes, taking into account the complex interplay of HIV status with co-occurring conditions and social determinants of health. The ETAP will provide a secure platform for demonstration systems to report all data to the ETAP, provide training and ongoing support to demonstration system data managers, and conduct ongoing monitoring of data collection and data quality. The ETAP will provide technical input, oversight, and support to the demonstration sites to complete any required institutional review board (IRB) or other approvals needed to collect and report evaluation data to the ETAP.

Data Security

The ETAP will electronically receive, store, manage, and maintain de-identified client-level data to be collected and reported by demonstration systems. The demonstration systems will submit data to the ETAP through a secure data portal that the ETAP will design and maintain. The ETAP will coordinate efforts to assure the privacy and confidentiality of data submitted, collected, and stored under all applicable laws and regulations. The ETAP will be responsible for monitoring data quality and completeness of submissions and interpreting evaluation results. The ETAP will coordinate the efforts of the demonstration systems to assure the privacy and confidentiality of study participants' protected health information.

Qualitative and focused evaluation

In addition to developing evaluation components that reflect outcomes that will be consistent across all demonstration systems, the ETAP recipient will be responsible for including in the evaluation plan in-depth qualitative components that are system-specific. These system-specific case studies should support the overall goals of the evaluation, including implementation and service outcomes and the replicability of each approach. In addition, the qualitative and focused components of the evaluation should support a better understanding of how co-occurring conditions and social determinants affect the lived realities of people from racial and ethnic minority groups served in each jurisdiction, as well as how the integrated care plan may improve their health outcomes. The ETAP, in collaboration with the demonstration systems, HRSA staff, and federal partners, will generate the specific topics for these focused studies.

5) Lead the development, review, and distribution of dissemination products

The ETAP will provide to HRSA a workplan and timeline for dissemination of evaluation findings and dissemination productions. Dissemination products will include practical guidance to support replication of the approaches implemented by the jurisdictions, as well as manuscripts co-authored with the dissemination system staff and HRSA to describe the design and outcomes of the project. The ETAP will support all demonstration systems in interpreting and reporting on all evaluation-related data. The ETAP will be responsible for ensuring rigor, quality, and consistency across all dissemination products. The ETAP is expected to review all draft dissemination products prior to submission to HRSA HAB for review. The ETAP will be responsible for managing the completion of all dissemination products through the HRSA clearance process in collaboration with their HRSA Project Officer.

Project Websites

In addition to dissemination products described above, the ETAP will be responsible for collaborating with HRSA and TargetHIV.org to develop and maintain a project-specific website with public access for communication of the project. Upon completion of the project, all dissemination products will be hosted on this website and linked through the HRSA RWHAP Best Practices Compilation. In addition to the public website, a secure, password-protected shared location (e.g., SharePoint) for demonstration systems, ETAP, and HRSA staff will be created and maintained during the project. This private website/shared location will be expected to host key project files, deliverables, presentation slide decks, TA tracking data quarterly reports, Learning Session reports, workplans and timelines, registration information for the national meetings of the project; recent findings of interest from outside the project; and links to relevant resources, and any other important files.

Publication and Dissemination Committee

The ETAP will form a publication and dissemination committee, consisting of HRSA staff and demonstration systems representatives, to generate study questions, topics for presentations

and publications, concept sheets and analyses, and an overall dissemination plan for the project's products.

National Meetings

The ETAP will plan and coordinate the logistics for presenting with the demonstration systems and HRSA HAB at the National Ryan White HIV/AIDS Conferences (NRWC) in 2026 and 2028. For the NRWC, each demonstration system is responsible for its own travel costs, ground transportation, per diem and hotel accommodations for these meetings. All activities will be conducted in collaboration with HRSA staff, federal partners, and demonstration system project staff.

Promoting Replication

The ETAP will collaborate with HRSA HAB to ensure all replication resources and tools developed in this project are disseminated through the HRSA RWHAP Best Practices Compilation in order to reach MHAF recipients, RWHAP recipients and providers, HIV service delivery staff, and other stakeholders.

The ETAP will also collaborate with national and regional AETC programs to optimize the potential for replication of these comprehensive integrated HIV care interventions. The network of AETC programs is uniquely positioned to help increase the capacity of HIV service providers to implement system-level syndemic approaches for improving health outcomes of people with HIV. The AETC program provides education, training, and capacity-building resources to support its mission to offer timely, high quality, state-of-the-science information to health care professionals working with existing and emerging populations affected by HIV. AETC educational resources and events may be found at https://aidsetc.org.

Additional Communications

The ETAP, in coordination with HRSA staff, will produce and disseminate project reports, documents, and other project materials to key audiences, stakeholders, and the public throughout the duration of the project.

The following health-related outcomes are expected for people with HIV from racial and ethnic minority groups participating in this project:

- Improve access, engagement, and retention in care;
- Increase medication adherence;
- Reduce stigma;
- Increase health equity;
- Reach and maintain viral suppression.

