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 – Demonstration Systems

Opportunity number: HRSA-24-107

Step 1: Review the Opportunity 1
Basic information 2
Summary 2
Key dates 3
Funding detail 3
Eligibility 3
Eligible applicants 4
Cost sharing 4
Program description 4
Purpose 4
Background 7
Cooperative agreement terms 10
Funding policies & limitations 12
Step 2: Get Ready to Apply 19
Get registered 20
SAM.gov 20
Grants.gov 20
Find the application package 20
Application writing help 20
Join the webinar 20
Step 3: Write Your Application 22
Application contents & format 23
Project abstract 23
Project narrative 24
Budget & budget narrative 31
Attachments 32
Other required forms 34
Step 4: Learn About Review & Award 35
Application review 36
Initial review 36
Merit review 36
Risk review 42

Selection process 42
Award notices 43
Step 5: Submit Your Application 44
Application submission & deadlines 45
Deadlines 45
Submission method 45
Other submissions 45
Application checklist 46
Step 6. Learn What Happens After Award 47
Post-award requirements & administration 48
Administrative & national policy requirements 48
Health information technology interoperability 48
Human Subjects Protection 48
Non-discrimination & assurance 49
Reporting 50
Contacts & Support 51
Agency contacts 52
Program & eligibility 52
Financial & budget 52
HRSA Contact Center 52
Grants.gov 53
SAM.gov 53
Helpful websites 53

Step 1:
Review the Opportunity

In this step

Basic information

Eligibility

Program description

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 – Demonstration Systems

Opportunity number: HRSA-24-107

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]. Syndemics are co-occurring epidemics or conditions that interact with one another, and often disproportionately impact morbidity and mortality in marginalized communities.[3,4] Supported through funding from the Department of Health and Human Services 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[5], 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 – Demonstration Systems* project.

The purpose of this program is to support up to five demonstration systems through cooperative agreements for up to four years 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

[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] 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
[4] 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
[5] HHS Minority HIV/AIDS Fund | Ryan White HIV/AIDS Program (hrsa.gov)

and integrated care.[1,2] This includes people who are newly diagnosed within the past 12 months or who have previously been diagnosed with HIV but have missed appointments, are not virally suppressed, or have another high-risk factor (e.g. leaving incarceration). This comprehensive and integrated care will include: 1) engagement and retention in primary HIV care; 2) care and treatment for co-occurring and interacting conditions, including mental health and/or substance use conditions; and 3) addressing social determinants of health, including intimate partner violence (IPV), food insecurity, unstable housing, and others.

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 23, 2024

Expected start date: September 30, 2024

Funding detail

Application type: New

Expected total available funding: $2,500,000 in Year 1, and 3,500,000 in Years 2-4.

Expected number and type of awards: 5 cooperative agreements

Funding range per award: up to $500,00 in Year 1, and up to $700,000 per year in Years 2-4.

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 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-24-107) 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 – Demonstration Systems* project administered by the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB).

Syndemics are co-occurring epidemics or conditions that interact with one another to disproportionately impact morbidity and mortality in marginalized communities.[6,7] Funding awarded under this announcement will support five 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 section below) to design, implement and participate in the evaluation of syndemic approaches to link and retain people with HIV from racial and ethnic minority groups who are out of care, and at greatest risk of

[6] 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

[7] 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

being lost to care, in comprehensive and integrated care.[8,9] This includes people who are newly diagnosed within the past 12 months or who have previously been diagnosed with HIV but have missed appointments, are not virally suppressed, or have another high-risk factor (e.g. leaving incarceration). 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 and/or substance use conditions; and 3) social determinants of health including intimate partner violence (IPV), food insecurity, unstable housing, and others.

All demonstration systems funded under this announcement are required to collaborate with an evaluation and technical assistance provider to be funded separately under announcement number *HRSA-24-108: 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).* Please review this companion announcement for more information.

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 with HIV from racial and ethnic groups from their jurisdictions in comprehensive and integrated HIV care and treatment. Develop approaches that are inclusive and welcoming to reduce stigmatizing attitudes, beliefs, and behaviors in the provision of health care and related services.
- Develop and implement a multi-system evaluation grounded in 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."[10,11]
- Assess the cost and effectiveness of each demonstration system's approach in light of its impact of the syndemic as a whole rather than just individual epidemics or conditions.

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[8]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

[9] 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

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

[11] 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

- 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-24-108 (*A System-Level Syndemic Approach to Improve HIV Care and Treatment for People from Racial and Ethnic Minority Groups – Evaluation and Technical Assistance Provider).*

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. Demonstrations systems may focus on: 1) development and implementation of an entirely 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 Clarification Notice (PCN) #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds.* [12]

- **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.[13]

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

[13] 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.

- **Intimate partner violence (IPV):** any form of physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse[14]
- **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.
- **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)[15] at the time of enrollment.

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.

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[14] 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.

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

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).[16] The Strategy 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 conditions in the context of social and structural/institutional factors including stigma, discrimination, and violence. [17]

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 multiple coexisting diseases"[18], social determinants of health, and other risk factors[19] such as behavioral health conditions, food insecurity, etc. Syndemic approaches are interventions that (1) increase the focus on co-occurring and interacting disease and social conditions that exacerbate health inequities,[20] 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.[21]

Mental health and substance use conditions, collectively referred to as behavioral health conditions, disproportionally affect people with HIV. Research shows that people with HIV often

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

[18] 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)

[19] 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)

[20] 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.

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

experience co-occurring behavioral health conditions, including but not limited to depression, anxiety, substance use, and unhealthy alcohol use.[22] Co-occurring behavioral health conditions are associated with lower rates of viral suppression and increased rates of hospitalization.[23] 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.[24]

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. Additionally, specific implementation strategies to effectively integrate syndemic approaches for people from racial and ethnic minority groups into routine care will be tested and disseminated.

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 and community-based and local organizations;
- 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 materials;

[22] 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.
[23] 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
[24] Perry, et al. 2019.

- Coordinating activities to address the evaluation-related training and TA needs of the demonstration systems; and
- 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.

Your responsibilities

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

- Completing the proposed project work plan activities within the four-year period of performance;
- Collaborating with HRSA on review of activities, procedures, and budget items, including timely communication with project officer;
- Ensuring proposed activities are based on documented need, maximize impact on HIV care continuum outcomes, and designed to reach, engage, and retain in care people with HIV from racial and ethnic groups;
- Coordinating the activities with existing RWHAP entities and identified partnering agencies, when applicable;
- Collaborating with the ETAP on the development and implementation of annual work plans and a multi-system evaluation;
- Participating in multi-system evaluation, TA, and development of project dissemination products such as implementation manual/toolkits, site visits, annual national multi-jurisdictional meetings, multi-system learning sessions, and other activities as coordinated and conducted by the ETAP;
- Developing all required documentation for submission of research protocol to an Institutional Review Board (IRB) and obtaining IRB approval prior to the start of activities involving human subjects. Preparing data use/data sharing agreements and other Memorandum of Understanding (MOU) agreements, if needed, with local and community partners;
- Complying with requests for data and information in accordance with specified timelines of the ETAP. Required multi-system evaluation activities will include, but are not limited to:
    - Attending two semi-annual national multi-site meetings in each of the four years of the project in the Washington, DC/Metropolitan area or an area identified by the ETAP. Travel to attend these national multi-site meetings is limited to no more than three staff participants. Prior approval from the Project Officer is required for exceptions.
    - Participating in in-person and virtual meetings held by the ETAP or HRSA throughout the course of the period of performance including participation in National Ryan White Conference on HIV Care and Treatment.

    - Hosting annual site visits for each year of the project that is conducted by the ETAP.
    - Collaborating with the ETAP to conduct focused evaluation studies on issues relating to the clinical, administrative financing, or public policy issues pertaining to the goals and objectives of the project.
- Developing a sustainability and integration plan to support successful strategies following the conclusion of the cooperative agreement;
- Modifying system approaches as necessary to ensure relevant outcomes throughout the duration of the project; and
- Participating in the communication and dissemination of project findings, best practices, and lessons learned, including adherence to MHAF and HRSA guidelines pertaining to acknowledgment and disclaimer on all products produced by MHAF and HRSA award funds.

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.
- The General Provisions in Division H that reference the Consolidated Appropriations Act, 2023 (P.L. 117-328) apply to this program. Note that these and other restrictions will apply in fiscal years that follow, as the law requires.
- 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). See 45 CFR 75.2 defines MTDC. You can use this rate indefinitely or until you negotiate a rate. If you use this 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.

Recipient expectations

Develop and Implement System-Level Syndemic Approaches

Interventions must focus on people with HIV from racial and ethnic minorities groups, including adults from 18-39 years old, and are out of care or at greatest risk of being lost to care. Demonstration systems will implement interventions based on the unique needs of the priority population(s) identified within their communities.

Demonstration systems will collaborate with the ETAP to develop effective and replicable system-level syndemic approaches to link and retain the priority population(s) in comprehensive and integrated care. This comprehensive and integrated care will include: 1) primary HIV care; 2) care and treatment for co-occurring and interacting conditions, including behavioral health conditions such as mental health and/or substance use conditions; 3) social determinants of health including intimate partner violence (IPV), food insecurity, housing instability, and others using validated measures.

Demonstration systems will also participate in the following ETAP-led activities including 1) TA needs reporting and tracking; 2) site monitoring activities; 3) annual multi-system learning sessions; 4) collection and reporting of implementation, service, client, and costing data for the multi-system evaluation; 5) development of dissemination products and other publication and communication activities to support replication of successful approaches; and 6) development of an annual work plan to implement each jurisdiction's approach and ensure quality and continuity of care of clients engaged in the approach.