Performance Measures

Key performance measures must include but are not limited to client engagement and retention, antiretroviral therapy adherence, stigma reduction, health equity, and viral

suppression. The evaluation should also capture client demographics, biomedical and behavioral health indicators, barriers and facilitators to access and retention in HIV medical care, indicators of health equity, and stigma indicators and other measures proposed by the ETAP. Key performance measures must also include process analysis, cost analysis, HRSA HAB Performance Measures,[23] and MHAF-specific performance measures:

- *Process analysis, a systematic method of examining how work is done,* will assess implementation of the comprehensive and integrated HIV care interventions, including but not limited to facilitators and barriers to implementation. The ETAP, in coordination with the demonstration systems, will develop the final core process methods and implementation strategies.
- A *cost analysis study* (or cost-effectiveness study, if feasible) will measure the labor and programmatic costs and expenditures incurred by each demonstration systems to inform feasibility for future replication in RWHAP and other health care settings.
- **MHAF-specific performance** measures to be captured:
    - HIV viral suppression
    - Linkage to care
    - HIV-related disparities
    - Health inequities

The Demonstration Systems

ETAP applicants, in designing your proposed evaluation and TA plans, should become familiar with the requirements for demonstration systems and the comprehensive and integrated HIV care interventions that jurisdictions/demonstration systems may implement under HRSA announcement number HRSA-24-107: *A System-Level Syndemic Approach to Improve HIV Care and Treatment for People from Racial and Ethnic Minority Groups – Demonstration Systems.* Five (5) Health Resources and Services Administration Ryan White HIV/AIDS Program (HRSA RWHAP) Part A and/or B jurisdictions, which will serve as "demonstration systems", to design, implement, and participate in the evaluation of syndemic approaches to link and retain people with HIV from racial and ethnic minority groups that are out of care, and at greatest risk of being lost to care, in comprehensive and integrated care. This comprehensive and integrated care will include:

1) engagement and retention in primary HIV care;

2) treatment for co-occurring and interacting conditions including mental health conditions and/or substance use disorders, collectively referred to as behavioral health conditions; and

[23] Performance Measure Portfolio, Core Measures. Ryan White HIV/AIDS Program. February 2022. https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio.

3) social determinants of health including intimate partner violence (IPV), food insecurity, unstable housing, and others.

Proposed syndemic approaches should address multiple factors from the table listed below. We encourage the following structure:

- Interventions must address HIV/AIDS (Syndemic Factor 1),
- At least one co-occurring condition (Syndemic Factor 2),
- AND at least one social determinant of health (Syndemic Factor 3). More than one co-occurring condition and/or social determinant of health may be targeted by the approach. Applicants should note that the social determinants of health listed under Syndemic Factor 3 is not exhaustive.

Applicants should select a combination of syndemic factors to address based on the unique needs of people with HIV from racial and ethnic minority groups within their jurisdiction. Applicants should make a convincing case as to the logic behind the factors selected for their approach, drawing from available demographic, CDC surveillance, RWHAP data, and/or other aggregated client data sources whenever possible.

Table 1: Syndemic Factors for Demonstration Systems

Syndemic Factor 1 – HIV Required	• HIV care and treatment
Syndemic Factor 2 – Co-occurring conditions At least one required	• Substance use disorders • Mental health disorders
Syndemic Factor 3 – Social determinants of health At least one required. This list is not exhaustive, others may be considered.	• IPV • Food insecurity • Housing • Access to care • Other

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

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

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

Grants.gov

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

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number [HRSA-24-108].

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit HHS Tips for Preparing Grant Proposals.

Visit HRSA's How to Prepare Your Application page for more guidance.

See Apply for a Grant for other help and resources.

Join the webinar

For more information about this opportunity, join the webinar on Wednesday, July 17, 2024, at 1:00 ET. You can join at https://hrsa-gov.zoomgov.com/j/1608905071?pwd=QkNuU2U5SDhobGczb09kcWc1bDU0Zz09.

Meeting ID: 160 890 5071

Passcode: DGMgBCH3

If you are not able to join through your computer, you can call in at 1-833-568-8864 with the following:

Meeting ID: 160 890 5071

Passcode: 62801222

We will record the webinar. If you are not able to join live, you can replay it at https://targethiv.org.

Need Help? See Contacts & Support.

Step 3:
Write Your Application

In this step

Application contents & format

Application contents & format

Applications include 4 main components. This section includes guidance on each.

There is a 60-page limit for the overall application.

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

Make sure you include each of these:

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

Required format

You must format your narratives and attachments using our required formats for fonts, size, margins, etc. See the formatting guidelines in section 4.2 of the Application Guide.

Project abstract

Complete the information in the Project Abstract Summary Form. Include a short description of your proposed project. Include the needs you plan to address, the proposed services, and the population groups you plan to serve. For more information, see section 4.1.ix of the Application Guide. Include the following within the Project Abstract:

- **Summary of the Project:** Provide a brief summary describing the proposed project.
- **Goals and Objectives:** Describe overall project goals and objectives of proposed ETAP.
- **Evaluation Questions:** Outline overall proposed multi-site evaluation questions.
- **Summary of Funding:** Specify the funding amount requested for each year of the four-year period of performance.

Project narrative

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

Use the section headers and the order below.

Introduction

See merit review criterion 1: Need

Briefly describe the purpose of your project. Provide a clear and succinct description of your ability to successfully meet and carry out program requirements and expectations. Briefly describe the proposed multi-system evaluation plan, cost analysis plan, and your plan for supporting dissemination activities, replication, and TA services that the ETAP will provide to the demonstration systems.

Organizational information

See merit review criterion 5: Resources & Capabilities

- Describe your organization's mission, structure, and scope of current activities. Explain how these elements all contribute to the organization's ability to carry out the program requirements and the goals and objectives of the project.
- Discuss your expertise in conducting program evaluation in RWHAP or other healthcare settings, in particular coordinating multi-site or multi-system evaluations of implementation projects across different geographical locations. Describe your expertise in implementation science, implementing research techniques including data management, statistical analysis, formulation of findings, and dissemination of findings through different publication venues. Describe your experience developing multi-system or multi-site evaluation plans grounded in the HAB IS approach. Describe your expertise in training and monitoring data managers and staff supporting the submission of evaluation data for the multi-site or multi-system evaluation.
- Describe your experience conducting evaluations with people with HIV from racial and ethnic minority groups, using a syndemic or similar approach, addressing co-occurring conditions, or social determinants of health. Include information about your HIV experience, and expertise in identifying barriers and evaluating the facilitation of interventions to improve access, linkage, and retention in care for such populations.
- Include a staffing plan with job descriptions for key personnel **(Attachment 2)** that identifies staff credentials and commitments to the proposed project components. If you will use consultants and/or contractors to provide any of the proposed services, describe their roles and responsibilities on the project.

- Include a project organizational chart as **Attachment 5**. The chart should be a one-page figure that depicts the project structure of the ETAP, not the entire organization. It should include sub-recipients, contractors and other significant collaborators, if applicable
- Describe the capacity of your organization's management information systems to support a comprehensive multi-system evaluation in the collection, reporting, and secure storage of client-level data. Describe your documented procedures for the electronic and physical protection of participant information and data. If you will use sub-recipients and/or contractors to provide services, describe their proposed roles and responsibilities. Include signed letters of agreement, memoranda of understanding, and descriptions of proposed and/or existing contracts related to the proposed project in **Attachment 4**.
- Describe the ability of key personnel to successfully publish or disseminate findings about effectively using comprehensive integrated care interventions that use a syndemic approach, lessons learned, and other findings from the multi-system evaluations. Describe your experience in supporting the implementation of comprehensive integrated care interventions. Describe the experience of proposed key project personnel (including any partner organizations) to communicate project findings to HIV provider organizations and local communities, engage in collaborative writing and publishing study findings in peer-reviewed journals, or making presentations at state and national conferences.

Need

See merit review criterion 1: Need

- Provide a summary that demonstrates a comprehensive understanding of syndemic conditions that impact care engagement and retention of people with HIV from racial and ethnic minority groups. Additionally, provide a summary that demonstrates your understanding of the need to bolster the field of implementation science with comprehensive and integrated HIV care interventions using an approach to improve outcomes for people with HIV from racial and ethnic minority groups.
- Discuss the client level, technological, epidemiological, clinical, and systemic challenges that affect wider-scale adoption and/or optimal application of comprehensive integrated care interventions that improve health outcomes for people with HIV from racial and ethnic minority groups. Provide a discussion of the challenges associated with implementation, evaluation, and replication of comprehensive integrated care strategies for people with HIV from racial and ethnic minority groups.

  When appropriate, corroborate your assessment with citations of literature and publications.

Approach

See merit review criterion 2: Response

- Propose a multi-system evaluation plan. The plan must include the collection and reporting of relevant quantitative and qualitative outcome and process measures.
- Propose a plan for supporting and preparing jurisdictions for the sustainment of their syndemic approaches when federal funding ends.
- Discuss anticipated evaluation questions for assessing the effectiveness, syndemic interaction, and costs associated with the implementation of the identified comprehensive integrated care interventions. At minimum, the evaluation plan must include the following elements:
    - Patient and provider survey to measure barriers and facilitators, acceptability, and feasibility,
    - Clinical outcome measures,
    - Implementation and service outcomes,
    - Organizational assessment of the barriers and facilitators to successful intervention implementation;
    - Quantitative process analysis to assess the intervention exposure and interaction;
    - MHAF-specific outcome measures, including HIV-related disparities and health inequities.
- Describe:
    - A plan for conducting a rigorous, multi-system evaluation across demonstration systems to assess the comprehensive integrated care interventions using a syndemic approach to engage and retain people from racial and ethnic minority groups in HIV care.
    - The methodology you will use to assess the effectiveness and impact the of the comprehensive integrated care interventions.
    - The methodology and theoretical framework that you will use to conduct the multi-system evaluation and provide the rationale for its selection.
    - The methodology for collecting, analyzing, and reporting relevant outcome and process measures for the interventions.
    - The set of proposed variables to be collected to evaluate the interventions' effectiveness.
    - Your ability to use clinical and support services data relevant to HIV and co-occurring conditions.