Demonstration systems and the ETAP will include collaborations with community members, people of lived experience, intervention developers, and any other collaborations to be able to increase the acceptability and feasibility of the approach for the jurisdiction.

Integration of interventions in a care plan

Applicants must propose an integration of at least three interventions, which may include any of the three categories of interventions identified by HRSA, including emerging, evidence-

informed, and evidence-based interventions.[25] The proposed interventions must directly relate to the selected syndemic factors. Successful applicants will propose interventions that fill gaps in services that the applicant jurisdiction does not currently provide sufficiently to eliminate disparities in HIV health outcomes for people from racial and ethnic minority groups in their community.

When identifying interventions, applicants are encouraged to consider interventions listed in HRSA's Best Practices Compilation, as well as SAMHSA's Evidence-Based Practices Resource Center and other RWHAP resources (refer to the list of initiatives on TargetHIV). All proposed interventions must be allowable within the RWHAP. Please see *Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds Policy Clarification Notice 16-02*.

Syndemic Factors

Proposed syndemic approaches should address multiple factors listed in Table 1. Interventions must address HIV (Syndemic Factor 1), at least one co-occurring condition (Syndemic Factor 2), AND at least one social determinant of health. 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 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 • Mental health conditions
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 • Others

[25] Psihopaidas, Demetrios et al. "Implementation science and the Health Resources and Services Administration's Ryan White HIV/AIDS Program's work towards ending the HIV epidemic in the United States." PLoS medicine vol. 17,11 e1003128. 6 Nov. 2020, doi:10.1371/journal.pmed.1003128

Community Engagement and Partnerships

Demonstration systems must design and implement interventions in partnership with members of the communities within their jurisdictions, including the populations served as well as intervention developers and other stakeholder groups to achieve optimal outcomes. These groups could include, but not be limited to, health departments, public and private health care payers, tribes and tribal organizations, faith-based and community-based organizations, health centers, private sector, academic partners, and the community. Moreover, the groups or entities partnering with the demonstration systems will do so with the goal of advancing health and health equity within their communities.

Implementation Protocols

Demonstration systems will create step-by-step guides of the workflows (e.g., process maps [26], swim lane flowcharts, and written protocols) for review and input by the ETAP and HRSA prior to implementation and throughout the project as mid-implementation adjustments and adaptation needs are identified. Adjustments and adaptations must only be made in consultation with the ETAP and prior approval from HRSA, and should be done iteratively in order to avoid disruption to the ETAP's TA tracking and evaluation data collection. These implementation protocols will be updated as needed throughout the project in collaboration with the ETAP and HRSA HAB; ultimately they will become one of the key components of the dissemination products distributed to the RWHAP and HIV care providers to support replication of the approach in other jurisdictions.

Multi-System Evaluation

Demonstration systems are expected to work collaboratively with the ETAP in all aspects of the multi-system evaluation to assess the effectiveness of the demonstration systems' comprehensive and integrated HIV care and treatment models that:

(1) prioritize serving people from racial and ethnic minority groups in jurisdictions who experience significant disparities in HIV outcomes,

(2) address the social determinants of health and unmet needs identified within the priority populations,

(3) integrate HIV care and treatment that can increase the utilization of comprehensive care and treatment to improve linkage and retention for people from racial and ethnic minority groups.

Demonstration systems must have the ability to collect and report quantitative and qualitative data to the ETAP on the frequency and in the format required by the ETAP. To facilitate adherence to the evaluation protocol, the ETAP will provide TA to all demonstration systems

[26] Process Flow: Mapping & Analysis | TargetHIV

over the course of the entire project. All ETAP's TA provision will be systematically tracked and measured to gauge the level and type of support needed to implement, as well as the replicability of the approach. When providing TA, the ETAP will emphasize free, publicly available, and peer-support resources so that those supports may also be available to future jurisdictions seeking to replicate the approach.

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

- Improved access, engagement, and retention in care;
- Increased medication adherence;
- Reduced stigma;
- Increased health equity;
- Reach and maintain viral suppression.

Learning Sessions

The demonstration systems will participate in annual in-person Learning Sessions hosted, planned, and coordinated by the ETAP. In years one through three, the Learning Sessions will emphasize peer learning and create opportunities for the demonstration systems to share implementation activities, outcomes, best practices, and lessons learned. In year four, the final Learning Session will focus on overall lessons learned, plans for sustainment of the approaches implemented in each jurisdiction, and dissemination-related workplan and timeline.

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,[34] 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 system 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

Step 2:
Get Ready to Apply

In this step

Get registered

Find the application package

Application writing help

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-24-107.

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 July 16, 2024 at 01:00 PM ET. You can join at https://hrsa-gov.zoomgov.com/j/1614145081?pwd=NXRLWmU3Rk90NEdUcHFGR0g2VEdSUT09

Meeting ID: 161 414 5081

Passcode: 95BG0BSi

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

Meeting ID: 161 414 5081

Passcode: 71473324

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:

- **Goals and Objectives:** Describe overall project goals and proposed services.
- **Summary of project**: Provide a brief description of the proposed project, including the proposed innovative comprehensive intervention to be implemented, specific sites where the activities will take place, and collaborating entities.
- **Priority population(s):** Provide a brief description of the geographic area(s) and demographic characteristics of the priority population(s) to be served by the proposed project.
- **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 how the proposed project addresses the goal and objectives listed in the "Purpose" section of this NOFO.

Describe the overall plan to conduct the project activities to include:

- Identifying and implementing innovative comprehensive interventions of the effective and replicable system's syndemic approach.
- Creating an implementation protocol.
- Engaging and partnering with other community organizations and providers to implement and provide services to clients within the first year of the award.
- Collaborating with the ETAP.
- Participating in sharing and disseminating effective and replicable services and interventions.
- Sustaining and integrating key elements of the project.

Clearly state the priority population(s), the chosen syndemic factors, and the combined emerging evidence/evidence-based/evidence-informed interventions you will implement for the project.

Include information about how the comprehensive integrated interventions of the syndemic approach will build upon the current service standards, policies, and procedures and improve health outcomes for your priority population(s).

Organizational information

See merit review criterion 5: Resources & Capabilities

- Briefly describe your mission, structure, and the scope of your current activities. Explain how they support your ability to carry out the program requirements. Include a project organization chart.
- Discuss how you'll follow the approved plan, account for federal funds, and record all costs to avoid audit findings.
- Describe your organizational profile, budget, partners, key staffs' experience, skills, and knowledge, and key processes.

- Include information about your HIV experience; experience addressing the syndemic of HIV and co-occurring conditions in the identified population(s); and expertise in identifying and addressing barriers associated with engagement and retention in care for people from racial and ethnic minority groups. These barriers may include, but are not limited to, issues such as lack of consistent HIV care, the lack of diagnosis and treatment of co-occurring conditions such as mental health issues, substance use conditions, IPV, lack of trust in health care providers, or competing sustenance needs.
- Include a list of all funded RWHAP services your organization currently provide as ***Attachment 9 (refer to*** *Policy Clarification Notice #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds* for a complete listing of eligible RWHAP services).
- Include a description of the services currently available to assist the identified population(s) and the funding sources for those services.
- Describe how this project will fill gaps in services that your organization does not currently provide to the priority population(s). Describe how these all contribute to your ability to conduct the proposed project and meet program expectations.
- Provide information on your resources and capabilities to support the proposed project.
- Describe the participation or inclusion of personnel with the necessary skills to communicate project findings to local communities, state and national conferences, and policymakers, and to collaborate in writing and publishing findings in peer-reviewed journals.
- Provide a staffing plan **(*Attachment 2*)** that identifies staff credentials and commitments to the proposed project components. Include information on all partnering organizations' current mission and structure, scope of current activities, service delivery experience, and expertise in serving people with HIV from racial and ethnic minority groups.
- Describe how the organizational staff and collaborating partners will contribute to the ability to conduct the proposed interventions and meet program expectations. If applicable, provide information on the partnering organizations' resources and capabilities to support the proposed project, and how you and your partnering organizations routinely assess and address the unique needs of people with HIV from racial and ethnic minority groups.
- Describe the capacity of your information technology and management information system (MIS) to support the multi-system evaluation including data collection, reporting, and secure storage of client-level data. Because of the data requirements of the project, we recommend that proposed staffing plans include, at a minimum:
    - A 10 percent full-time equivalent Evaluator (.10 FTE) to oversee the implementation of the multi-system evaluation activities conducted by ETAP, and

    - A 25 percent full-time equivalent (.25 FTE) Data Manager to assist in data collection and reporting.

- Include a project organizational chart as ***Attachment 5*.** The organizational chart should be a one-page figure that depicts the organizational structure of only the project, not the entire organization, and it should include subrecipients, contractors, partner organizations, and other significant collaborators.
- If you will use consultants, sub-recipients, and/or contractors to carry out aspects of the proposed project, describe their roles and responsibilities. Current and proposed collaborating organizations and individuals must demonstrate their commitment to fulfill the goals and objectives of the project through signed and dated letters of agreement, memorandums of agreement (MOAs), or memorandums of understanding (MOUs). If applicable, include any such letters or memoranda, and descriptions of any existing or proposed contracts relating to the proposed project, as ***Attachment 4***.