- Provide a thorough rationale for any other data measures proposed that are relevant to the assessment of the interventions, specifying their sources and citing references in the literature that support their validation. You must propose the feasibility of collecting data elements based on the capacity of demonstration projects operating their interventions in real-world clinical settings, as is the case with RWHAPs.
- Describe the design and implementation of a cost analysis study that will collect labor, training, structural, and other relevant costs the demonstration systems may incur. Describe the design and implementation of the proposed multi-system evaluation plan that reflect the dynamics of the demonstration systems' executing these types of interventions across jurisdictions in a changing health care environment.
- Describe examples of potential studies of interest related to comprehensive integrated care interventions using a syndemic approach to improve care for people with HIV from racial and ethnic minority groups. Include a brief description, rationale, and possible impact of the focused studies in addressing the goals and objectives of the project.
- Describe:
    - Your proposed approach to working collaboratively with the demonstration systems in leading data collection and reporting efforts for the multi-system evaluation and additional focused evaluation studies.
    - A plan for the provision of TA to the demonstration systems over the course of the project, to include a routine means of TA needs assessment.
    - What kinds of TA needs are anticipated, and by what means they will be addressed, across the following: program development, implementation, data collection, sustainability, and program integration; multi-system evaluation; human research subjects' protection; IRB approval and renewal; implementation guide and other dissemination product development.
    - A specific plan for systematically responding to identified or requested TA.
    - A system and plan for tracking all TA provided, analyzing the TA tracking data, and reporting that data regularly throughout the project.
- Describe how you will work with the demonstration systems in the provision of TA on IRB issues and data sharing/data use agreements, including the provision of training to site staff to ensure proper management of IRB and data requirements and issues related to confidentiality of patient information.
- In addition, describe your plan for creating a web portal and data repository system where information, multi-system data, and TA tools will be housed and available to the demonstration systems during the course of the project.

- Provide a detailed plan for constructing and maintaining a secure website for the project to serve as a data portal for demonstration systems to report multi-system evaluation data. The website should:
    - Serve as a communications nexus for the project and have both public access for promotion of the project and private password-protected access for the demonstration project, ETAP, and HRSA staff.
    - Support TA resources for the multi-system evaluation; ongoing documentation of presentation, publication, and dissemination efforts for the project; and a calendar of upcoming project events and national conferences with abstract submission deadlines.
    - Be used to disseminate recent findings of interest from outside the project, and links for relevant resources, as needed.

- Describe your plan to conduct, at minimum, one site visit per year with demonstration systems to assess their comprehensive integrated care intervention implementation strategies and to deliver TA as needed. Describe the plans and details of a site visit protocol including timely documentation of all findings.
- Describe your approach to leading and coordinating the semi-annual national multi-system meeting in each of the four years of the demonstration systems' period of performance in the Washington, DC metropolitan area or a location that is most conducive for all recipients, with the participation of the demonstration system and HRSA staff.
- Describe your approach in coordinating the publication and dissemination efforts for the project's findings and lessons learned in conjunction with the designated HRSA staff. Provide a brief discussion on the dynamics of the ETAP in coordinating the work of the publications and dissemination committee. Include a plan to disseminate reports, products, and/or project outputs to key target audiences.
- Provide a dissemination plan identifying appropriate venues including the national and regional AETC program events and national conferences geared toward HIV primary care, social service providers, and other audiences including, but not limited to, clinicians, program administrators, care providers, and policymakers. Include in your methodology proposed approaches for working with the AETC programs to integrate the comprehensive integrated care strategies into clinical practice. The dissemination, implementation, and replication plan should include lessons learned or best practices and help facilitate the replication of effective comprehensive integrated care interventions using a syndemic approach into healthcare practices.
- Describe your approach in working with sites on developing a sustainability and integration plan to support successful strategies for continued programs and services implementing

comprehensive integrated care interventions for people with HIV from racial and ethnic minority groups following the conclusion of the cooperative agreement.

High-level work plan

See merit review criteria 2: Response & 4: Impact

- Provide a detailed work plan that describes the ETAP's goals for the four-year period of performance as Attachment 1. Include all aspects of TA planning and provision; design and implementation of the multi-system evaluation; and publication and dissemination activities. Provide a timeline that includes project activities and identifies who is responsible for each. As needed, identify how key stakeholders will help plan, design, and carry out activities.
- The work plan should include written:
    a. goals for the entire proposed four-year period of performance;
    b. objectives that are specific, time-framed, and measurable;
    c. activities or action steps to achieve the stated objectives;
    d. staff responsible for each action step (including consultants); and
    e. anticipated start and completion dates.

Please note that goals for the work plan are to be written for the entire proposed four-year period of performance, but objectives and action steps are required only for the goals set for year one. First-year objectives should describe key action steps or activities that you will undertake to identify TA needs and implement the multi-system evaluation, including quality control mechanisms, IRB, and HIPAA requirements. Include the project's work plan as **Attachment 1**.

Resolving challenges

See merit review criterion 2: Response

Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan and the proposed methods described in the Approach section. Explain the methods and approaches that you'll use to resolve them.