Need

See merit review criterion 1: Need

- Identify and briefly describe the demographics of the priority population(s) you will serve, (e.g., Black, Latino, Asian/Pacific Islander, American Indian/Alaska Native people with HIV). Include the incidence and/or prevalence rates of HIV infection, and recent available data and information about syndemics of HIV and co-occurring and interactive conditions in the identified population(s) as well as issues specific to your service area that interfere with engaging and retaining the identified population(s) in HIV care.
- Include a description of the health disparities affecting the priority population(s), and how these disparities put them at risk for poor health outcomes. If applicable, identify and describe any unmet needs or gaps in behavioral health such as mental health and substance use, and other social support services for people with HIV from racial and ethnic minority groups. This may include but are not limited to, emotional or spiritual health services, self-efficacy, health literacy education, and resilience.
- Describe the existing HIV care infrastructure and support services in your service area including clinical, social, behavioral, community, or faith-based programs currently available to meet the unique needs of the priority population(s), and any relevant gaps or barriers in the service area that the project plans to address.
- Describe your organization's capacity and specific need for project funding to successfully implement comprehensive integrated interventions using a syndemic approach. Describe how the proposed project builds upon the current standard of service delivery and furthers the objectives of your organization in maximizing impact.

- Use and cite the most recent and relevant organizational, local, and national data and published research whenever possible to support the information you provide.

Approach

See merit review criterion 2: Response

- Tell us how you'll address your stated needs and meet the program requirements and expectations described in this NOFO.
- Combined Emerging Evidence/Evidence-Based/Evidence-Informed Interventions
    - Describe the proposed interventions your organization will implement to address the needs and disparities identified in your needs assessment, including any innovative approaches and strategies and the rationale for their use. Briefly explain the process you took to identify the proposed interventions. Identify why the proposed interventions are appropriate for this project.
    - Describe how these interventions, when implemented together, align with the overview provided in your needs assessment and how they will contribute to your ability to address the syndemic factors identified for your priority population(s).
    - Summarize how your organization and the proposed interventions will promote equitable, stigma-free services and care coordination, especially given the diversity of potential co-occurring conditions and needs of clients and diversity in personnel involved in the delivery of services.
    - Include a description of your plan to develop policies and procedures that ensure the privacy and confidentiality of clients participating in the proposed intervention. It must indicate what types of data sharing agreements partner agencies must have in place in order to access required data and how the agencies will ensure that these agreements are in place within the first six (6) months of the award. Include a description of procedures for the electronic and physical protection of study participant information and data, in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and human subjects protections regulations. Describe your plan to obtain and submit documentation of local IRB approval with TA support from the ETAP if needed on all evaluation and data collection instruments for both local and multi-system evaluation activities.
- Implementation Protocols
    - Describe your plan to develop an implementation protocol to guide potential replication of your chosen comprehensive integrated interventions. *NOTE:* The ETAP will provide additional TA to help recipients develop site-specific protocols,

as needed. HRSA and the ETAP will provide feedback on the implementation protocols developed by Demonstration Systems.

- Community Collaboration, Coordination, and Partnerships
    - Describe how you will collaborate, coordinate, and partner with organizations to implement the proposed interventions and address the barriers identified in the need section. Describe how you will build, expand, and maintain effective strategic partnerships with new and existing key providers and organizations within your community that serve and support the priority population(s), in order to carry out the proposed activities. Identify the tasks each partner will perform, the level of engagement (e.g., sharing information, consultation, planning together, acting together), and the amount of funding, if any, you expect to allocate to the partner.
    - Describe how people with HIV from racial and ethnic minority groups, who represent the priority population(s) and organizations that represent them, will be engaged in the implementation of this project, including decision-making activities at all phases of the project's implementation (e.g., planning, implementation, evaluation). Include letters of support and/or letters of commitment from each partner and/or collaborating entity stating their concurrence with the proposed project as **Attachment 4**.
- Collaboration with the ETAP
    - Describe your organization's plan to participate in the activities implemented by the ETAP. Please read HRSA-24-108 to understand the expected collaboration between demonstration systems and the ETAP. Activities should include, but may not be limited to, the following: multi-system evaluations, TA, implementation manual/toolkit development, site visits, and semi-annual national multi-site meetings.
- Communication and Dissemination
    - The ETAP will lead sharing the project status, lessons learned, outputs, and results with the RWHAP stakeholders throughout the lifecycle of the project. These activities will include, but may not be limited to publication, dissemination, and replication efforts for the project's findings and lessons learned and development of an implementation manual/toolkits to guide potential replication in the future. Describe how you intend to participate in sharing and disseminating the results of the project to include services and interventions that have been effective and that have led to improved health outcomes in the priority population(s).
- Sustainability and Program Integration

- HRSA expects you to integrate key elements of the interventions that are effective in improving practices and/or lead to improved outcomes for the priority population(s). Propose a plan for continuing the project when federal funding ends. We expect you to keep up key strategies or services and actions that have led to improved practices and outcomes for the priority population. Include ways you will identify risks to sustainability and mitigation strategies to address the risks, if materialized.
- As it makes sense, include strategies for ongoing staff training, teamwork, and information sharing. Also include strategies for outreach and collaboration efforts to involve patients, families, and communities.