Evaluation & technical support capacity

See merit review criteria 3: Evaluation Measures & 5: Resources & Capabilities

- Describe the plan for the program performance evaluation that will contribute to continuous quality improvement. The program performance evaluation should monitor ongoing processes and the progress towards the goals and objectives of the project. Include descriptions of the inputs (e.g., organizational profile, collaborative partners, key personnel,

budget, and other resources), key processes, and expected outcomes of the funded activities.

- Describe you and your collaborating partner organization's (if applicable) capacity to conduct a comprehensive multi-system evaluation to assess the implementation and outcomes of the demonstration system projects. Include strength of skills, training, and knowledge of proposed key project staff (including any consultants, sub-recipients, and contractors, if applicable) in evaluation integrity conducting a multi-system evaluation of national scope that will have maximum impact on practice and policy affecting engagement, access to, and retention in quality HIV medical care and behavioral health services focused on people with HIV from racial and ethnic minority groups.
- Describe how the proposed key personnel (including any consultants, sub-recipients, and contractors, if applicable) have the necessary knowledge, experience, training, and skills in designing and implementing public health program evaluations, specifically quantitative and qualitative outcome and process evaluations, knowledge of syndemics, and cost studies of implementing innovative and comprehensive integrated care interventions.
- Describe the capacity of the proposed project staff to provide TA to demonstration systems for the multi-system evaluation. Describe the experience of proposed project staff (including partner organization staff, if applicable) in providing TA to organizations that provide HIV and behavioral health care services. Include any experience with the provision of TA to organizations providing integrated care.
- Describe the experience of proposed project staff (including partner organization staff, if applicable) in logistical planning and implementation of national meetings. Describe your knowledge of and experience with the submission of IRB materials and obtaining approvals and renewals for all client-level data collection instruments, informed consents, and evaluation materials. Describe any training in human subjects' research protection by proposed project staff. Identify the IRB that will be responsible for the review, approval, and renewal of your multi-system evaluation instruments.
- Describe how the ETAP will provide the necessary training to the demonstration systems to ensure that each recipient fulfills the requirement of developing an entry for the implementation manual.
- Describe the systems and processes that will support your organization's multi-system evaluation requirements through effective tracking of performance outcomes and implementation strategies, including a description of how the organization will collect and manage data (e.g., assigned skilled staff, data management software) in a way that allows for accurate and timely reporting of performance outcomes. Describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature.

- As appropriate, describe the data collection strategy to collect, analyze, and track data to measure process and impact/outcomes, and explain how the data will be used to inform program development and service delivery. Describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.

Budget & budget narrative

See merit review criterion 6: Support Requested

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

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

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

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

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See funding limitations.

To create your budget narrative, see detailed instructions in section 4.1.v of the Application Guide.

In addition, *A System-Level Syndemic Approach to Improve HIV Care and Treatment for People from Racial and Ethnic Minority Groups – Evaluation and Technical Assistance Provider (ETAP)* requires the following:

- Separate line-item budgets for each year of the four year period of performance, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs as appropriate.
- The ETAP will conduct annual TA site visits with the demonstration systems, and lead and coordinate the logistics for two meetings in each of the four years of the project with the demonstration systems. Costs for these activities should be included in the budget.
- Include travel to the biennial National Ryan White Conference on HIV Care and Treatment, to be held in the Washington, D.C. Metropolitan area.

- Key personnel include the Principal Investigator, Project Director, and Evaluator. List each of these positions on the budget.
- For all staff listed on the budget identify what percentage of the FTE you will allocate to this award, the full salary amount and all other funding sources leveraged to account for the full salary. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period.

Attachments

Place your attachments in order in the Other Attachments form.

Attachment 1: Work plan

Counts toward page limit.

Attach the project's work plan. Make sure it includes everything required in the Project Narrative section.

The work plan is to be used as a tool to manage the project by measuring progress, identifying necessary changes, and quantifying project accomplishments. The work plan should directly relate to your Approach section and the program requirements of this announcement. Include all aspects of TA planning and provision; design and implementation of the multi-system evaluation; and publication and dissemination activities.

Attachment 2: Staffing plan & job descriptions

Counts toward page limit.

See Section 4.1.vi of the Application Guide.

Include a staffing plan that shows the staff positions that will support the project and key information about each. Justify your staffing choices, including education and experience qualifications and your reasons for time you request for each staff position.

For key personnel, attach a one-page job description. It must include the role, responsibilities, and qualifications.

Attachment 3: Biographical sketches

Does not count towards the page limit.

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

For key personnel, include no more than two-page biographical sketches. Do not include personally identifiable information. If you include someone you have not hired yet, include a letter of commitment from that person with the biographical sketch.

Attachment 4: Letters of agreement & memoranda of understanding
Counts toward page limit.

Provide any documents that describe working relationships between your organization and others you refer to in the proposal. Documents that confirm actual or pending contracts or agreements should clearly describe the roles of the contractors and any deliverable. Make sure you sign and date any letters of agreement. If letters of support are required for eligibility, include them in this attachment.

Attachment 5: Project organizational chart
Counts toward page limit.

Provide a one-page diagram that shows the project's organizational structure.

Attachment 6: Tables & charts
Counts toward page limit.

Provide tables or charts that give more details about the proposal. These might be Gantt, PERT, or flow chart.

Attachment 7: Proof of non-profit status
Does not count in the page limit.

If your organization is a non-profit, you need to attach proof. We will accept any of the following:

- A copy of a current tax exemption certificate from the IRS.
- A letter from your state's tax department, attorney general, or another state official saying that your group is a non-profit and that none of your net earnings go to private shareholders or others.
- A certified copy of your certificate of incorporation. This document must show that your group is a non-profit.
- Any of the above for a parent organization. Also include a statement signed by an official of the parent group that your organization is a non-profit affiliate.

Attachment 8: Line-Item Budgets for Years 1 through 4
Counts toward page limit.

Provide separate line-item budgets for each year of the four- year period of performance, using the Section B Budget Categories of the SF-424A and breaking down sub-categorical costs as appropriate.

Other required forms

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

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.

Step 4:
Learn About Review & Award

In this step

Application review

Initial review

We review each application to make sure it meets basic requirements. We will not consider an application that:

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

Also, we will not review any pages over the page limit.

Merit review

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

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

Criterion 1: Need

10 points

See Project Narrative *Introduction* and *Need* sections.

- How well the application describes the problem and its contributing factors.
- Strength, clarity, and relevance of applicant's brief description of the proposed evaluation, cost analysis, implementation syndemic approach dissemination, replication, and TA structure, overall project goals, and overall multi-system evaluation questions.
- How well the literature review demonstrates an in-depth understanding of the needs and issues related to syndemic conditions and provision of comprehensive integrated care for people with HIV from racial and ethnic minority groups.
- How well the application describes the need to evaluate the implementation of comprehensive integrated intervention models using a syndemic approach assessing co-

conditions, social determinants of health, and their impact among the specified population(s).

- How well the application describes challenges associated with implementing, evaluating, and replicating comprehensive integrated care strategies for people with HIV from racial and ethnic minority groups.
- How well the application describes national incidence and/or prevalence rates of HIV infection among people from racial and ethnic minority groups using the most recently available data.
- Strength and clarity of discussion related to challenges that affect wider-scale adoption and/or optimal application of comprehensive integrated interventions that improve linkage and retention outcomes for people with HIV from racial and ethnic minority groups and what strategies may be used to overcome them.

Criterion 2: Response

35 points

See Project Narrative *Approach, Work Plan, and Resolving Challenges sections.*

- How well the applicant's proposed project responds to the program's purpose.
- The strength of the proposed goals and objectives and how well they relate to the project.
- How well the activities described will address the problem and meet project objectives.

Approach (15 points)

- Strength and clarity of described approach to working collaboratively with the demonstration systems in leading data collection and reporting efforts for the multi-system evaluation and additional focused evaluation studies.
- Strength, clarity, and feasibility of the proposed plan for the provision of TA to the demonstration projects over the course of the project, including a routine means of TA needs assessment.
- Strength, clarity, and feasibility of your description of the anticipated TA needs and the means by which they will be addressed.
- Feasibility of the proposed plan to review the demonstration projects' implementation plans to safeguard the privacy and confidentiality of program participants, and their documented procedures for the electronic and physical protection of study participant information and data, and a means to address deficits.

Work Plan (15 points)

- Strength, clarity, and feasibility of the work plan in achieving the ETAP's goals during the four-year period of performance **(Attachment 1).**
- How well the goals of your work plan address the program requirements you described in the Approach section of the narrative.
- Evidence the objectives for year one are complete, specific to each goal, time-framed, and measurable.
- Evidence the work plan includes key activities associated with the design and implementation of the multi-system evaluation, TA provision, and dissemination of findings.
- How well the work plan clearly identifies the staff responsible to accomplish each step, includes specific, time-framed, and measurable objectives and includes anticipated dates of completion.

Resolution of challenges (5 points)

- How well the application clearly identifies possible challenges that are likely to be encountered during the planning and implementation of the TA and evaluation project and clearly describe realistic and appropriate responses to be used to resolve those challenges encountered.

Criterion 3: Evaluation measures

25 points

See Project Narrative *Evaluation & Technical Support Capacity* section.

- How strong and effective the method is to monitor and evaluate project results. In particular, the feasibility, appropriateness, and strength of the proposed implementation science methods and frameworks and how well the proposal brings them together to achieve the goals of this project.
- Evidence that the measures will assess how well program objectives have been met and to what extent the results are attributed to the project.
- Strength, clarity, and feasibility of the proposed plan and methodology to conduct a rigorous multi-system evaluation and its rationale for selection.
- How well the application clearly outlines the outcome, process, and cost elements of the multi-system evaluation and the possible measures to evaluate the client-level and process outcomes associated with implementing comprehensive integrated care intervention models.
- Strength and clarity of the elements for the outcome and process elements of the multi-system evaluation, including the patient survey to measure barriers and facilitators to

linkage, retention, and viral suppression; qualitative process analysis to assess intervention implementation; quantitative process analysis to assess intervention exposure and syndemic interaction; and cost analysis to assess labor and programmatic costs incurred by the comprehensive interventions.