High-level work plan

See merit review criteria 2: Response & 4: Impact

- Describe the activities or steps that you will use to achieve each of the objectives proposed to implement the proposed interventions during the entire period of performance.
- The work plan should be presented in a table format and include
    - goals for the entire proposed four-year period of performance;
    - objectives that are specific, time-framed, and measurable;
    - activities or action step to achieve the stated objectives;
    - staff responsible for each action step, and;
    - anticipated dates of completion.
- Key activities to address in the timeline to include, but are not limited to, start-up activities, assessments, implementation of the comprehensive integrated interventions, training activities, and documentation of the comprehensive intervention strategy(ies)
- The period of performance for this award is four years; therefore, successful applicants must be able to implement the comprehensive interventions using a syndemic approach effectively and quickly. At a minimum, HRSA expects you to begin the implementation of the proposed interventions within six months of the award. You will also include a more detailed work plan in **Attachment 1**.

Resolving challenges

See merit review criterion 2: Response

Discuss challenges, barriers or potential risks that you are likely to encounter in designing and carrying out the activities in the work plan. Explain approaches that you'll use to resolve them. Successful implementation will need to address local, social, and structural barriers to accessing and engaging in HIV care and services, so your proposed plan should include how barriers will

be assessed (e.g., health literacy, physical/geographic, time or staffing). Your plan should also incorporate approaches to address these barriers throughout the period of performance.

Evaluation & technical support capacity

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

- Describe the expected outcomes of the funded activities.
- Describe your plan to evaluate how the project performs and how the results will contribute to continuous quality improvement. The evaluation should monitor ongoing processes and the progress towards the project's goals and objectives. Describe evaluation barriers and your plan to address them.
- Describe the systems and processes that will support your organization's performance management requirements through effective tracking of client level, clinical, and process outcomes, 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 clinical and 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. You must describe any potential obstacles for implementing the program performance evaluation and your plan to address those obstacles.
- Funded demonstration systems must use IRB-approved instruments and documents to collect and report relevant quantitative and qualitative outcomes, process, and cost measures data for their interventions and/or models of care as part of the multi-system evaluation. These data may include, but are not limited to:
    - Client demographic characteristics
    - Biomedical indicators
    - Utilization of core medical and support services, (e.g., substance abuse, mental and behavioral health, housing assistance)
    - Barriers to accessing treatment and services
    - Medication adherence measures; and other outcome measures as defined by ETAP
- As such, the demonstration systems must be able to report these indicators, either as a direct clinical provider or through the execution of partnership agreements with a medical clinic for HIV health care services. Describe how you will collect and manage data, including using any electronic medical record or electronic health record (EMR/EHR) or data management software that allows for accurate and timely reporting of performance and implementation outcomes. Describe how you will ensure data collection and reporting per

the requirements for the multi-system evaluation as outlined in Section 2 of this NOFO. Include a timeline for developing processes for collecting client-level data from all of the partnering agencies associated with implementing the selected comprehensive integrated interventions to the ETAP. This description must indicate what types of data-sharing agreements with partner agencies you currently have or plan to put in place in order to access required data.

- Identify any barriers to meeting these requirements including, but not limited to, lack of data sharing agreements, concerns about client confidentiality, and coordinating disparate data systems (e.g., EMRs). Describe how you plan to address these barriers in the designated timeframes.

Budget & budget narrative

See merit review criterion 6: Support Requested

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

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

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, the *System-Level Syndemic Approach to Improve HIV Care and Treatment for People from Racial and Ethnic Minority Groups - Demonstration Systems* project requires the following:

- Because of the data requirements of the project, including collection and reporting of the relevant quantitative and qualitative outcome, process, and cost measures to the ETAP, proposed staffing plans and budget must include a proportion of an evaluator to oversee the implementation of multi-system evaluation activities and a data coordinator's time and effort to assist in data collection and reporting.

- HRSA requires demonstration systems to attend semi-annual National multi-site meetings during each year of the period of performance, as coordinated by the ETAP. While the ETAP will coordinate the overall logistics, each demonstration system must cover their travel, lodging, per diem and other incidental expenses for three key personnel for these meetings.
- Include travel to the biennial National Ryan White Conference on HIV Care and Treatment, to be held in the Washington, D.C. Metropolitan area.
- 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 should be presented in a table format and include your project's:

- Goals for the entire proposed four-year period of performance;
- Objectives that are specific, time-framed, and measurable;
- Activities or action steps to achieve the state objectives;
- Staff responsible for each action step; and
- Anticipated dates of completions.

Key activities to address in the timeline to include, but are not limited to, start-up activities, assessments, implementation of the comprehensive integrated interventions, training activities, and documentation of the comprehensive intervention strategy(ies).