- How well the applicant describes the knowledge of and experience with training in human subjects research protection and submission of IRB materials, data sharing/data use agreements, and obtaining approvals and renewals for all client-level data collection instruments, informed consents, and evaluation materials.
- How well the applicant describes the knowledge and experience developing a web portal and data repository system where information, multi-system data, and TA tools will be submitted, housed, and available to the demonstration systems and HRSA staff during the course of the project.

Criterion 4: Impact

10 points

See Project Narrative *Work Plan* section.

- Strength of the proposed project, including its public health impact, and how effective it will be. Strength of plans for communicating dissemination of project results, including the impact results may have on the community or target population, the extent to which project results may be national in scope, the degree to which the project activities are replicable, and the sustainability of the program beyond the federal funding. Strength of the proposed approach, including committee involvement, in leading publication and/or dissemination efforts for the project's findings and lessons learned.
- Strength and feasibility of the proposed plan to develop timely and creative approaches to disseminating project findings, lessons learned about best practices.
- Strength and clarity of the proposed plan to develop dissemination products, including an implementation manual, toolkits, and final report for target audiences including clinicians, program administrators, and policymakers. These dissemination products will be made available at venues such as national conferences geared toward HIV primary care and social service providers.
- Strength, clarity, and feasibility of your timeline for the development and release of the final report and other types of dissemination products.
- Strength, clarity and feasibility of your capacity to understand and evaluate syndemic interactions among the demonstration systems.

Criterion 5: Resources & capabilities

15 points

See Project Narrative *Organizational Information* and *Evaluation & Technical Support Capacity* sections.

- Whether project staff have the training or experience to carry out the project.
- Whether the applicant organization has capabilities to fulfill the needs of the proposed project.
- Whether the applicant has quality facilities available to fulfill the needs of the proposed project.

Evaluation and Technical Support Capacity (10 points)

- Demonstrated capability of proposed key project staff in designing and implementing public health program evaluations, specifically quantitative and qualitative outcomes and process evaluations, and cost studies of implementing innovative comprehensive and integrated care HIV interventions.
- Strength in the design, implementation, and evaluation of programs serving people with HIV from racial and ethnic minority groups, and strength of the applicant's capacity to conduct the required comprehensive multi-system evaluation.
- Demonstrated capability to provide TA, especially in the areas of HIV medical care, behavioral health services, social determinants of health, and the implementation/replication of comprehensive integrated care interventions, to the demonstration systems during the implementation of their interventions.
- Demonstrated capability of proposed project staff (to include consultants, sub-recipients, and contractors, if applicable) in logistical planning and implementation.
- Strength and clarity of the staffing plan and job descriptions **(Attachment 2).**
- Strength and clarity of demonstrating the use and knowledge of syndemic theory and approaches.

Organizational Information (5 points)

- Demonstrated capacity of your management information system (MIS) to support a comprehensive multi-system evaluation in the collection, reporting, and secure storage of client-level data.
- Evidence of relevant organizational experience in providing TA on a national level.
- Strength of your knowledge of statutory and programmatic requirements of the RWHAP programs, current reporting protocols for the RWHAP, and the HIV care continuum.
- Demonstrated capability of organization's ability to work with RWHAP-funded entities and within the RWHAP community.

- Demonstrated capability of proposed key project personnel (including any partner organizations) in collaborative writing, publishing, and disseminating study findings in peer-reviewed journals and in making presentations at conferences.
- Strength and clarity of the project organizational chart provided **(Attachment 5).**

Criterion 6: Support requested

[5] points

See Budget Narrative section.

- How reasonable the proposed budget is for each year of the period of performance.
- Whether costs, as outlined in the budget and required resources sections, are reasonable and align with the scope of work.
- Whether key staff have adequate time devoted to the project to achieve project objectives.
- If applicable, how well the application clearly describes sub-awards and/or contracts for proposed sub-recipients, contractors, and consultants in terms of scope of work; how costs were derived; payment mechanisms and deliverables are reasonable and appropriate.

Risk review

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

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

We may ask you to submit additional information.

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

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

For more details, see 45 CFR 75.205.

Selection process

When making funding decisions, we consider:

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

We may:

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

Award notices

We issue Notices of Award (NOA) on or around the start date listed in the NOFO. See Section 5.4 of the Application Guide for more information.

Step 5: Submit Your Application

In this step

Application submission & deadlines

See Find the Application Package to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations, and specifically with regard to grants. Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. See Get Registered. You will have to maintain your registration throughout the life of any award.

Deadlines

Application

You must submit your application by July 24, 2024 at 11:59 p.m. ET.

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

Submission method

Grants.gov

You must submit your application through Grants.gov. See Get Registered.

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

See Contacts & Support if you need help.

Other submissions

Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed.

Mandatory disclosure

You must submit any information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. See Mandatory Disclosures, 45 CFR 75.113.

To tell us about a violation, write to us:

HRSA via attachment as part of your application
AND
Office of Inspector General at grantdisclosures@oig.hhs.gov.