The period of performance for this award is four years; therefore, successful applicants must be able to implement the comprehensive interventions using a syndemic approach effectively and quickly. At a minimum, HRSA expects you to begin the implementation of the proposed interventions within six months of the award. Submit the work plan as Attachment 1. You must submit the detailed work plan for each 12-month period of the four-year period of performance of September 1, 2024, through August 31, 2028. The first 12-month budget period will address

activities from September 1, 2024 to August 31, 2025, with subsequent work plans covering years two, three and four.

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 the amount of 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.

Attachment 9: List of eligible RWHAP services

Does not count in the page limit.

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

Award notices

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	40 points
3. Evaluation measures	20 points
4. Impact	15 points
5. Resources & capabilities	10 points
6. Support requested	5 points

Criterion 1: Need

10 points

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

- The strength and clarity of the applicant's description of how the project addresses the goals and objectives listed in this NOFO.
- The strength of the applicant's demonstrated knowledge of the priority population(s) to be served, including information about the HIV incidence and prevalence rates, and syndemics of HIV, co-occurring conditions, and social determinants of health within the service area that interfere with engaging or retaining people from racial and ethnic minority groups in HIV care and other services.

- The strength and clarity of the applicant's description of the health disparities affecting the priority population(s) to be served, and a demonstrated understanding of the negative health impacts of these disparities.
- The strength and extent of the applicant using relevant local and national data and published research to discuss the existing unmet HIV care and other needs experienced in the priority population(s) to be served, including services to address social determinants of health, as relevant.
- The extent to which the applicant identified the geographic area to be served and the existing HIV clinical, social, behavioral, and community-based programs currently available in the service area to meet the needs of the identified priority population(s), and any relevant gaps or barriers in the service area that the project plans to address.
- The strength and clarity of the description of the applicant's current capacity and special need for project funding to successfully implement the proposed comprehensive integrated interventions using a syndemic approach.
- The strength and clarity of the applicant's description of how this project builds upon the current service standards, policies, and procedures and how it will improve health outcomes for the priority population(s).

Criterion 2: Response

40 points

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

Approach (25 points)

Comprehensive Integrated Interventions

- The strength, feasibility, and clarity of the applicant's approach to identifying the proposed comprehensive integrated interventions.
- The strength, feasibility, clarity, and appropriateness of the proposed interventions, including the rationale for proposing the intervention strategy based on information from the need section and other evidence of the intervention's past success, and description of how the proposed interventions, when implemented together, (1) align with the information provided in the need section, (2) address the syndemic factors identified, and (3) promote equitable, stigma-free services and care coordination given the diversity of potential co-occurring conditions and social determinants of health needs of clients and diversity in personnel involved in the delivery of services.
- The strength and feasibility of the applicant's plan to develop policies and procedures that ensure the privacy and confidentiality of clients participating in the proposed intervention. These include plans to obtain data sharing agreements with partner agencies within the first

six months of the award and plans to submit and obtain local IRB approval on all evaluation and data collection instruments for the evaluation activities.

Implementation Protocols

- The extent, feasibility, and clarity of the applicant's plan to develop and finalize a written implementation protocol to guide potential replication that details the manner in which their proposed comprehensive integrated interventions using a syndemic approach will be carried out in their clinical setting.

Community Engagement and Partnerships

- The strength, feasibility, and clarity of the applicant's partners, including the roles and responsibilities and explanation of how the partner's services and/or resources can support and maintain the implementation of tasks performed by the partner.
- The strength and clarity of the applicant's plan to engage the priority population(s) – and organizations that represent them – in the implementation of this project, including decision-making activities at all phases of the project's implementation (i.e., planning, implementation, evaluation, etc.).

Collaboration with the ETAP

- The extent and clarity to which the applicant states their commitment to participate with the ETAP in all aspects of the multi-system evaluation, TA, implementation manual/toolkit development, site visits and semi-annual national multi-site meetings.
- The extent and clarity of the applicant's commitment to fully participate in the publication, dissemination, and replication efforts for the project's findings and lessons learned, including the development of an implementation manual/toolkits to guide potential replication in the future.

Work Plan (10 points)

- The strength, feasibility, and clarity of the work plan and its goals for the four-year period of performance **(*Attachment 1*)**.
- The extent to which the work plan relates to the Approach section of the narrative and addresses the program requirements in this announcement.
- The extent to which the work plan demonstrates the ability to achieve the proposed goals during the four-year period of performance.
- The strength and feasibility of the work plan indicating how the applicant will implement the proposed interventions quickly within six months of the award, per HRSA expectations.
- The strength and clarity of the work plan to describe collaborating in the ETAP activities during the four-year period of performance.

- The strength, clarity, and relevance of the roles for identified partners and collaborators in the proposed project, and the tasks for each partner as described in the letters of support/commitment ***(Attachment 4)***, if applicable.