For full details, visit HHS OIG Grant Self Disclosure Program.

Application checklist

Make sure that you have everything you need to apply:

Component	How to Upload	Included in page limit?
☐ **Project abstract**	Use the Project Abstract Summary Form.	Yes
☐ **Project narrative**	Use the Project Narrative Attachment form.	Yes
☐ **Budget narrative**	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in a single Other Attachments form.	
☐ Work plan		Yes
☐ Staffing plan & job descriptions		Yes
☐ Biographical sketches		No
☐ Letters of agreement & MOUs		Yes
☐ Project organizational chart		Yes
☐ Tables and Charts		Yes
☐ Proof of non-profit status		No
☐ Line-Item Budgets for Years 1 through 4		Yes
Other required forms	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		No
☐ Budget Information for Non-Construction Programs (SF-424A)		No
☐ Disclosure of Lobbying Activities (SF-LLL)		No

Step 6: Award

In this step

Post-award requirements & administration

Post-award requirements & administration

Administrative & national policy requirements

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

- All terms and conditions in the Notice of Award.
- The regulations at 45 CFR part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
- The termination provisions in 45 CFR 75.372. No other specific termination provisions apply.
- The HHS Grants Policy Statement (GPS). This document is incorporated by reference in your Notice of Award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements.
- See the requirements for performance management in 2 CFR 200.301.

Health information technology interoperability

If you receive an award, you must agree that where your activities involve implementing, acquiring, or upgrading health IT, you, and all your subrecipients will:

- Meet the standards and specifications in 45 CFR part 170, subpart B, if those standards support the activity.
- If the activities relate to activities of eligible clinicians in ambulatory settings or hospitals under Sections 4101, 4102, and 4201 of the HITECH Act, that you will use only health IT certified by the ONC Health IT Certification Program.

If standards and implementation specifications in 45 CFR part 170, subpart B cannot support the activity, we encourage you to use health IT that meets non-proprietary standards and specifications of consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory.

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.

Please review HRSA's SF-424 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:

- Develop all required documentation for submission of research protocol to IRB;
- Communicate with IRB regarding the research protocol;
- Obtain IRB approval prior to the start of activities involving human subjects; and
- Communicate about IRB's decision and any IRB subsequent issues with HRSA.

Client confidentiality requirements apply to all phases of the project. Prior to their IRB approval expiration, recipients must submit documentation from that IRB indicating the project has undergone an annual review and complies with all IRB requirements.

Certificate of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, HRSA-supported research commenced or ongoing after December 13, 2016, in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document but are issued by application of this term and condition to the award. For additional information which may be helpful in ensuring compliance with this term and condition, see Centers for Disease Control and Prevention (CDC) Additional Requirement 36 (https://www.cdc.gov/grants/additional-requirements/ar-36.html).

Non-discrimination & assurance

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

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

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance.

Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

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

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

Reporting

If you are successful, you will have to follow the reporting requirements Section 6 of the Application Guide. The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- We will require progress reports each year.
- We will require the submission of the Federal Financial Report (SF-425) each year.
- **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in FAPIIS, as 45 CFR part 75 Appendix I, F.*3.* and 45 CFR part 75 Appendix XII require.

Contacts & Support

In this step

Agency contacts

Program & eligibility

Corliss D. Heath
Health Scientist, Division of Policy and Data
Attn: A System-Level Syndemic Approach to Improve HIV Care and Treatment for People from Racial and Ethnic Minority Groups – ETAP (HRSA-24-108)
HIV/AIDS Bureau
Health Resources and Services Administration
Call:(301) 443-0973
Email: Cheath@hrsa.gov

Son H. Phan
Health Scientist, Division of Policy and Data
Attn: A System-Level Syndemic Approach to Improve HIV Care and Treatment for People from Racial and Ethnic Minority Groups – Demonstration Systems (HRSA-24-107)
HIV/AIDS Bureau
Health Resources and Services Administration
Call:(301) 443-7112
Email: SPhan@hrsa.gov

Financial & budget

Beverly Smith

Grants Management Specialist

Division of Grants Management Operations, OFAM

Health Resources and Services Administration

Call: (301) 443-7065

Email: Bsmith@hrsa.gov

HRSA Contact Center

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

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

TTY: 877-897-9910

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email support@grants.gov. Hold on to your ticket number.

SAM.gov

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

Helpful websites

- HRSA's How to Prepare Your Application page
- HRSA Application Guide
- HRSA Grants page
- HHS Tips for Preparing Grant Proposals
- Access, Care, and Engagement Technical Assistance Center (ACE TA)
- Best Practices Compilation
- Center for Innovation and Engagement (CIE)
- Center for Quality Improvement and Innovation (CQII)
- Dissemination of Evidence-Informed Interventions (DEII)
- Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)
- Ending Stigma through Collaboration and Lifting All to Empowerment (ESCALATE)
- Engage Leadership through Employment, Validation, and Advancing Transformation and Equity for persons with HIV (ELEVATE)
- Integrating HIV Innovative Practices (IHIP)