Resolution of Challenges (5 points)

- The strength and clarity of the local, social, structural and other barriers or challenges that the applicant organization is likely to encounter in designing and implementing the proposed interventions, as well as potential risks to project implementation.
- The strength, clarity, and feasibility of the proposed approaches to resolve such barriers/challenges.

Criterion 3: Evaluation measures

20 points

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

- Evidence that the measures will assess how well program objectives have been met and to what extent the results are attributed to the project.
- The strength, feasibility, and clarity of the applicant's plan to participate and cooperate with the ETAP in all aspects of a multi-system evaluation, including the staff who will provide data and data sources, obtaining patient consent (if needed), timely collection and submission of performance measure data, and cost data.
- The strength, feasibility, and clarity of the applicant's plan to develop policies and procedures that ensure the privacy and confidentiality of clients participating in the proposed interventions.
- The strength, feasibility, and clarity of the applicant's plan to obtain IRB review, approval, and renewals for client-level data collection instruments, informed consents, and any other relevant evaluation documentation.
- The strength, feasibility, and clarity of the applicant's plan to establish data use agreements with your partner agencies and business associate agreements with the ETAP.
- The strength and extent of the applicant's description of their current ability and plan to collect and manage data for this project, including a specific description of the experience of the proposed evaluator and data coordinator in assisting in data collection and reporting, and how they will collect and share data with the ETAP.

Criterion 4: Impact

15 points

See Project Narrative *Approach*, *Work Plan* and *Organizational Information* sections.

Approach (10 points)

Implementation Protocol:

- The extent to which the applicant demonstrates the potential for replicating the proposed comprehensive integrated interventions and the ways other providers might implement similar comprehensive integrated intervention models in their service settings.

Communication and Dissemination:

- The reasonableness of the applicant organization's plan to participate in sharing information and disseminating implementation strategies from this project that have been effective and have led to improved outcomes in the priority population(s).
- The feasibility and effectiveness of plans for dissemination of project results, and the extent to which project results may be national in scope.

Sustainability and Program Integration:

- The strength, feasibility, and clarity of the applicant's plan to sustain the proposed comprehensive integrated interventions using a syndemic approach after the federal funding ends, including the incorporation of the project interventions into the applicant organization's service standards.
- The strength of the proposed plan to mitigate risks to sustainability, if they were to materialize.

Work Plan (3 points)

- The strength and clarity of the description of the applicant and any partnering organizations' capacity to implement and provide services of the selected comprehensive integrated interventions using a syndemic approach to clients.

Organizational Information (2 points)

- The strength and clarity of the applicant organization's plan to fill gaps in services that the organization does not currently provide to the priority population(s).

Criterion 5: Resources & capabilities

10 points

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

Evaluation and Technical Support Capacity (7 Points)

- The extent to which the application demonstrates the capacity of the project team to participate in the multi-system evaluation.

- The strength of the organization's data systems and processes to support the effective tracking of client level, clinical, and process outcomes; collection of project data including cost data; and accurate and timely reporting of clinical and performance outcomes.
- The strength of the application's description of current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature provided in the staffing plan **(*Attachment 2*).** The strength and appropriateness of the biographical sketches based on the goals and objectives of this project ***(Attachment 3)****.* This includes personnel with the necessary skills to communicate project findings and lessons learned to local communities, state and national conferences, and policymakers, as well as write and publish findings in peer-reviewed journals and making presentations at conferences.
- The strength and appropriateness of the job descriptions for key staff ***(Attachment 2)*** based on the goals and objectives of this project.
- The extent to which the time allocated for staff is consistent with their anticipated workload toward the completion of the goals and objectives of the project.

Organizational Information (3 Points)

- The strength of the applicant's experience as it relates to the selected syndemic factors and priority population(s) in the proposed service area.
- Evidence of organization being currently funded HRSA RWHAP Part A and/or B jurisdictions that demonstrate they are among the highest need in terms of the estimated number of out of care, and at risk of being lost to care.
- The extent to which the application describes the organization's current mission, systems (including MIS data systems), and structure; the scope of current activities; and how these elements all contribute to the organization's ability to conduct the project requirements and meet project expectations. The clarity of the applicant's project organizational chart provided in ***Attachment 5*****.**

Criterion 6: Support requested

5 points

See Budget Narrative section.

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

- The appropriateness of the applicant's budget in that it aligns with the scope of work stated in the narrative and the objectives stated in the work plan.
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.

- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The applicant's program-specific line-item budgets, budget justification narrative, and SF-424A are aligned.

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.

- Demographic and geographic diversity of the jurisdictions to serve as demonstration systems to ensure equitable distribution of funding to address the needs of multiple minority populations across the nation.

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

Application checklist

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.

To find out your state's approach, see the list of state single points of contact. If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

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		Yes
☐ 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

Grants.gov

SAM.gov

Helpful websites

Agency contacts

Program & eligibility

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

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

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)